Texas Midwest Endoscopy Center, LLC Yogeshkumar Patel, MD 14 Hospital Drive, Abilene, Tx 79606

Arrival Time: _____ Procedure Time: _____

UPPER ENDOSCOPY - Procedure Date: _____

Surgery Center: (325)795-0053

Clinic: (325) 795-2100

Your Procedure: You are scheduled for an upper endoscopy, also known as an esophagogastroduodenoscopy. This procedure is an examination of the inside of your esophagus, stomach, and first part of your intestine. This will be done with a fiber optic endoscope, which is a flexible lighted tube that directly visualizes the inside of your gastrointestinal tract.

IMPORTANT INFO	3 DAYS PRIOR	1 DAY PRIOR	PROCEDURE DAY	
 Arrange for a responsible driver. Driver must stay with you the entire time, no exceptions. Discontinue phentermine 14 days prior to procedure. You may continue your "baby" aspirin and 	Call our office at the number below if you need to reschedule your procedure or if you	NO SOLID FOODS AFTER 10 PM.	 Photo ID & Driver Required at Check-In NOTHING by mouth - NO gum, hard candy, mints, ice chips. No smoking cigarettes, marijuana or use of e-cigarettes the day of your procedure. 	
regular aspirin. If you are unsure if the doctor wants you to stop or stay on blood thinners, please contact our office.	have any questions: (325) 795-0053	NOTHING BY MOUTH AFTER MIDNIGHT.	MORNING MEDICATIONS: You may take your blood pressure and/or seizure meds with a VERY SMALL SIP of water, at least 2-4 hours prior to your procedure, unless otherwise directed by your physician.	

Be sure to bring the following: Photo ID & Responsible adult driver to stay with you the entire time of your visit and to drive you home. Your procedure will NOT start without your driver present and may need to be re-scheduled if they are not here at the time of check-in due to our procedure schedule, no exceptions.

DIABETIC PREP INSTRUCTIONS

For people with diabetes, any procedure that causes you to miss a meal or change your usual meal plan will require special planning to safely manage blood glucose.

- > If you have an insulin pump, please contact your endocrinologist for instructions for the day of your prep!
- > Check your blood glucose if at any time you have symptoms of **low blood sugar** (hunger, shakiness, nervousness, sweating, dizziness, sleepiness, confusion, difficulty speaking, anxiety, weakness) or **very high blood sugar** (dry mouth, thirst, frequent urination, blurry vision, fatigue, drowsiness, weight loss, increased appetite.)
- > Schedule the appointment for early in the day so that you can eat afterwards and take your medication as close to the usual time as possible.
- ➤ Please call our office for any prep-related questions at 325-795-2100.

1-DAY PRIOR:	Morning/Lunch	Supper	Bedtime
Oral medications (pills) or Byetta	Usual Dose	Do not take	Do not take
Lantus, Levemir or NPH insulin	Usual Dose	Half Usual Dose	Half Usual Dose
Humalog, Novolog, Apidra, or regular insulin	Half Usual Dose	Half Usual Dose	DO NOT TAKE
72/25 or 70/30 insulin	Half Usual Dose	Half Usual Dose	DO NOT TAKE

PROCEDURE DAY:	Morning	Lunch/Dinner	Bedtime
Oral medications (pills) or Byetta	Do not take	Take if procedure is over and you have resumed	Resume - Usual - Dose -
Lantus, Levemir or NPH insulin	Half Usual Dose		
Humalog, Novolog, Apidra, or regular insulin	Do not take		
72/25 or 70/30 insulin	Do not take		