

ADVANCED GASTROENTEROLOGY **& ENDOSCOPY, P.C.**

Ali S. Karakurum, MD, FACP, FACG
70 N. Country Rd., Suite 201
Port Jefferson, NY 11777

631-331-0200

1-888-GASTRO-1

PREPARATION FOR AN UPPER ENDOSCOPY PROCEDURE

Date of procedure: _____

Location: John T. Mather St. Charles Office

NOTE: One week prior to the procedure AVOID Aspirin & products such as Advil, Aleve, Motrin, Vioxx, Celebrex and blood thinning medications such as Coumadin, Plavix & Vitamin E for. ONLY TYLENOL IS ALLOWED.

Day Before The Procedure:

- ❖ No foods or liquids after midnight. Medications can be taken on the morning of the operation with only a sip of water.
- ❖ Please call the hospital the day before your procedure to confirm the time you are to arrive. If you are scheduled on a Monday call the hospital on the Friday before.

John T. Mather Memorial Hospital: call **476-2717** between 3:00 PM-6:00 PM
St. Charles Hospital: call **474-6285** after 4:00 PM-6:00 PM.
Dr. Karakurum's Office: call **331-0200** after 10:00 AM-4:00 PM

Day of Procedure:

- ❖ A friend or relative must drive you home after the procedure. You will not be able to drive for at least 8 hours. If you have any questions, please call the office at (631) 331-0200.

**PLEASE REFRAIN FROM SMOKING ON THE DAY OF THE PROCEDURE
AND REMOVE ALL VALUABLES PRIOR TO COMING IN.**