



Attleboro Gastroenterology, P.C.

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

**Morning**

**FIVE DAYS BEFORE:** Please **stop** aspirin, 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 of your procedure for dose instructions after the procedure.

**DAY OF PROCEDURE:**

**NOTHING TO EAT OR DRINK FOR 6 HOURS BEFORE THE PROCEDURE.**

**THIS INCLUDES WATER**

\*\*\*\*\*You may take any blood pressure meds with water before 6AM 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.

You **MUST HAVE A RIDE HOME** from the hospital, this person must come inside to pick you up at the Endoscopy/ Day Surgery dept. 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 \_\_\_\_\_.