

Attleboro Gastroenterology Associates

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UPPER ENDOSCOPY/E.R.C.P PREPARATION

MORNING

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

*******If you take Coumadin (Warfarin) stop this for 5 days 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:

NOTHING TO EAT OR DRINK FOR 6 HOURS BEFORE THE PROCEDURE, THIS INCLUDES WATER.

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

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

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: _____-

