

EGD (Upper Endoscopy) Preparation Instructions

Please read these instructions carefully at least 14 days before your procedure.

14 Days Prior to Your Procedure

- All GLP-1 medications/injections must be held **14 days prior to your procedure**, unless otherwise instructed by your physician. This includes **Semaglutide, Tirzepatide, Trulicity, Ozempic, Mounjaro, Zepbound, Bydureon, Byetta, Victoza, Saxenda, Adlyxin, Rybelsus, and other GLP-1 medications.**

7 Days Prior to Your Procedure

- If you take a blood thinner, including **Coumadin (Warfarin), Plavix (Clopidogrel), Pradaxa (Dabigatran), Xarelto, Eliquis, Aspirin 325 mg, or other blood-thinning medications**, please contact the prescribing provider for approval before stopping your medication. You will be instructed on when to stop your blood thinner, typically **2–7 days prior to your procedure. Aspirin 81 mg may be continued unless otherwise directed.**
- Stop taking all NSAID medications, including **Advil, Ibuprofen, Aleve, Naproxen, and other NSAIDs. Tylenol (acetaminophen) may be taken if needed.**
- Stop eating all seeds.

The Day Before and the Day of Your Procedure

24 hours before your procedure:

- Avoid foods and beverages containing **red or purple food coloring.**

8 hours before your procedure: You may have clear liquids only.

- Do not eat any solid food.
- Do not smoke.
- Do not chew gum or suck on hard candy.

4 hours before your procedure:

- Do not eat or drink anything, including water.

The day of your Procedure

- Please arrive **1 hour before** your scheduled procedure time. Please bring Your photo ID and your insurance card(s), including Medicare and any secondary insurance cards.
- You may take your regular morning medications with a **small sip of water, except** diabetic medications, blood thinners, and GLP-1 medications.
- **Please take your blood pressure medication the morning of your procedure unless your physician has instructed otherwise.**

If You Have Diabetes, please monitor your blood sugar closely. Please speak with your Endocrinologist or Primary Care Provider before changing or holding any diabetic medications.

- If you take insulin, take **half of your usual evening dose** the night before your procedure. Do **not** take insulin the morning of your procedure unless instructed otherwise.
- If you use an insulin pump, decrease your basal rate by **50%** on the day of your procedure. Do not administer bolus doses.
- If you do not take insulin, hold your diabetic medications the morning of your procedure.

This procedure involves anesthesia. You **must have a responsible adult** drive you home after your procedure. **You may not drive yourself or use a taxi, Uber, or Lyft unless accompanied by a responsible adult.**

Procedure Cancellation Notice

For your safety, your procedure may be delayed or canceled if you eat within **8 hours** of your procedure or drink any liquids within **4 hours** of your procedure.

If you have any questions or need additional assistance, please contact our office:

Endoscopy Center of Western Colorado (970) 245-0990

PROCEDURE CANCELLATION NOTICE REQUIREMENTS:

- ❖ You will be receiving a confirmation call prior to your appointment.
You must confirm prior to your appointment.
- ❖ Procedure cancellations must be made minimum **48** hours prior to your appointment.
- ❖ Failure to provide the required advance notice will result in a **\$200.00** fee.