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UPPER ENDOSCOPY PREP

We have scheduled you for an upper endoscopy on _____ @ _____ am/pm.

Your Prep Instructions are as follows:

1. Please stop anti-inflammatory and arthritis medication **5 DAYS PRIOR**. Aspirin is ok to continue if you have heart disease or a heart stent.
2. If you are taking Coumadin, Warfarin or Plavix, you will be given specific instructions by our office.
3. The night before you may have a normal supper. **No steak or pork should be eaten for dinner and nothing else to eat until after the procedure.**
4. You may have clear liquids up to 4 hours prior to your procedure. Clear liquids include: black coffee, tea, soda- such as Pepsi, diet Pepsi, 7-up, apple juice, white grape juice, lemonade, Gatorade, fruit popsicles, Jell-O, broth bouillon, **BUT NOTHING RED OR PURPLE.**
5. The morning of the procedure avoid taking any medications unless otherwise directed. If you have not given your doctor a list of medications, please bring one with you. Also, DO NOT chew gum, hard candy, smoke, dip, or chew tobacco products until after your procedure.
6. You will need to be sedated for this procedure. You will **NEED SOMEONE TO DRIVE YOU HOME. NO MODE OF PUBLIC TRANSPORTATION WILL BE ALLOWED INCLUDING TAXIS, BUSES OR WALKING ALONE. Please HAVE YOUR DRIVER WITH YOU AT CHECK-IN** to verify your ride. Sedation may cause temporary loss of memory. Be aware that you may not remember results given to you by your doctor following the procedure.
7. Please note that like surgery, procedures take varying amounts of time depending on their complexity. While we try to remain on schedule, occasional prolonged procedures may delay subsequent ones. We will try to keep you advised of any delays.

****Cancellations require 24 hour notice or a \$100 NO SHOW FEE will be applied to your account** Thank you for your understanding.**