



## Upper Endoscopy (EGD) Preparation

Procedure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Your procedure is scheduled at:

- Surgery Center at 900 N. Michigan  
60 East Delaware Ave  
15th Floor  
Chicago, IL 60611  
<http://www.900northsurgical.com>
- Illinois Masonic Hospital  
836 W Wellington Ave  
(Corner of Sheffield & Wellington)  
First Floor – GI Lab  
<http://www.advocatehealth.com/immc/>

### Preparation Instructions

**Upper Endoscopy (EGD)** is an examination of the inside of your esophagus, stomach and first part of the small intestine. This will be done with a fiberoptic flexible camera, which visualizes your GI tract. You will be sedated during the procedure, and your vital signs will be closely monitored.

#### **One Week before the procedure:**

Please avoid any coumadin, aspirin, motrin, ibuprofen or pain medications, unless discussed with your doctor.

#### **One Day before the procedure:**

You may eat and drink normally until midnight the day before your procedure. No food or drink from midnight until after the procedure.

#### **Day of the procedure:**

- DO NOT EAT OR DRINK ANYTHING ON THE DAY OF YOUR PROCEDURE!**
- If you take medication, you may have it the morning of the procedure with a small amount of water. This means few **SMALL** sips of water. You may brush your teeth
- Arrive at the Endoscopy Center **ONE HOUR BEFORE** your procedure is scheduled
- Bring your **driver's license, insurance cards and medication list** to the Center
- You **must** be accompanied by a friend or relative to drive you home. You **MAY NOT** drive, or go home in a taxi or by bus. If this procedure is not followed, your procedure may be cancelled
- Special Instructions:  
 \_\_\_\_\_ Hold morning dose of insulin the day of the procedure  
 \_\_\_\_\_ If you have an artificial heart valve, or have a previous history of endocarditis, or other specific indication, your doctor may prescribe pre-procedure antibiotics.

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*All results will be available within one week of the procedure and will be provided to your primary care doctor.*

\* If your insurance requires pre-certification, or if you have an HMO, please let us know so that we can call and pre-certify you or obtain referral from your Primary Care Physician. All patients are responsible for informing us of *all* pre-certification.

\* Cancellations/no shows less than 72 hours prior to the procedure will incur a penalty fee of \$150.00