

# ENDOSCOPY INSTRUCTIONS

- **YOU WILL BE SEDATED – YOU CANNOT DRIVE YOURSELF HOME AFTER THE PROCEDURE**
- **A RESPONSIBLE ADULT (OVER 18) MUST TAKE YOU HOME AND STAY WITH YOU FOR 24 HOURS**
  - NO BUS, NO TROLLEY, NO WALKING HOME.  
You can use Medical Transport, UBER or LYFT if you have a responsible person riding with you.
- **YOU CANNOT WORK, DRIVE, GO TO SCHOOL OR APPOINTMENTS FOR 24 HOURS**
- **WHAT TO BRING WITH YOU:**
  - PHOTO ID & ALL INSURANCE CARDS
  - A LIST OF YOUR CURRENT MEDICATIONS
- **BILLING/INSURANCE:**
  - You may have a co-pay or co-insurance due at the time of your procedure. Please call your insurance provider if you have questions about your coverage or what your co-pay amount will be.
  - Cancellations/No-Shows: if you cannot make your scheduled appointment, please call the office at 619-522-0399 as soon as possible  
**Any cancellations less than 48 hours prior will be charged.**

## **5 DAYS BEFORE YOUR PROCEDURE:**

Stop any blood-thinning medicines (Coumadin/Warfarin, Xarelto, Aggrenox, etc) unless directed by your Doctor

## **THE DAY BEFORE YOUR PROCEDURE:**

Avoid nuts and any foods containing seeds

You may take your normal medications, unless directed by your Doctor

You can eat your normal diet until midnight. Then **NOTHING TO EAT OR DRINK AFTER MIDNIGHT**

## **THE MORNING OF YOUR PROCEDURE:**

### ***DO NOT EAT OR DRINK ANYTHING, No Water, No coffee***

- You will be able to take your regular medications once your procedure is finished. The discharge instructions will tell you if there is anything that the doctor wants you to change or stop.
- Please wear loose comfortable clothes. Slip-on shoes are strongly recommended.
- Avoid lipstick, makeup, and excessive jewelry.

By signing this I agree that I have received and understand these instructions:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness