

## Upper Endoscopy (EGD) Preparation

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

Your procedure is scheduled at:

Illinois Masonic Hospital  
Digestive Health Institute Center for Advanced Care  
900 West Nelson Street – 1<sup>st</sup> Floor  
Chicago, IL 60657  
\*\*All patients will receive free valet\*\*  
<http://www.advocatehealth.com/immc/>

Presence Saint Joseph Hospital  
331 W. Surf Street  
5<sup>th</sup> Floor  
Chicago, IL 60657  
<http://www.presencehealth.org/presence-saint-joseph-hospital-chicago>

### 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. Please also hold all iron therapies for 5 days before your procedure.

#### **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 business hours prior to the procedure will incur a penalty fee of \$150.00.** All cancelations must be made by calling the office at 773-368-3164.