



GASTROENTEROLOGY
CENTER of NEW YORK

UPPER ENDOSCOPY INSTRUCTIONS

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**Gastroenterology Center of New York**  
**Dr. Jason Rubinov**  
**2569 Ocean Avenue**  
**Brooklyn, New York 11229**  
**T: 718-332-3100**

YOU ARE SCHEDULED TO HAVE AN UPPER ENDOSCOPY ON \_\_\_\_\_

YOUR ARRIVAL TIME IS \_\_\_\_\_ WITH DR. JASON RUBINOV

**MEDICATIONS:**

**PLEASE DO NOT TAKE:**

|                              |                                                                                            |
|------------------------------|--------------------------------------------------------------------------------------------|
| <b>7 DAYS PRIOR TO EXAM:</b> | Effient, Ibuprofen (Advil, Motrin/Aleve)                                                   |
| <b>5 DAYS PRIOR TO EXAM:</b> | Brillinta, Coumadin, Plavix                                                                |
| <b>3 DAYS PRIOR TO EXAM:</b> | Artrixa<br>NO ILLICIT DRUGS (Cocaine, methamphetamines, etc.)                              |
| <b>2 DAYS PRIOR TO EXAM:</b> | Persantine                                                                                 |
| <b>1 DAY PRIOR TO EXAM:</b>  | Xarelto, Eliquis, Pradaxa, Lovenox, Fragmin, Innohep,<br>NO Marijuana, Alcoholic beverages |
| <b>1 DAY PRIOR TO EXAM:</b>  | Oral diabetic medications (i.e Metformin, Glucophage etc.)                                 |
| <b>MORNING OF EXAM</b>       | Do not take insulin                                                                        |

- You may also wish to discuss the risks and benefits of temporarily discontinuing these medications with your family physician or cardiologist.

**PLEASE TAKE:**

|                        |                                                                                                                                             |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1 DAY PRIOR</b>     | If you are on an Aspirin regimen; please continue it prior to your exam                                                                     |
| <b>1 DAY PRIOR</b>     | If you use insulin; give yourself 1/2 the units (The procedure will be canceled if your blood glucose is over 300).                         |
| <b>MORNING OF EXAM</b> | Please continue to take medication for heart disease, high blood pressure or seizures on the morning of your exam with a small sip of water |

1. NOTHING TO EAT OR DRINK AFTER MIDNIGHT ON \_\_\_\_\_
2. **YOU MUST HAVE AN ESCORT TO TAKE YOU HOME AFTER THE PROCEDURE. IF YOU DO NOT HAVE AN ESCORT, YOUR PROCEDURE WILL BE CANCELLED.**
3. If for any reason you need to cancel your procedure, you must call at least 48 hours in advance to allow other patients to be scheduled for procedures. Cancellation fees may apply if you do not call to cancel and do not show for your procedure.
4. PLEASE CALL THE OFFICE AT (718) 332-3100 IF YOU HAVE ANY QUESTIONS.