

Upper Endoscopy Preparation (EGD)

DATE: _____

PROCEDURE TIME: _____ CHECK-IN TIME: _____

SONORAN ENDOSCOPY
950 N MCQUEEN RD STE 101
CHANDLER, AZ 85225
PHONE: (480) 847-1800
PATH BILLING (480)210-1214
ANES BILLING (888)851-4642

7 days prior to the procedure:

1. **PLEASE DISCONTINUE** all blood thinning and anti-inflammatory medications. This includes, but not limited to, Coumadin, Plavix. Also discontinue any NSAID's (nonsteroidal anti-inflammatory drugs) such as, but not limited to, aspirin, aspirin type products, Ibuprofen, Aleve, Advil, etc. ****TYLENOL MAY BE TAKEN**PLEASE DISCONTINUE** all semaglutides such as, but not limited to, Ozempic, Rybelsus, Wegovy, Trulicity, Victoza, Saxenda, Byetta, Bydureon, Mounjaro
2. If your doctor has prescribed any of the medications listed above, please consult with your doctor before discontinuing.

If you are diabetic, check with your primary care doctor regarding diet and medication instructions.

INSTRUCTIONS FOR YOUR PREP:

The Day **BEFORE** Your Procedure – **DO NOT EAT** after **MIDNIGHT**.

The Day **OF** Your Procedure – **DO NOT EAT** prior to the procedure.

DO NOT DRINK any liquids 6 hours prior to the procedure.

Examples of clear liquids: Coffee (no cream), Tea, Sprite, Ginger Ale, Apple Juice, Gatorade

NO PURPLE, RED, OR BLUE LIQUIDS

Please arrive 45 minutes before the procedure. You must have a ride and they must stay for the duration of your procedure(s). Please also have the name of your driver and phone number available at check in. (No cabs or Uber unless accompanied by someone 18 years or older)

**It is the patient's responsibility to inquire about facility, anesthesia and pathology fees.
All phone numbers are located above.**