

## Endoscopy Instructions:

- **Nothing to eat or drink after midnight**

## Special Instructions

**Please contact the office at 314-529-4900 option 4 if you have any items below:**

- An implanted defibrillator and/or pacemaker
- You have had a cardiac stent placed in the last 12 months
- You are taking an antiplatelet medication with aspirin
- You are currently taking blood thinners such as Coumadin, Jantoven (warfarin), Pradaxa (dabigatran), Xeralto (rivaroxaban), Eliquis (apixaban), Clopidogrel (Plavix), Prasugrel (Effient), Ticagrelor (Brilinta)
- You are currently taking any diabetic or weight loss medication such as; Farziga, Jardiance, Mounjaro, Ozempic, Rybelsus, Trulicity, Victoza, Wegovy or Zepbound

**Insulin:** Please contact your prescribing physician and inform him/her that you cannot eat or drink after midnight before your procedure, then ask for instructions on how to adjust your insulin dosages

**Herbal Medication:** It is best to stop any herbal remedies 5 days before the procedure as many of them can thin the blood and increase risk of bleeding during or after the procedure.

## **SOMEONE WILL NEED TO DRIVE YOU TO AND FROM THE ENDOSCOPY CENTER THE DAY OF YOUR PROCEDURE**

- Driver needs to stay at the facility during your procedure. Plan on staying for around 2 hours.
- You will not be able to drive or drink alcohol for 24 hours following your procedure.

# Medication Reconciliation Form

**Allergies** (Examples: food, medications, latex, etc)

Medication Name	Reaction	Medication Name	Reaction

- List **ALL YOUR MEDICATIONS** including, eye drops, over-the-counter and alternative medicines such as vitamins, herbals, supplements and THC (cannabis).
- It is extremely important for your care and safety, that you provide complete and accurate information

**Medication List**

Medication Name	Dose	How often do you take it?	Why are you taking this medication?	Date of last dose taken
1.				
2.				
3.				
4.				
5.				
6.				
7.				

It is suggested that you provide a copy of this list to your Primary Care Provider.

**OFFICE USE ONLY**

Reviewed By RN \_\_\_\_\_  
Signature Date/ Time

- No Changes to Medications; Resume home medications
- Changes

New Medication Name	Dose	Frequency	Purpose of Medication

- Patient education regarding medication changes

Medications Reconciled by RN \_\_\_\_\_  
Signature Date/ Time