

North County Gastroenterology Medical Group, Inc.

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Preparation Instructions for EGD (Endoscopy)

IMPORTANT: Please carefully read all instructions below for your safety. If you have questions regarding the procedure or your prep, please call the office at (760) 724-8782.

Night Before the Procedure	Day of Procedure
<ul style="list-style-type: none">DO NOT eat or drink anything after midnightConfirm arrangements with your driver, you will be under sedation for the procedure<ul style="list-style-type: none">- You CANNOT drive- You CANNOT use a taxi, Uber, or a bus to get home. <i>Your driver MUST come inside and check in with the receptionist prior to the procedure.</i>Diabetic patients: if you inject insulin at night, use ½ of your usual dose	<ul style="list-style-type: none">DO NOT EAT or DRINK ANYTHINGIf you take daily blood pressure, heart, thyroid, or pain medications, take them with a sip of water at least 3 hours prior to your check in time.Diabetic patients: DO NOT take your diabetic pills or insulin today. Check your blood sugar the morning of the procedure. If greater than 300mg/dl or less than 80mg/dl, call the office.

For patients taking a weight loss drug (GLP-1 Agonist) for diabetes or obesity:

Drug	Interruption of Therapy
Weekly GLP-1 RA Dulaglutide (Trulicity®) Exenatide (Bydureon®) Semaglutide (Ozempic®, Wegovy®) Tirzepatide (Mounjaro®)	Hold 1 week before the procedure
Daily GLP-1 RA Semaglutide (Rybelsis®) Exenatide (Byetta®) Liraglutide (Victoza®, Saxenda®)	Hold day of the procedure

For patients taking medication that increases risk of bleeding:

Aspirin: if you take a daily aspirin, you do not need to stop this medication for your procedure
Antithrombotic Medications: Warfarin (Coumadin®), Dabigatran (Pradaxa®), Rivaroxaban (Xarelto®), Apixaban (Eliquis®) <input type="checkbox"/> Continue this medication <input type="checkbox"/> Stop for _____ days prior to procedure
Antiplatelet Medications: Dipyridamole (Persantine®, Aggrenox®), Clopidogrel (Plavix®), Ticagrelor (Brilinta®), Prasugrel (Effient®), Cilostazol (Pletal®) <input type="checkbox"/> Continue this medication <input type="checkbox"/> Stop for _____ days prior to procedure

Cancellations: If you cancel your procedure **less than 72 hours** from your appointment time, **do not show up** for your procedure, or we cancel due to not following prep instructions, you will be **CHARGED \$100**.

The Center for Endoscopy cannot be responsible for any valuables. Please leave all jewelry and other valuables at home or with your ride prior to check in.