

**NOTHING TO EAT AFTER MIDNIGHT. YOU MAY HAVE CLEAR LIQUIDS  
UP TO 4 HOURS BEFORE YOUR REPORT TIME.**

**Please read the following instructions very carefully prior to your procedure:**

- If you are scheduled at the Berks Center for Digestive Health, you **MUST** notify the Anesthesia Department at 610-288-3235 if there are any changes to your medical history, including specialist visits and hospital or emergency room visits and/or prescription medications since your office visit or your phone assessment with the nurse.
- If you are on **BLOOD THINNERS**, follow the instructions that were given at the time of your office visit or during your phone assessment. If your doctor does not allow you to temporarily stop blood thinning medications, notify our doctors immediately so they can decide how to proceed.
- You are **REQUIRED TO HAVE A RESPONSIBLE PARTY** over the age of 18 come with you and remain in the facility until you are discharged.
- You **MAY NOT** use public transportation unaccompanied.
- You **CANNOT** drive a vehicle for the remainder of the day after the EGD.

**NOTE: We reserve the right to cancel your procedure if the instructions are not followed**  
If you have questions regarding these instructions, please call the office IMMEDIATELY at 610-374-4401 or **after 4:45PM** at 610-607-1729 to speak to with the on-call physician.

**Special Note: If you have an advance directive (Living Will) please bring it with you the day of your procedure.**

**DAY OF PROCEDURE**

1. If you have a **MORNING** procedure (before 12:00pm noon) **nothing by mouth** including liquids (water, soda, coffee, tea, broth etc), hard candy, lifesavers, mints and gum after 12:00AM midnight.
2. If you have an **AFTERNOON** procedure, you may NOT have solid foods, you may have clear liquids from the list below up to "4" hours prior to your report time.
3. You may take your morning medications upon arising with SIPS of water, especially blood pressure and heart medications, but **NO DIABETES MEDICATIONS**, unless instructed otherwise.

**CLEAR LIQUIDS--NO SOLID FOOD.**

1. Water
2. Clear broth: Chicken, beef, vegetable
3. Clear juice: Apple, White cranberry, white grape
4. Soft drinks: Soda, clear Gatorade, lemonade
5. Coffee or tea (hot or iced): NO MILK, CREAM, OR POWDERED CREAMER
6. Jell-o
7. Popsicles (without fruit or cream), lemon sorbet, Water ice

**DATE OF PROCEDURE:** \_\_\_\_\_

**REPORT TIME:** \_\_\_\_\_

**PROCEDURE TIME:** \_\_\_\_\_ \*\*Procedure times may change

**PLACE OF PROCEDURE:** \_\_\_\_\_

**Additional Instructions:** \_\_\_\_\_

Updated 3/20/15