

Patient Appointment Package

Patient: _____ Procedure: _____

Appointment Date: _____ Day: _____ Time: _____

We are located at:

**3545 Odyssey Dr, Unit 18,
Mississauga, Ontario L5M 2S4**

IMPORTANT:

- **PLEASE REPLY TO EMAIL** to confirm that you have received these instructions.
- **PLEASE READ** Preparation/Medication instructions enclosed before you begin. Follow only these instructions and not from any other source, including those that come with the preparation kit you purchase.
- **DAY OF PROCEDURE:**
 1. **DO NOT DRIVE** for 24hrs after procedure. Please ensure that someone comes with you to drive you home. Non-adherence will result in denial of sedation or cancellation of procedure.
 2. **DO NOT** take TAXI/UBER/BUS by yourself unless you are accompanied by a responsible adult. Non-adherence will result in denial of sedation or cancellation of procedure.
 3. **DO NOT** work after procedure
- **BRING:** all medications/list of medications, health card and cell phone. Leave all valuables at home.
- **WEAR:** comfortable, loose fitted clothing. **DO NOT** wear heels, tight fitted clothing, nail polish, heavy scents such as perfumes, cologne, and creams. **WE ARE A SCENT FREE CLINIC.**
- You may take a shower and brush your teeth on the day of the procedure.
- **DO NOT** use any marijuana products including vaping for 24-48hrs before the procedure.
- Please be advised that at times there may be delays due to unforeseen circumstances. We apologize for any inconvenience and appreciate your patience as we work hard to provide you with the best possible care. You may bring a book to read while you wait. Thank you for understanding.

Cancellation Policy

We require **4 business days** cancellation notice. Please call 905-823-0223 to reschedule or cancel. Our office hours are Monday to Friday 8am to 4pm. Cancellation or rescheduling with **less than 4 business days** notice will result in a **\$150.00 charge**. We require 4 days business days in order to book someone else with adequate time to do the preparation. Thank you for understanding.

What is a gastroscopy?

Gastroscopy is a medical procedure in which a long flexible tube is inserted through the mouth and into the esophagus, stomach and duodenum (which is the first portion of the small intestine). The lining is then examined and biopsies can be taken to check for abnormalities.

Gastroscopy Preparation

DO NOT EAT 12 hours before the test but you can drink **CLEAR FLUIDS ONLY**.

Clear fluids include the following:

- Plain water and/or flavoured water
- Clear broth or soup
- Juices (no pulp) such as apple, white grape, white cranberry
- Gatorade® Powerade® Kool-Aid®
- Carbonated drinks such as ginger ale, 7-Up®, Sprite®
- Popsicles
- Plain Jell-O

DO NOT drink red, purple, blue, or green coloured fluids.

STOP DRINKING ALL FLUIDS 4 HOURS BEFORE YOUR PROCEDURE TIME

MEDICATION INSTRUCTIONS

Diabetes Medications: Oral and Insulin	<ul style="list-style-type: none"> • Take 1/2 the usual dose on the day before the procedure. • DO NOT take any on the day of the procedure • Check Blood Sugar levels throughout the duration of the preparation. • If reading is too low, drink clear juices to bring blood sugar up. • Check Blood Sugar level before arriving and provide the reading to the nurse.
High Blood Pressure Medication	<ul style="list-style-type: none"> • Take on the day of procedure, at least 1-2 hours before with a little sip of water. • If you take this at night, continue to take it as prescribed.
Iron	<ul style="list-style-type: none"> • DO NOT take iron medication 1 week before the procedure
Aspirin	<ul style="list-style-type: none"> • Take as normal unless instructed otherwise
Plavix	<ul style="list-style-type: none"> • STOP 4 days prior to procedure

All other medications can be taken after the procedure.