

EGD OR ESOPHAGEAL DILATATION



(501) 664-6980 | GastroArkansas.com

Gastro-Intestinal Center
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**Endoscopy Center of
Little Rock**
4200 N. Rodney Parham Rd.
Suite 203
Little Rock, AR 72212
(501) 228-4445
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**GastroArkansas
Endoscopy of Conway**
455 Hogan Ln.
Conway, AR 72034
(501) 764-1960
Fax: (501) 664-6081

Report to the outpatient department at _____

Date: _____ Time: _____

We ask for 3 day notice to cancel your procedure. Missed appointments or cancellations without 3 day notice will incur a \$100 fee. Please bring your drivers license and insurance card to your appointment.

ONE WEEK BEFORE YOUR PROCEDURE

If you are taking glucagon like peptides receptor agonists such as Ozempic, Mounjaro, Semaglutide, and others in this category, please hold this medication for 7 days prior to procedure.

DAY BEFORE YOUR PROCEDURE

Please follow instructions next to box checked below.

- Do not eat or drink past midnight the night prior to your procedure.
- The day prior to procedure follow clear liquid diet. Use a variety of clear liquids from the list below. Do not eat or drink past midnight the night prior to your procedure.
 - Bouillon (99% fat free) and Broth
 - Apple Juice
 - Plain coffee (no cream)
 - Popsicles (no red or purple)
 - Jello (no red or purple)
 - Ginger Ale, Water, Sprite, 7-UP
 - Soft drinks (Coke, Diet Coke, Dr. Pepper, etc.)
 - Plain tea (no flavoring)
 - Hard candy (such as sour balls)

NO MILK OR MILK PRODUCTS - Including Coffee Mate

NO PULP

NO RED OR PURPLE PRODUCTS

If you wear dentures, these will have to be removed; so, please bring a container to place your dentures in.

DO NOT HAVE ANY LIQUIDS OR ANYTHING BY MOUTH AFTER MIDNIGHT, THIS INCLUDES GUM, CANDY, MINTS, AND ALL TOBACCO PRODUCTS!

ESSENTIAL MEDICATIONS: On the morning of the procedure, DO take your heart, blood pressure, seizure, anxiety, and depression medications with a small sip of water before 5am.

DIABETICS: If you take oral diabetic medications – do NOT take them the morning of your procedure.

BLOOD THINNERS: If you take antiplatelet agents or anticoagulants (blood thinners) such as Plavix/ Clopidogrel, Effient/ Prasugrel, Brilinta/ Ticagrelor, Pradaxa/ Dabigatran, Xarelto/ Rivaroxaban, Eliquis/ Apixaban, Coumadin/Warfarin, etc., your physician will give you instructions on holding these medications prior to procedure. You do not need to stop aspirin.

** Hold your _____ for _____ days prior to your procedure.

Someone must accompany you to your procedure to drive you home. You will be sedated and unable to drive for the remainder of the day.

Failure to follow these instructions will result in a delay of your procedure time.

If you have questions, please call our office at (501) 664-6980.

***You will be billed separately from the Out-Patient Facility**