Getting Ready for Endoscopy at the Endoscopy Center of the South Bay

Please read this instruction booklet at least ONE WEEK BEFORE your procedure.

We understand getting ready for your procedure can be challenging, so this booklet was created to help guide you through the process and to answer questions you may have.

Endoscopy Center of the South Bay
23560 Madison St., Suite 109 • Torrance, CA 90505
310-325-6331

See back of booklet for APPOINTMENT TIME & LOCATION
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**Important Medication Instructions**

**DIABETICS**
1. If you are on any type of medication for diabetes, oral medications or insulin, you should bring the medications with you on the day of procedure.
2. If you are currently taking oral diabetes medications, please **DO NOT** take your pills on the day of your procedure until after the procedure.
3. If you are on insulin, you should administer insulin according to your usual instructions on the day of preparation while you are on clear liquids and taking laxatives. Your blood sugar will be checked when you arrive in the Endoscopy Center prior to your procedure.
4. If you are on an insulin pump, you should obtain instruction from your endocrinologist specifically for your scheduled procedure.

**HEART AND BLOOD PRESSURE MEDICATIONS**
1. Please take all your usual blood pressure and heart medications on the day you are preparing for the procedure **AND** on the morning of the procedure with a small amount of water.
2. If you have a mechanical heart valve, you will require antibiotics prior to your procedure. If you are allergic to penicillin, please follow special instruction.

**BLOOD THINNING MEDICATION (ANTICOAGULANTS)**
1. If you are on blood thinners due to high risk for heart attack such as coronary stent placed in past year, severe cardiomyopathy, severe aortic valve stenosis, or if you have a high risk for stroke due to unstable cardiac arrhythmias, your cardiologist or primary physician prescribing your medication must be notified of your scheduled procedure and specific instruction regarding your medication will be obtained.
2. If you do not have a medical condition that requires a prescribed blood thinner, you should try to avoid heavy usage of over the counter agents that may increase bleeding risk such as aspirin, ibuprofen (motrin, advil, naprosyn), St. John’s Wort, ginko biloba, vitamin E at least 5 days prior to your procedure. Tylenol is ok to take.

**SEIZURE MEDICATIONS, INHALERS AND THYROID MEDICATIONS**
1. You should not stop any type of seizure medications even on the day of your procedure. You may take the medication at 5 am with 2 oz of water the morning of your procedure.
2. You should continue to use inhaler medication for respiratory disease and bring them with you to the endoscopy center.
3. You should not stop thyroid medications even on the day of your procedure. You must take the medication at 5 am with 2 oz of water the morning of your procedure.
Preparation for Upper Endoscopy

1. **You must have fasted since midnight prior to the day of your procedure with no solids, liquids, chewing gum or any candy prior to having your procedure.** Any liquid or food in your stomach will increase risk for aspiration pneumonia due to sedatives used for the procedure. If you must take blood pressure or heart medication the morning of your procedure, please take the medicine prior to 6am with no more than 2 oz of water.
The Day of Your Procedure

**You should plan on being at the Center for approximately 3 hours from the time you arrive, until discharge.**

*Please bear in mind that appointments are approximate times. If delays occur, we will do our best to update you and your driver in a timely manner.*

1. You must arrive 1 hour prior to your procedure time for the check in process. Please arrive earlier if you usually require more time to walk, dress, and undress.

2. You must NOT work or drive on the day of your procedure due to sedatives used for the procedure.

3. You must have a driver who will be taking you home after the procedure; your driver should be waiting at the endoscopy center at time of discharge.

4. You must have your insurance card, photo ID for verification, and you will need to settle all of the payment that you are responsible for at the time that you check in. Please do not bring any unnecessary jewelry or valuables with you.

5. You must have fasted since midnight with no solids or liquids prior to having your procedure. Any fluid or food in your stomach will increase risk for aspiration pneumonia due to sedatives used for the procedure. If you must take blood pressure or heart medication the morning of your procedure, please take the medicine prior to 6 am with no more than 2 oz. of water.

6. You should plan on being at the endoscopy center approximately 3 hours from your arrival time to the time of discharge.

7. After the procedure, you should plan on small and easily digestible foods and avoid foods that usually give you indigestion or gas. You should resume normal meals the next day.
Appointment information:

Patient Name: ______________________________________________________

Physician: __________________________________________________________

Preparation Date: ___________________________________________________

Appointment Date: ________________________________________________

If you need to cancel your appointment, this must be done 48 business hours prior to your procedure. If not, you will be charged a fee of $100.00.

Arrival Time: _________________ Procedure Time: ______________________

Location of Procedure:
Your procedure will be at the following location:

☐ The Endoscopy Center of The South Bay
  23560 Madison St., Suite 109
  Torrance, CA 90505
  310-325-6331

☐ Torrance Memorial Medical Center
  G.I. Lab/Located in the Basement Level
  3330 Lomita Blvd.
  Torrance, CA 90505
  310-517-4707

☐ Little Company of Mary Hospital
  G.I. Lab/Located on the First Floor of Hospital
  4101 Torrance Blvd.
  Torrance, CA 90503
  310-303-5362

Scheduler’s Name: _________________________________________________

Telephone: (310) 539-2055 ext. _______________________________________