

Procedure date: _____ Check in Time: _____
 Procedure Time: _____ Physician: _____

If you need to reschedule, call:

- Cynthia - (912)790-2649 Briana - (912)790-2645
 Richard - (912)790-2685 Heather - (912)790-2827

Location to report to:

- o The Endoscopy Center – (912)303-4200 / (1139 Lexington Avenue)
- o Bluffton Okatie Surgery Center – (912)303-4200 / (40 Okatie Ctr Blvd S Ste 125, Okatie, SC)
- o Memorial – (912)350-7832 / (Memorial Outpatient & Wellness Center)
- o Candler Hospital – (912)819-6800 / (Professional Building)
- o St. Joseph’s Hospital – (912)819-2171 / (Day Surgery/Imaging Emergency Entrance, 2nd Fl.)

FOLLOW UP APPOINTMENT is scheduled for:

Date: _____
 Check in Time: _____
 Appointment Time: _____
 Physician: _____
 Mid-level Provider: _____

Location to report to:

- o 1139 Lexington Avenue, Savannah – (912)303-4200
- o 140 Traders Way, Pooler
- o 40 Okatie Ctr Blvd S Ste 210, Okatie, SC

Upper GI Endoscopy, EGD – This procedure is a visual examination of the upper intestinal tract using a lighted, flexible fiber optic or video endoscope. You will be sedated and the procedure usually takes 30-60 minutes.

- Do NOT Stop taking:** Aggrenox Brilinta Coumadin Effient Eliquis Plavix Pradaxa _____
 STOP taking: Aggrenox Brilinta Coumadin Effient Eliquis Plavix Pradaxa _____ for _____ days before procedure

Have you signed up for your patient portal yet? If not, please visit our website www.savannahgi.com to sign up and you can also find additional information such as: Colonoscopy prep instructions, FAQ’s and additional services provided.

*****To ensure that you are prepped correctly, please ONLY follow these patient instructions*****

7 DAYS BEFORE PROCEDURE

Make arrangements for a responsible adult to come with you and **REMAIN** in the facility until you are discharged.

Your responsible adult must drive you home and be present with you the remainder of the day. **There are no exceptions.** You are not allowed to take a bus, taxi or leave the facility **ALONE**.

If you do not have a responsible adult with you to take you home, your exam cannot be done and will be cancelled.

2 DAYS BEFORE PROCEDURE

If unable to keep your procedure appointment, please call 912-303-4200 to cancel.
For patients who do not show for a procedure or do not cancel 2 days prior to their scheduled procedure time, a \$150 fee will be charged.

THE NIGHT BEFORE YOUR PROCEDURE

Date: _____
 Please **do not** eat **solid foods** after midnight.
 Your stomach must be completely empty for an adequate examination.
 You may continue to have clear liquids up until 4 hours before the procedure.

Clear liquids consist of coffee and/or tea with artificial sweeteners **ONLY** – (NO milk, cream or sugar). Other choices are water, diet soda, beef and/or chicken broth, sugar free Jell-O and popsicles.

Adequate hydration is very important.

AVOID red or purple food coloring.

NO SOLID FOOD

THE MORNING OF YOUR PROCEDURE

DATE: _____
 You should **only** take blood pressure, heart, thyroid and/or seizure medications with a **SMALL SIP** of water.

4 HOURS BEFORE PROCEDURE

TIME: _____
STOP drinking ALL liquids including water. Anesthesia may cancel your procedure, if you have had ANY liquids within 4 hours before your procedure.

If you are diabetic:

Do NOT take oral medication or insulin the morning of the procedure. However, if you are on an insulin pump, continue the basal rate only.

Reminders:

NO smoking prior to anesthesia on the day of your procedure.

Please bring a list of all your current medications, including any allergy or over-the-counter medications.

Bring your current insurance card.

Please wear comfortable, loose fitting clothing that is easy to step into.

Please leave all jewelry and valuables at home.

After your procedure is completed, you will NOT be able to drive, make any business decisions or perform any potentially risky work duties, so please plan accordingly.

If you have any questions or problems, please call us at 912-303-4200.