Patient name:

Date of birth:

Upper Endoscopy Preparation

Your upper endoscopy is scheduled for:

DATE:

Arrival time:

Procedure time:

Please present to patient registration at your arrival time and bring your health card.

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PLEASE CALL THE OFFICE 7 DAYS BEFORE TO CONFIRM YOUR PROCEDURE.

Complete the patient intake form: https://smim.ca/new-patient-form

Upper endoscopy information: https://smim.ca/upper-gi-endoscopy

What this test examines

Upper endoscopy (EGD or gastroscopy) examines the food pipe (esophagus), stomach and first part of the small intestine (duodenum). A thin flexible camera passes through the mouth. Small tissue samples (biopsies) may be taken. No bowel-cleansing drink or enema is needed for an upper endoscopy alone.

Before your appointment

Bring your health card and a current medication list. Tell the office about allergies, sleep apnea or CPAP use, heart or lung disease, swallowing problems, loose teeth or dentures, and any previous problem with sedation.

If there is any chance you could be pregnant, complete a home urine pregnancy test before the procedure. At check-in, tell the nursing staff the result and ask them to inform the anesthesiologist.

Plan your ride home and follow the fasting rules

If you receive sedation, a responsible adult must pick you up, accompany you home and stay overnight. No sedation escort is required if you have throat spray only and receive no sedation. Do not drive or return to work for at least 24 hours after sedation. Follow the fasting and morning-medication instructions on page 3. If fasting or escort requirements are not met, sedation or the procedure may be delayed or cancelled.

Changes to Home Medications

Bring a medication list and follow the individualized instructions from Dr. Wu's office. Tell the office about all prescribed, over-the-counter and combination medicines. Do not stop a prescribed blood thinner without an individualized plan.

Blood thinners and antiplatelets

Examples include apixaban (Eliquis), rivaroxaban (Xarelto), edoxaban (Lixiana), dabigatran (Pradaxa), warfarin, clopidogrel (Plavix), ticagrelor (Brilinta) and aspirin. Call the office for instructions if you have not already received a plan, or if your medicine is missing from your hold instructions.

Hold these medicines only as instructed by Dr. Wu's office. If held, restart 24 hours after the procedure unless the office or your post-procedure information sheet gives a different instruction. If bleeding develops, obtain urgent advice about the next dose.

GLP-1 medicines

Examples include Ozempic, Wegovy, Mounjaro, Trulicity and Rybelsus. **Keep taking your GLP-1 medicine unless the office tells you otherwise.** Do not routinely stop or skip a dose before this procedure.

Upper endoscopy alone: clear fluids only for 24 hours before the procedure; stop all food and fluids 6 hours before upper endoscopy. This replaces the general four-hour clear-fluid cutoff. See page 3.

Colonoscopy and upper endoscopy together (bidirectional endoscopy): follow your colonoscopy preparation sheet for diet, bowel preparation and fasting. Finish all clear fluids and bowel preparation at least **2 hours before the procedure**, then nothing by mouth. This replaces the upper-endoscopy-only fasting rules, including the six-hour GLP-1 cutoff.

Call the office before the procedure if you have nausea, vomiting, abdominal fullness or bloating, or if the dose was recently increased. The team may give you an individualized plan.

SGLT2 medicines

Examples include empagliflozin (Jardiance), dapagliflozin (Forxiga/Farxiga), canagliflozin (Invokana) and ertugliflozin (Steglatro). **Hold for 3 days before the procedure; hold ertugliflozin for 4 days.** Restart once eating and drinking well and back to baseline, as directed. These instructions also apply when the medicine is used for heart or kidney disease.

Other diabetes medicines and insulin

Follow the **separate diabetes medication and insulin instruction sheet**. Call the office if you have not received it. Check glucose as instructed and bring your glucose treatment and monitoring supplies. Never stop all basal insulin if you have type 1 diabetes.

Iron supplements do not need to be held for an upper endoscopy alone.

Additional medication instructions (HOLD)

Acid Medicines and Fasting

PPIs and H2 blockers - follow your physician-selected plan

Office to complete the choices below. Do not routinely stop these medicines. Continue unless Dr. Wu's office selects a hold plan below. Call the office if your plan is unclear.

PPIs: omeprazole (Losec), esomeprazole (Nexium), pantoprazole (Pantoloc/Tecta), lansoprazole (Prevacid), rabeprazole (Pariet), dexlansoprazole (Dexilant).

Stop PPI ☐ days before: ☐ Yes ☐ No

H2 blockers: famotidine (Pepcid), cimetidine (Tagamet), nizatidine (Axid).

Stop H2 blocker ☐ days before: ☐ Yes ☐ No

Tell the office about prior erosive esophagitis or instructions to continue acid suppression; do not stop without clarification.

Rebound symptoms: Heartburn or indigestion may temporarily worsen after stopping a PPI because the stomach briefly makes extra acid (rebound acid hypersecretion). This alone does not mean you need a PPI long term. Contact the office for severe or persistent symptoms.

Gaviscon Extra Strength during a PPI break

You may chew **2-4 tablets after meals, up to and including the day before endoscopy**. Chew thoroughly. Maximum 12 tablets in 24 hours. Separate from other medicines by at least 2 hours. Ask the office or pharmacist before use if you have kidney disease. Do not take Gaviscon or other antacids on the day of the procedure.

Food and drink before the procedure

Having colonoscopy and upper endoscopy together? Follow your colonoscopy preparation sheet for diet and fasting. Finish clear fluids and bowel preparation at least **2 hours before the procedure**, then nothing by mouth. The upper-endoscopy-only rules below do not apply.

Upper endoscopy alone, without a GLP-1 medicine: Finish a light meal at least **6 hours before arrival**; finish a fatty, fried or heavy meal at least **8 hours before arrival**. After that, no solid food. You may drink clear fluids until **4 hours before the procedure**, then nothing by mouth.

Clear fluids: water, black coffee or tea (no milk or cream), and pulp-free juice. No milk, cream, smoothies or pulp.

Upper endoscopy alone, with a GLP-1 medicine: Clear fluids only for the 24 hours before the procedure. **Stop all food and fluids 6 hours before upper endoscopy**, unless the office gives you a different plan.

Morning medicines: Take permitted medicines with a small amount of water before your applicable cutoff: **4 hours for upper endoscopy alone; 6 hours for upper endoscopy alone with a GLP-1 medicine; 2 hours for combined colonoscopy and upper endoscopy**. Follow the separate diabetes/insulin sheet.

Your Upper Endoscopy

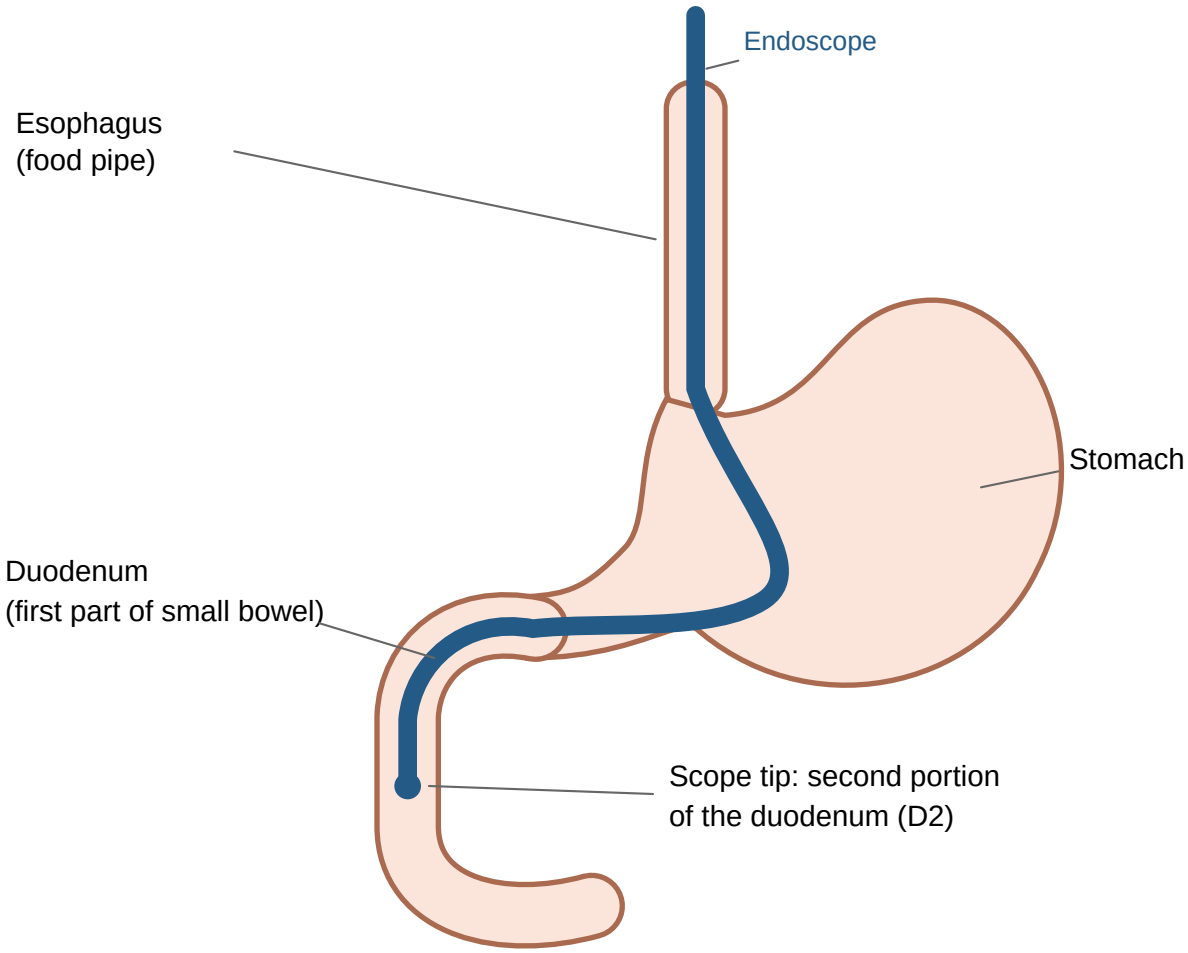
During your upper endoscopy

The team will review your health, medicines and consent before starting. You will usually lie on your left side. A mouth guard protects your teeth and the scope. Tell the team about loose teeth, crowns, bridges, dentures or difficulty opening your mouth.

Throat-numbing spray, sedation through an intravenous (IV) line, or both may be used. Sedation helps you relax but you may not be fully asleep. Your breathing, oxygen level, pulse and blood pressure will be monitored.

The scope passes through your mouth and does not block breathing. Air or carbon dioxide improves the view and may cause bloating. You may gag or feel pressure. Biopsies are usually not felt. Additional treatment and its risks will be discussed with you.

Where the scope goes



Simplified illustration, not to scale. Scope shown reaching D2, not beyond it.

Recovery and Follow-up

After the procedure

Rest in recovery until the team says you are ready for discharge. A mild sore throat, bloating or belching is common and should improve. If throat spray was used, **do not eat or drink until the team confirms it is safe and your swallowing has returned to normal**. Resume your usual diet unless instructed otherwise.

For at least 24 hours after sedation: do not drive, return to work, operate machinery, drink alcohol, make important decisions or sign legal documents. Sedation can impair judgment and coordination even when you feel awake.

If you receive sedation: a responsible adult must pick you up, accompany you home and stay overnight. **If you have throat spray only and no sedation, these escort and overnight-supervision requirements do not apply.**

Results and follow-up

You will receive a post-procedure information sheet explaining the findings, any treatment and medication restart instructions. Biopsy results often take 1-2 weeks. The office will contact you about important results and arrange follow-up.

Restart blood thinners, PPIs, H2 blockers and other held medicines according to your post-procedure plan. If you are unsure when to restart a medicine, call the office.

A follow-up phone consultation with Dr. Wu has been booked for

to go over your results and next steps.

Risks and When to Get Help

Upper endoscopy is generally safe. Serious complications are uncommon. Your risk depends on your health and any additional treatment.

Sedation and aspiration

Sedation can cause low oxygen, slowed breathing, blood pressure or heart rhythm changes, or an allergic reaction. Monitoring helps detect problems; breathing support may be needed. Aspiration (stomach contents entering the lungs) can cause pneumonia. Follow the fasting and medication plan.

Bleeding, perforation and other risks

A biopsy or treatment site can bleed. Rarely, bleeding needs another endoscopy, transfusion or other treatment. A tear or hole in the esophagus, stomach or duodenum (perforation) is rare and may require hospital treatment or surgery. Risk is higher with treatments such as stretching a narrowing.

Sore throat, gagging, bloating or dental damage may occur. Infection and serious heart or lung events are uncommon. Findings can be missed or the test incomplete. Holding blood thinners carries a small clot, stroke or heart-attack risk; follow your hold and restart plan.

Get emergency help right away

Call 911 or go to the nearest Emergency Department for severe or worsening chest or abdominal pain, a swollen or rigid abdomen, trouble breathing, fainting, fever with feeling very unwell, repeated vomiting, vomiting blood or coffee-ground material, black tarry stools, or a large amount of bleeding. Do not wait for a routine office callback.

Call 911 for facial droop, arm weakness, difficulty speaking or sudden loss of vision. Call 911 for swelling of the face, lips or tongue, or trouble breathing after a possible allergic reaction.

SGLT2 medicines and ketoacidosis

SGLT2 medicines can rarely cause **euglycemic diabetic ketoacidosis (DKA)**, including during fasting or around a procedure. Symptoms include **nausea, vomiting, abdominal pain, unusual tiredness or feeling unwell (malaise)**; rapid or deep breathing may also occur. **Blood glucose may be normal or only mildly raised.**

If these symptoms develop, stop the SGLT2 medicine and seek urgent medical assessment immediately. Do not wait for a high glucose reading. Tell the team which SGLT2 medicine you take and when you last took it. Call 911 if you have trouble breathing, faint or are severely unwell.

Questions or less urgent concerns

Office: **(705) 645-2281 ext 3**. Work cell: **(705) 710-0630**. If unavailable on the day of your procedure, call Day Surgery: **(705) 645-4404 ext 3262**. Seek advice for symptoms that persist or worsen; if severe, go to the Emergency Department.