EGD PREPARATION

Where to report for your procedure: Boston Medical Center - Brighton

Address: 736 Cambridge Street, Brighton, MA 02135

GI Endoscopy Unit Direction: go to Hospital Main Entrance, take Elevator B to the 5th floor and turn left.

EGD is a procedure that allows us to visually examine and evaluate conditions inside of your esophagus, stomach and duodenum using a flexible instrument. You will be given anesthesia by anesthesia provider during the procedure. You must arrange for a responsible adult to take you home after procedure.

✓ **If you take Blood-thinning Medicine** such as Coumadin®(warfarin), Lovenox® (enoxaparin), Plavix® (clopidogrel), Ticlid® (ticlopidine), Agrylin® (anagrelide), Pradaxa® (dabigatran), Xarelto® (rivaroxaban), Eliquis® (apixaban), Prasugel (Effient), Heparin, Brilinta (Ticagrelor) – Please contact your prescribing physician 2 weeks before procedure to adjust medications.

✓ **Continue taking Aspirin 81mg** even on the day of your procedure.

✓ **Diabetes** – Please contact your prescribing physician 2 weeks before procedure to adjust medications.

✓ **If you are taking GLP-2 agonist medications for diabetes or weight management,** please see instructions in this packet for medication and diet adjustments before your procedure.

✓ **Sedation** – Please let us know in advance about any of the following items which could impact sedation: Allergic reaction or other problems related to sedatives or pain medicine/narcotics • If your weight is over 300 pounds • You are taking narcotic pain medicine • You have severe liver disease

✓ As you recover from the sedatives, do not go back to work or school, make important decisions, or provide care for children. You may resume all activities the next day unless otherwise instructed.

✓ **ARRANGE A RIDE HOME**– A responsible adult, who you know, must take you home after discharge. No exceptions.

IF YOU DO NOT HAVE A RIDE HOME, YOUR PROCEDURE WILL BE CANCELLED.

1 WEEK PRIOR TO EXAM: Do not take any iron pills or vitamin E containing supplements and/or vitamins. **** Please do not eat or drink anything after midnight the night before your procedure ****

THE DAY OF YOUR PRCEDURE: ➢ **Do Not** eat breakfast or drink liquids on the day of your exam

➢ **Do Not** chew gum or hard candy ➢ You may take your morning medications with a sip of water 3 hours before your procedure time

➢ Please bring filled out Questionnaire and Medication list to your procedure (included in the packet) If you have any questions, or need to cancel or postpone your procedure, please call 617-562-5432.

VERSION 07012021; 05292024; 09272024; 02052025; 04162025; 07182025; 09112025

Pre-Procedure
Patient Questionnaire and Instructions

PATIENT IDENTIFICATION

Please complete and bring with you to your appointment

Patient Name:_____Height:_____ Weight:_____

Person escorting you home:_____Ride's Telephone # _____

Cell:_____

☐ **Your escort will arrive in the GI unit no later than 4:30pm** ☐ Your escorts will wait here

Please check the procedure you are having today: O Colonoscopy O Flexible Sigmoidoscopy O Upper Endoscopy(EGD)
O Enteroscopy O BRAVO O ERCP O Other_____

Reason for your procedure: _____

_____

What is your primary language? _____Do you need an Interpreter? O Yes O No

Allergies/Reactions:_____
_____
_____
_____
_____

Your Personal History	Yes	No	Please explain If yes:
Heart Disease/Heart attack/high chol	O	O	
Heart Murmur/Valve replacement	O	O	
Angina/Chest pain	O	O	
! High Blood Pressure	O	O	
Breathing/ Lung problems	O	O	
Sleep apnea	O	O	Apnea machine settings:
Seizures/Stroke/Epilepsy	O	O	
Liver/Kidney Disease	O	O	
History of Cancer	O	O	
Diabetes	O	O	Last blood sugar:
thyroid problems	O	O	
Arthritis/Limitation of movement	O	O	
Implanted Pacemaker/Defibrilator	O	O	When?
Anemia	O	O	
Glaucoma	O	O	
Diarrhea/Constipation/Bloody stools	O	O	
Trouble swallowing/Food sticking	O	O	
Do you smoke? If yes, amount	O	O	If yes, 1-800-QUITNOW is available.
Recreational/illicit drug use	O	O	
Alcohol use	O	O	Amount:
Anxiety/Depression	O	O	
Peptic Ulcer disease/Reflux	O	O	

Other:_____

Have you or a family member had an adverse reaction to anesthesia or sedation? ☐ Yes ☐ No

If yes, please explain: _____

Have you or a family member had:
Colon cancer? O Yes O No
Stomach cancer? O Yes O No
Breast cancer? O Yes O No

Esophageal cancer O Yes O No
Uterine cancer? O Yes O No
Polyps O Yes O No

Are you pregnant or breast feeding O Yes O No

If yes, please explain: _____

_____

Your past surgical history (include if have any metal pins/plates/screws/piercings):

Have you ever been hospitalized for any other reason? O No O Yes, please explain:

PLEASE REVIEW THE INSTRUCTIONS YOU RECEIVED FROM YOUR DOCTOR'S OFFICE INCLUDING THE PREP INSTRUCTIONS.
PLEASE COME TO THE GI UNIT ONE HOUR BEFORE YOUR APPOINTMENT.

NO IBUPROFEN, VITAMIN E, ANTI-INFLAMMATORY MEDICATIONS OR PRODUCTS CONTAINING THESE FOR 2 DAYS PRIOR TO YOUR PROCEDURE WITHOUT YOUR PHYSICIAN'S APPROVAL. YOU DO NOT NEED TO STOP ASPIRIN UNLESS INSTRUCTED DY YOUR DOCTOR. IF YOU ARE TAKING COUMADIN, PLAVIX, TICLID OR INSULIN, PLEASE CHECK WITH YOUR PHYSICIAN WHEN TO STOP TAKING THESE MEDICATIONS PRIOR TO YOUR PROCEDURE. DO YOU TAKE ANY OF THE ABOVE? IF YES, WHEN WAS LAST DOSE:_____O No

YOUR PROCEDURE WILL NOT BE DONE UNLESS YOU HAVE A RIDE HOME WITH A RESPONSIBLE ADULT: THAT PERSON MUST COME TO THE GI UNIT TO ESCORT YOU OUT. A TAXI WITH A RESPONSIBLE ADULT *(NOT THE TAXI DRIVER)* IS ALLOWED.

Signature of person completing this form:_____ Date: _____

RN Validation: I have seen and assessed this patient and reviewed this pre-assessment form with the patient.

RN Signature_____ **Date:**_____ **Time:**_____

PATIENT IDENTIFIION

Current (Home) Medication List

Allergies/Reactions: (If None Indicate here) ☐ NONE

☐ Patient takes no medications

DO NOT USE THESE ABBREVIATIONS:
U, IU, QD, QOD, Trailing zero (X.0 mg), Lack of leading zero, (.X mg) MS, MSO4, MgSO4

Medication Name (include herbal/over the counter/vitamins)	Dose/ Strength	Route (How taken)	Frequency (How often)	Date Last Dose Taken

List prepared by:_____Date:_____Time: _____

MD/PA/NP Signature:_____Date:_____Time:_____

Diabetic and Weight Management Medication Adjustments Before Your Procedure

*** **Procedure will be CANCELLED if medications below have not been discussed/adjusted by your prescribing physician before your procedure.** Below, is a list of medication adjustments to serve as a reference to discuss with your prescribing provider.

If you are taking any medications listed below for **TYPE 2 DIABETES,** please discuss medication adjustments with your prescribing physician at least two weeks before your procedure.

If you are taking any medications listed below for **WEIGHT MANAGEMENT**, please follow instructions below. You may contact your prescribing physician if you are concerned about holding the medication.

If you are on medications 1-9 listed in Table 1 and are scheduled for EGD/EUS/ERCP procedures, please consume ONLY LIQUIDS 24 hours before your procedure and stop drinking at midnight.

If you are having a colonoscopy, please consume ONLY CLEAR LIQUIDS 24 hours before procedure and stop drinking 3 hours before the procedure.

TABLE 1			
	Generic Name:	**Brand Name:**	**Last Dose to Take:**
1.	Dulaglutide	Trulicity	8 days before procedure
2.	Exenatide (ER)	Bydureon Bcise	8 days before procedure
3.	Semaglutide (injectable)	Ozempic, Wegovy	8 days before procedure
4.	Tirzepatide	Zepbound, Mounjaro	8 days before procedure
5.	Semaglutide (oral)	Rybelsus	The day before procedure
6.	Exenatide (IR)	Byetta	The day before procedure
7.	Liraglutide 3mg	Saxenda	The day before procedure
8.	Liraglutide 1.2mg/ 1.8mg	Victoza	The day before procedure
9.	Lixisenatide	Adlyxin	The day before procedure
10.	Canagliflozin	Invokana	4 days before procedure
11.	Dapagliflozin	Farxiga	4 days before procedure
12.	Dapagliflozin/Metformin	Xigduo	4 days before procedure
13.	Empagliflozin	Jardiance	4 days before procedure
14.	Bexagliflozin	Brenzavvy	4 days before procedure
15.	Ertugliflozin	Steglatro	5 days before procedure
16.	Phentermine	Lomaira, Adipex-P	7 days before procedure
TABLE 2			
	Generic Name:	**Brand Name:**	**Last Dose to Take:**
	Ertugliflozin	Steglatro	5 days before procedure
	Glyburide	Micronase, Glynase Diabeta, Glynase Pres Tab, Glycron	The day before procedure
	Glimepiride	Amaryl	The day before procedure
	Repaglinide	Prandin	The day before procedure
	Nateglinide	Starlix	The day before procedure
	Rosiglitazone	Avandia	The day before procedure
	Pioglitazone	Actos	The day before procedure
	Sitagliptin	Januvia	The day before procedure
	Acarbose	Precose	The day before procedure
	Miglitol	Glyset	The day before procedure
	Chlorpropamide	Diabinese	The day before procedure
	Exenatide	Byetta	2 days before procedure
	Liraglutide	Victoza, Saxenda	2 days before procedure
	Lixisenatide	Adlyxin	2 days before procedure