



Instructions for Esophagogastroduodenoscopy (EGD)

Pre-Surgery Testing Phone Call Appointment Date: _____ Time: _____

The Hospital will ask you your medical information and get you pre-registered (will need list of medications during phone call) If this appointment is not convenient for you please call 276-228-0384 to reschedule, our office does not have access to this schedule.

_____ Stop Coumadin, Plavix, Xarelto or NSAIDs (5 Days before your procedure) (you CAN take Fish Oil). (*5 days before your procedure*)

_____ **Clear liquids Diet only** (handout attached) from the time you wake up until midnight (*1 day before your procedure*)

_____ Nothing to **eat or drink after midnight**

The Hospital will call you the day before your procedure between the hours of 12-3pm to let you know when to be at WCCH on the day of your surgery. If you do not receive this call please call 276-228-0293. At this time they will tell you where to report the morning of your procedure.

Your procedure is scheduled on _____.

- Bring all current medications or list of current medication
- Bring a copy of your living will or Durable power of Attorney
- Bring a list of Allergies
- Bring insurance card/ information
- Bring immunization record for patients under 18 years old

If you would like to pre-register online please go to WWW.WCCHCARES.COM

******Someone must drive you home after the procedure due to the effects of sedation******

IF YOU HAVE ANY QUESTIONS OR CONCERNS, YOU MAY CONTACT OUR OFFICE AT
276-228-1050



LIQUID DIET

****NO RED, GREEN, OR PURPLE LIQUIDS SHOULD BE CONSUMED****

CLEAR LIQUID DIET: ONE DAY PRIOR TO THE PROCEDURE

- WATER
- STRAINED FRUIT JUICES : APPLE, WHITE GRAPE, LEMONADE
- CLEAR FLAVORED GELATIN (ORANGE OR LEMON), POPSICLES (ORANGE OR YELLOW)
- SUGAR, HONEY, SYRUPS, CLEAR HARD CANDY, SALT
- CLEAR SOUP BROTH (CHICKEN OR BEEF BOUILLON) OR CHICKEN NOODLE SOUP (NO NOODLES)
- CARBONATED BEVERAGES, FRUIT FLAVORED DRINKS SUCH AS SPRITE, LEMONADE, GINGER ALE, GATORADE (NO RED, GREEN, OR PURPLE), KOOL-AID (NO RED, GREEN, OR PURPLE)
- TEA OR COFFEE WITH OUT CREAM OR MILK

DON'TS: ONE DAY PRIOR TO THE PROCEDURE

- DO NOT EAT OR DRINK ANY MILK OR MILK PRODUCTS
- NO MEATS OF ANY KIND
- NO VEGETABLES
- **NO RED, GREEN, OR PURPLE PRODUCTS OF ANY KIND.**