



# SYRACUSE ENDOSCOPY ASSOCIATES, LLC

739 IRVING AVE, SUITE 420, SYRACUSE, NY 13210

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## 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. Due to sedation used during the exam, you will not be able to drive or return to work the day of your procedure.

### Remember:

1. **Eight (8) hours prior to your arrival time: NO solid foods. NO milk or milk products. NO red dyes. 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.
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 2 yellow 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).

OFFICE USE:		
Diabetic	Y	N
MRSA - who diagnosed/ when?	Y	N
VRE	Y	N
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
Sleep apnea?	Y	N

Appt. Date: \_\_\_\_\_ **Arrival Time:** \_\_\_\_\_ Procedure time \_\_\_\_\_

**Please report to:**  
**739 Irving Ave, Suite 420**  
*Syracuse Endoscopy Associates*  
*CNY Medical Center*  
*Syracuse, NY 13210*