

GASTROENTEROLOGY CONSULTANTS OF NORTHERN VIRGINIA  
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## **Patient instruction for upper endoscopy (EGD) or ERCP**

**Avoid these medications 5 DAYS before your procedure:** Aspirin, Plavix, or Ibuprofen products (Motrin, Advil, Aleve, Naproxen, etc.) These products will cause problems with clotting of the blood and *may* increase your risk of bleeding after the procedure. If you are on Coumadin (warfarin), ask your physician for special instructions. If you take blood pressure pills in the morning, you may take them as scheduled with sips of water. If you are diabetic, hold your medication on the morning of the procedure.

- 1. Do not eat or drink anything for (7) seven hours prior to your procedure.**
- 2. Please arrange for someone to come with you. Please make sure that your ride stays during the whole duration of the procedure. This is required by the facility.**

**Procedure Date:** \_\_\_\_\_

**Location:** FairOaks Hospital  
(2nd Floor Registration)  
3650 Joseph Siewick Dr  
Fairfax, VA 22033

**Procedure Time:** \_\_\_\_\_

**Arrival Time:** \_\_\_\_\_

**\*\* PLEASE BRING YOUR INSURANCE & IDENTIFICATION CARD.**

**Note: For any reason you need to reschedule or cancel your procedure, you MUST CALL our office 703-262-0200 within ten (10) business days notices. Otherwise, there will be a \$150.00 charge.**