

Attleboro Gastroenterology Associates

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UPPER ENDOSCOPY/E.R.C.P PREPARATION AFTERNOON

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FIVE DAYS BEFORE: Please stop aspirin, aspirin containing products, and anti-inflammatory medications (Ibuprofen, Motrin, Advil, Aleve, and Naprosyn). **You may take Tylenol.**

*******If you take Coumadin (Warfarin) stop this for 5days and Plavix for 3days unless otherwise instructed. You MUST notify the person that prescribed this drug of the date of your procedure for dose instructions after the procedure.**

DAY OF PROCEDURE:

Report to Sturdy Hospital Emergency Room. Your procedure time is approximate; please plan to be at the hospital approximately 2-3 hours. ERCP patients may be longer.

You may have clear liquids up until 3 hours before your scheduled time.

NOTHING TO EAT AFTER _____ AM UNTIL THE PROCEDURE HAS BEEN COMPLETED.

*******You may take any blood pressure meds with water before 6 AM in the morning.**

You **MUST HAVE A RIDE HOME** from the hospital, this person must come inside to pick you up at the Endoscopy/Day Surgery Dept. Your ride must be readily available. You **WILL NOT BE ALLOWED TO DRIVE OR RETURN TO WORK THAT DAY. THIS IS NOT NEGOTIABLE.** If you **must** take a taxi home **you are required** to be accompanied by a relative or friend. For your safety, please go home and rest.

Please bring a current list of medications that you are taking and bring inhalers if you use them.

If you are a diabetic please check your glucose the morning of the procedure.

Please call our office if you have any questions at 508-222-2021.

Your procedure date is: _____

Please arrive at Sturdy Emergency Room at: _____

