

ENDOSCOPIC ULTRASOUND PREPARATION

Patient _____
Doctor _____
Date _____
Arrival Time _____
Procedure Time _____

LOCATION:

____ St. Luke's East Hospital
100 NW St. Luke's Blvd.
Lee's Summit, MO 64086

To ensure that your test is accurate and complete, you **must** follow these directions. If you have questions, please call our office at 816-554-3838. Summit Gastroenterology is dedicated to providing you with quality health care. *You matter to us!*

INSTRUCTIONS

A week before your procedure:

Check with your prescribing doctor to make sure it is safe to hold prescription blood thinners (i.e. Coumadin/ Pradaxa) for 4 days prior. No aspirin or plavix the day of the procedure.

*Two days prior to your procedure, must have labs drawn.

- Nothing to eat or drink after midnight for procedures scheduled before noon.
- However, if your test is scheduled after 12p.m., you may have water 6 hours prior to scope time.
- If you are diabetic, please follow the clear liquid diet instructions on the back beginning @ 5:00 p.m. the evening before. (see back)
- Hold prescription blood thinners, i.e.-Coumadin, Pradaxa, Xarelto, and Eliquis, 4 days prior to procedure. (Aspirin, Plavix, and arthritis medications are okay.)
- Hold prescription diet pills, ie-phentermine, 7 days prior to procedure.
- You will need a driver – sedation is given – someone will need to stay with your for 12 hours after procedure.
- No work, no driving, operating machinery, or making legal decisions x 24 hours after procedure.
- Take any heart, blood pressure, or seizure medications in the morning the day of the procedure with sip of water.
- Hold all other medications the day of the procedure.
- No smoking the day of the procedure.

NPO STATUS: During your procedure you will be administered either general anesthesia or heavy sedation. For your safety, it is essential you follow these guidelines:

- **No liquids of any kind up to 4 hours prior to your arrival time**

Failure to comply with these instructions will result in the cancellation or delay of your procedure. Judgment will be made by your anesthesia provider.

*** Cancellation Policy: \$25 fee for cancelled office appointments with less than 24 hours notification; \$50 fee for cancellation of endoscopy appointments with less than 48 hours notification.**

	Choose from these foods/beverages	Do not eat these foods/beverages
Fruits/Juices	Clear fruit juices without pulp such as apple juice, white grape juice	Nectars, canned, fresh, or frozen fruits
Soups	Broth, bouillon, fat free consommé.	Cream soups, soups with vegetables, noodles, rice, meat or other chunks of food in them.
Beverages	Coffee, tea (hot or cold), Kool-Aid, soda, water, lactose free supplements if recommended by your doctor	All others.
Sweets and Desserts	Fruit ices (without chunks of fruit), plain gelatin, clear hard candy, popsicle made from clear juices.	All
Vegetables	None	All
Milk and dairy products	None	All
Bread, cereals and grain products	None	All
Meat, Chicken, Fish and meat substitutes (nuts, tofu, etc.)	None	All
Oils, butter, margarine	None	All

Sample Menu: Clear Liquids Diet

Breakfast: Hot tea with lemon juice and 1 tsp. Sugar (no pulp); Apple juice (6 oz.)
Gelatin (1 cup)

Lunch: Hot tea with lemon (no pulp) and sugar; Grape juice (8 oz.); Fruit Ice (1 cup);
Consommé (8 oz.)

Snack: Fruit juice (apple or white grape, 6 oz.); Gelatin (1 cup)

Dinner: Hot tea with lemon (no pulp) and sugar; Apple juice (8 oz.); Consommé (8 oz);
Fruit Ice (1 cup)

This diet contains approximately 1000 calories, 1 g fat and 14 grams of protein

****Insurance Information****

**Our office may verify insurance benefits and
contact you to discuss our procedure fee.**