



SYRACUSE ENDOSCOPY ASSOCIATES, LLC

739 IRVING AVE, SUITE 420, SYRACUSE, NY 13210

WWW.SYRACUSEGASTRO.COM

(315) 234-6677

INSTRUCTION FOR PANENDOSCOPY

General Instructions:

1. If you are Diabetic, please contact the physician that manages your diabetes. They will give you instructions for adjusting your medications for the prep. Let your physician know you will not be eating/drinking anything after midnight.
2. Take all medications for your heart or blood pressure the morning of the test, with a sip of water. Do **NOT** take any diuretics (water pills). Examples: Furosemide (Lasix), Hydrochlorothiazide (HCTZ), Diuril, Aldactone.....
3. If you take blood thinners (Aspirin, Coumadin, Plavix, etc.), please be sure we are aware of this. We will contact your prescribing doctor for specific instructions.
4. Do not take Phentermine 7 days prior. (weight loss pills such as Adipex-P, Lomaira, Qsymia, etc.)
5. **Two(2) days** before your procedure, do not take Cialis, Viagra.
6. **One(1) day** prior no recreational drugs (marijuana, etc...)
7. Due to sedation used during the exam, you will not be able to drive or return to work the day of your procedure. If you have an afternoon procedure, your ride must stay and wait for you.

Remember:

1. **Eight (8) hours prior to your arrival time: NO solid foods. NO milk or milk products. NO red or purple dyes. NO coffee. NO alcoholic beverages or beer.** You can continue the clear liquids for four (4) more hours.
2. **Four (4) hours before your arrival time:** Stop all clear liquids. No gum chewing, no hard candy, and no chewing tobacco.
3. Take your medications with a sip of water, at least two hours before your arrival time.
4. Bring with you: current medication list, photo ID, insurance cards, and the questionnaires.

Clear liquids are allowed up to 4 hours before your arrival time:

Water, clear fruit juices (apple, white grape, white cranberry), bouillon, Jell-O (NO red Jell-O or fruit added), Ginger ale, Gatorade (NO reds), Kool-Aid (NO reds), Seven-Up, Popsicles (NO reds), or tea (**no** milk).

Appt. Date: _____

Arrival Time: _____ Procedure time _____

Please report to:

Syracuse Endoscopy Associates,
739 Irving Ave, Suite 420
CNY Medical Center
Syracuse, NY 13210

OFFICE USE:

Diabetic	Y	N
MRSA - who diagnosed/when?	Y	N
VRE, ESBL	Y	N
Active C-diff	Y	N
Pacer/Defib - copy pacer card, who is cardiologist	Y	N
Blood Thinners - name and who is prescribing doctor	Y	N
Clotting Disorder?	Y	N
Task coags		
Translator needed?	Y	N
Oxygen? How many liters?	Y	N
Malign. Hyperthermia	Y	N

➡ **One week prior** to your appointment, you will receive a phone call from the endoscopy suite. **YOU MUST SPEAK WITH THEM** or your procedure may be cancelled.
Jennifer's number is 234-6679