



810 Valley View Blvd. Altoona, PA 16602 (814) 946-5469

INSTRUCTIONS FOR EGD

** Please refer to your medication instruction sheet given to you at the time of scheduling, especially if you take blood pressure, heart or breathing medications.

** Please contact our office if you have had any major changes in your health since your last office visit. These changes include high blood pressure, stroke, diabetes, congestive heart failure, heart attack, joint replacement, heart valve replacement, kidney disease, chronic obstructive pulmonary disease or other lung diseases, liver problems, cancer of any type, and if you have been started on Coumadin (warfarin sodium), Plavix (clopidogrel bisulfate), or daily aspirin therapy.

AM Procedure - Nothing to eat or drink after midnight the night before the test. If you were instructed to take medications the morning of the test (please refer to your medication instruction sheet) you may do so with a small sip of water.

PM Procedure - No solid foods after midnight the night before the test. You may have clear liquids up to 6 hours prior to the time to report for your procedure. Then nothing by mouth until after the test is completed. If you were instructed to take medications the morning of the test (please refer to your medication instruction sheet) you may do so with a small sip of water.

NOTHING RED OR PURPLE IN COLOR

7-up	Ginger ale
Jell-O	Coke
Apple juice	Coffee with sugar, no cream
Tea with sugar, no cream	Gatorade
Clear grape juice	Juice from canned fruits
Soup broths	Water
White 100% cranberry juice	Popsicles
Italian ice	
Boost – (Pre-mixed liquid, not powder)	Vanilla, Chocolate, Strawberry (regular only)

Abstain from smoking prior to anesthesia on the day of the procedure. This includes cigarettes, pipes, cigars, e-cigarettes and other substances. Smoking can cause complications during or after the procedure. Failure to comply may result in the cancellation of your procedure.

PLEASE DO NOT EAT ANY SOLID FOODS WHILE FOLLOWING THIS DIET. NO ALCOHOLIC BEVERAGES OF ANY KIND DURING THIS PREP.

Disclaimer: This document contains information and/or instructional materials developed by Blair Gastroenterology Associates for the typical patient with your condition. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition, or your treatment plan.

You will be called the day before with a time to report for your procedure.

You must have someone with you to sign you out and take you home.

If you have any other questions regarding the above please call the office.

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