INTEGRATED MEDICAL GROUP, P.C. GASTROENTEROLOGY / HEPATOLOGY 48 TUNNEL ROAD, SUITE 104, POTTSVILLE, PA 17901 (570) 622-5555 FAX (570) 622-6047

AMRIT P. NARULA, M.D. MONICA BENULIS, C.R.N.P. HEIDI STERTZEL, PA-C KIMBERLY KALOVCAK, PA-C

UPPER ENDOSCOPY PREPARATION INSTRUCTIONS

FACILITIES:

- 1.

 SCHUYLKILL ENDOSCOPY CENTER SUITE 103 Evergreen Professional Suites
- 2.

 LEHIGH VALLEY SCHUYLKILL EAST East Norwegian St 2nd floor Out Patient Surgery

IMPORTANT!! IF YOU ARE TAKING ASPIRIN, BLOOD THINNER, INSULIN OR SUGAR PILL, PLEASE INFORM US. IF YOU HAVE VALVULAR HEART DISEASE, A PROSTHETIC HEART VALVE OR OTHER TYPE OF PROSTHESIS, PLEASE INFORM US, AS YOU MAY NEED ANTIBIOTICS BEFORE YOUR PROCEDURE.

- 1. Do not take **ASPIRIN** seven (7) days before the procedure (Ibuprofen, aleve, naproxen, excedrin)
- 2. Hold **PLAVIX** for five (5) days before the procedure.
- 3. Hold COUMADIN, PRODAXA, ELIQUIS and XARELTO two (2) days prior to the procedure.
- 4. Hold bedtime and morning **INSULIN**.
 - ~~ YOU MAY NOT HAVE ANYTHING TO EAT OR DRINK AFTER 10PM THE NIGHT BEFORE
 - ~~ DO NOT EAT OR DRINK ANYTHING IN THE MORNING.
 - ~~ TAKE ONLY NECESSARY MEDICATIONS (HEART or BLOOD PRESSURE) WITH A SIP OF WATER.
 - $\sim\sim$ DO NOT TAKE INSULIN OR BLOOD SUGAR MEDICATIONS THE MORNING OF THE TEST.
 - ~~ YOU MUST TAKE YOUR INSURANCE CARDS WITH YOU.
 - ~~ SOMEONE MUST ACCOMPANY YOU TO AND FROM THE CENTER SINCE YOU WILL NOT BE PERMITTED TO DRIVE HOME.
 - ~~ You must remove all piercing's from your face and/or tongue.

IF YOU HAVE ANY QUESTIONS PLEASE CALL (570) 622-5555
ASK FOR TRACEY, GEORGINE, CASSANDRA, VIRGINIA OR LOREN

*****IF YOU ARE USING OUR PATIENT PORTAL AND YOU VIEW THE APPOINTMENT, PLEASE BE ADVISED THAT THE TIME LISTED <u>IS NOT</u> YOUR SCHEDULED TIME. THESE SLOTS ARE THERE JUST TO SHOW THAT YOU ARE SCHEDULED FOR THAT SPECIFIC DAY. THE TIME WILL COME DIRECTLY FROM THE FACILITY 1 BUSINESS DAY PRIOR TO THE PROCEDURE. *****