

Gastroenterology Associates of Suffolk, P.C.
931 Hallock Ave, Port Jefferson Station, 11776
(631) 331-7200

UPPER ENDOSCOPY INSTRUCTIONS

Date of procedure: _____ Clearance Needed: _____
Fax to: (631) 642-3115

DAYS PRIOR:

Stop taking all blood thinning medications and supplements. Examples:

- Aspirin or Aspirin Products
- Ibuprofen, Naprosyn, Aleve, Motrin, Advil
- Blood thinners
- Multi-vitamins, Vitamin E, Fish Oil
- Over the counter supplements
- Tylenol is OKAY

If you are not sure of a medication you take, please contact us. We will call you approximately one week prior to your procedure to confirm your appointment and to notify you of your arrival time.

ONE DAY PRIOR TO THE PROCEDURE:

- Do not eat or drink anything after midnight prior to your procedure.

DAY OF THE PROCEDURE:

- **Do not** have **ANYTHING** by mouth on the morning of the procedure, including water and gum
- **If you take** heart or blood pressure medications in the morning, you may take them as usual, with a small sip of water. **HOLD** all other medications until after the procedure, unless otherwise directed by your physician.

We ask you to please wear warm, loose fitting clothes, with a short sleeved shirt. NO jewelry, perfume, cologne or make-up.

YOU MUST HAVE A RESPONSIBLE PARTY TAKE YOU HOME AFTER YOUR PROCEDURE. WE WILL BE FORCED TO CANCEL YOUR PROCEDURE IF YOU DO NOT HAVE ADEQUATE TRANSPORTATION. You are not to drive or work until the day after your procedure.

We require at least 48 hours notice if you need to cancel or reschedule a procedure. Failure to give this office adequate notice may result in a \$100 fee.

If you have any questions, please contact Kathleen at (631) 331-7200, ext. 236