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PROCEDURE DATE: _____ MATHER _____ ST.CHARLES

_____ ADVANCED SURGERY CENTER OF LONG ISLAND (ASCLI)

(If you need to **cancel** your procedure, please let us know **as soon as possible**.)

LIDDC: UPPER ENDOSCOPY PREPARATION INSTRUCTIONS

A. MORE THAN TWO WEEKS BEFORE YOUR PROCEDURE: Inform the office **(631) 751-8700 IF:**

1. You are **diabetic**
2. You are **allergic to latex**
3. You take **blood thinning products** (Coumadin, Plavix, Aggrenox, Pradaxa, Pletal, Brilinta, Ticlid, Trental, Effient, Xarelto, Eliquis).
4. You have a **prosthetic heart valve**, a history of **endocarditis**, **vascular graft**, **prosthetic joint replacement within the last 12 months**. You may need antibiotic coverage for your procedure.
5. **Make sure you have a responsible party to take you home after the procedure. We may cancel the procedure if you do not have a responsible party to take you home.**
6. You will be called by ASCLI surgery center with your arrival time two days prior to procedure.

A. ONE WEEK BEFORE YOUR PROCEDURE:

1. Do not take iron, iron-containing compounds, Vitamin E, fish-oil, advil, motrin, ibuprofen, aleve, naprosyn. You may take Tylenol (acetaminophen).
2. If you are taking aspirin 81 mg/day (baby aspirin) you should CONTINUE this unless otherwise instructed.
3. **Blood work** should be done 7-14 days prior to the procedure. A **pregnancy test** should be done less than 7 **days** prior to the procedure if you are a woman of child bearing age.

Instructions continued on reverse side

B. THE DAY BEFORE YOUR PROCEDURE:

If your procedure is scheduled in the **hospital**, **call the evening before** for your arrival time.

- Mather Hospital (631) 476-2717 - St. Charles Hospital (631) 474-6441

D. THE DAY OF YOUR PROCEDURE: DO NOT EAT ANY FOOD

1. **Do not eat solid food on the day of your procedure.** No gum or candy. You **may drink only clear** liquids (liquids you can see through) up until **6 hours before your procedure. Do not drink anything less than 6 hours before your procedure.** These fluids should **not be RED or PURPLE.** Examples include: apple juice, water, clear broth or bouillon, Gatorade, Snapple, carbonated soda, jello, ice popsicles, black coffee, black tea (sugar or sweetener is allowed-but NO milk/creamer).
2. You may brush your teeth.
3. Take your morning medications with a sip of water as directed by your physician.
4. Wear loose fitting clothes. Do not wear contact lenses, jewelry or make-up. Remove tongue piercings.
5. Bring your **inhalers** with you. Bring your **glasses case** with you.
6. Contact the office if you have questions or your physical condition changes (cold, fever, illness) (631) 751-8700.
7. We may **cancel the procedure if you do not have a driver to take you home.** Your driver will need to sign your discharge papers. You may **resume your normal diet** after the procedure. You **may not drive for the rest of the day/night.** You may **resume normal activities** the next day.