



## DR INGLE INSTRUCTIONS

### Esophagogastroduodenoscopy (EGD)

Have you had a heart attack within the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any heart or blood vessel (vascular) stents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had any blood clots within the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you recently had a medical procedures done?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you on any blood thinning medications such as Plavix (Clopidogrel), Coumadin (Warfarin), Lovenox (Enoxaparin), Eliquis or Pradaxa?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### 5 DAYS BEFORE THE PROCEDURE

- **STOP** taking any non-steroidal, anti-inflammatory medication such as Ibuprofen, Motrin, Advil, Naproxen, Aleve, etc. You may continue to take Tylenol.
- Please check with the prescribing physician if on any blood thinners.
- **STOP** taking herbal supplements, such as ginger/garlic pills, ginseng, ginkgo, etc.
- **STOP** all GLP-1 agonist medication such as Ozempic, Rybelsus, Trulicity, Mounjaro, etc. If you take this medication for diabetes, please contact your managing provider for guidance on preventing hyperglycemia.
- If you are unsure about the medications you are taking, please call your prescribing Doctor's office for clarification.

#### THE DAY OF THE PROCEDURE

- **NO SOLID FOOD AFTER MIDNIGHT.**
- Clear liquids are okay up to 6 hours prior. See clear liquid guidelines
- **DO NOT** consume anything by mouth (**NO FOOD OR LIQUID**) for at least 6 hours before your procedure.
- Only blood pressure and heart medications may be taken the morning of the procedure with the smallest amount of water possible. Hold other medications, unless specified by your Doctor.

**\*You are required to arrange a driver for your procedure. You should not work, drive or make any major decisions for up to 12 hrs after your procedure. For your safety, you cannot be released to a taxicab. To avoid cancellation, please ensure you have a reliable driver arranged prior to your procedure date.\***

**FAILURE TO FOLLOW THESE INSTRUCTIONS COULD RESULT IN CANCELLATION OF YOUR PROCEDURE AS WELL AS A \$250.00 FEE.**

2841 Debarr Road  
 Building A, Suite 50  
 Anchorage, AK 99508  
 Phone: (907) 276-2811

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## **CLEAR LIQUID GUIDELINES**

BLACK COFFEE, HOT OR ICED TEA

(NO ESPRESSO, CREAM OR DAIRY)

7-UP, SPRITE, GINGER ALE

APPLE JUICE OR WHITE GRAPE JUICE

CHICKEN OR BEEF BROTH – NO CREAM OR DAIRY SOUPS

JELLO – LEMON OR LIME ONLY

POPSICLES – LEMON OR LIME ONLY

GATORADE – LEMON OR LIME OR CLEAR ONLY

WATER

**ANYTHING YOU CAN SEE THROUGH SHOULD BE OKAY, AS LONG AS IT HAS NO PARTICLES. IF YOU ARE UNSURE OF SOMETHING, PLEASE FOLLOW THE ABOVE GUIDELINES OR CALL OUT OFFICE WITH QUESTIONS. MONDAY-FRIDAY 8AM-5PM (907) 276-2811**

**NO SOLID FOOD. NO DAIRY. NO ALCOHOL. NOTHING BLUE, PURPLE, RED OR ORANGE COLORED.**

**Thank you for affording us the opportunity to provide you with our healthcare services.**

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