

**Preparation Instruction for Upper Endoscopy (EGD)
at Southwest Regional Surgery Center (SWRSC)**

You are scheduled for an EGD on _____, _____ with Dr. Ferdows. Please arrive at Southwest Regional Surgery Center at _____.

1. On _____, restrict aspirin-like products (such as Ibuprofen, Motrin, Advil, Aleve, Ticlid, Plavix etc.). Acetaminophen (Tylenol) is permitted.
2. On _____, beginning at midnight the night before the procedure **DO NOT** have any **solid food** by mouth until after the procedure.
3. On _____, at _____ you may **NOT** have anything to eat or drink until your procedure is completed
4. Please take your usual medications, if needed, 4 hours before your procedure time, with a small amount of water. See separate Medication Instruction Sheet enclosed.
5. **Concern for your safety makes us insist that you have someone to drive you home.** If you have not arranged for a driver, the procedure will be postponed. You will be ready to go home 3-3 1/2 hours after your arrival. You will not be allowed to drive for 24 hours.

Dr. Ferdows (Pacific Gastroenterology) Office Phone #360-823-0880

If you need to reschedule or cancel your procedure, we require that you notify us 3 days in advance or you will be charged a \$75.00 fee.