

**Preparation Instructions For
EGD (Esophagogastroduodenoscopy) OR
ERCP (Endoscopic retrograde cholangiopancreatography)**

DATE OF PROCEDURE: _____

STOP _____ MEDICATION _____ DAYS PRIOR

**YOU WILL NEED A FAMILY MEMBER OR FRIEND TO DRIVE YOU
AND CARE FOR YOU AFTER THE PROCEDURE DUE TO SEDATION**

Five (5) Days Before Your Test You MUST

- **STOP** any NSAIDS, ASPIRIN, IBUPROFEN or Medication that thins your blood. Tylenol may be taken for pain.

The (1) Night Before Your Test You MUST

- **Have Nothing to eat or drink after MIDNIGHT**
- **If your procedure is scheduled after 11a.m. you may have CLEAR liquids up to 3 hours before your procedure**

IF THERE ARE ANY QUESTIONS, PLEASE CONTACT US AT

219-922-4900 OPTION (3)

www.cdh-nwi.com