

Attleboro Gastroenterology, P.C.

150 Emory Street, Attleboro, MA 02703

Phone: (508) 222-2021 Fax: (508) 226-0134

Mark A. Robbin, M.D.
David N. Schwartz, M.D., F.A.C.G.

Sonia H. Uchman, M.D.
David A. Cohen, M.D.
Amber J. Trudel, MSN, N.P.

UPPER ENDOSCOPY / E.R.C.P. PREPARATION

AFTERNOON

FIVE DAYS BEFORE: Please **stop** aspirin containing products and anti-inflammatory meds (Ibuprofen, Motrin, Advil, Aleve and Naprosyn). **You may take Tylenol.**

* * * If you take Coumadin (Warfarin) stop this for **5 days** and Plavix for **3 days** unless otherwise instructed. You **MUST** notify the person that prescribed this drug of the date your procedure for dose instructions after the procedure.

DAY OF PROCEDURE:

NOTHING TO EAT OR DRINK AFTER 6 AM UNTIL THE PROCEDURE HAS BEEN COMPLETED. THIS INCLUDES WATER. You may have clear liquids up until 6 hours before the scheduled time.

* * * * * You may take any blood pressure meds with water before 6 AM in the morning.

Report to Sturdy Hospital Emergency Room. Your procedure time is approximate; please plan to be at the hospital approximately 2-3 hours. ERCP patients may be longer.

You **MUST HAVE A RIDES HOME** from the hospital, this person must come inside to pick you up at the Endoscopy / Day Surgery Dept. Your ride must be readily available. You **WILL NOT BE ALLOWED TO DRIVE or RETURN TO WORK THAT DAY. This is not negotiable.** If you **must** take a taxi home **you are required** to be accompanied by a relative or friend. For your safety, please go home and rest.

Please bring a **current list of medications** that you are taking and bring inhalers if you use them.

If you are **diabetic please check your glucose** the morning of the procedure.

If you have any questions regarding the above instructions or your test, please call the office.

PROCEDURE DATE: _____

PROCEDURE TIME: _____

PLEASE ARRIVE AT
HOSPITAL AT: _____