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 – 1st Floor
  Chicago, IL 60657
  **All patients will receive free valet**
  http://www.advocatehealth.com/immc/

- Presence Saint Joseph Hospital
  331 W. Surf Street
  5th 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.

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.