

# DIGESTIVE DISEASE SPECIALISTS, INC.

Southwest Office  
Barry G. Perkins, MD  
Southwest Medical Center Campus  
4201 S. Western  
Oklahoma City OK 73109  
(405) 632-4000

---

NAME: \_\_\_\_\_

DATE OF PROCEDURE: \_\_\_\_\_

ARRIVAL TIME: \_\_\_\_\_

PROCEDURE TIME: \_\_\_\_\_

## Procedure Location:

**1 Ambulatory Endoscopy Center / South**  
4201 South Western  
Oklahoma City, OK  
Check in at **ADMISSIONS**

**2 Southwest Integris Medical Center**  
4401 South Western  
Oklahoma City, OK  
Check in at the **Outpatient Entrance front desk**

You have been scheduled for an outpatient EGD at the above noted date and time.

## Please read the following information to help you understand your procedure:

For the best possible examination, the stomach must be completely empty.

- ❖ ***If your procedure is scheduled in the morning, you should have nothing to eat or drink, including water, from midnight the evening before the examination. You may take ONLY your high blood pressure or heart medicines with a small amount of water.***
- ❖ ***If your procedure is scheduled for the afternoon, you may have liquids and a LIGHT breakfast (one piece of lightly buttered toast or a small bowl of cereal until \_\_\_\_\_ a.m. the morning of the procedure. You may also take your morning medications.***

Please make arrangements to have a responsible adult driver to take you home after the procedure. You may not operate any vehicle or heavy machinery for **the rest of the day. The procedure will NOT be performed if the patient does not have a responsible adult to drive you home.**

Please report to the Endoscopy Center at the date and time scheduled. Please wear comfortable clothing and leave all valuables at home.

After you have checked in at the facility, you will be taken to a room to have your blood pressure, pulse, and temperature taken. You will be asked to remove your comfortable clothing and put on a gown. A nurse will start your IV to administer medication that will relax you and make you sleepy for the procedure. You will also be given medication to numb your throat. You will be asked to remove any dentures or partials.

The EGD is performed with the help of video equipment. The doctor will guide the scope (A small tube with a lens and light source that allows him to view the esophagus, stomach and duodenum) into your esophagus to view the area he is examining. This will not interfere with your breathing. The doctor can also take a biopsy if necessary and there should be no discomfort during the biopsy.

The procedure will take approximately 15-20 minutes. You will remain at the facility for about one hour after the procedure to make sure you have recovered sufficiently from the medication.

***If you have any unusual symptoms over the next few days such as fever, chest pains, dark stools, or vomiting blood, you should call our office IMMEDIATELY!!!***

If you have any questions prior to your procedure please call our office at 405-632-4000.

**FOR OUR DIABETIC PATIENTS:**

If you are an insulin-dependent diabetic, **DO NOT** take your insulin the morning of the procedure. If you use an insulin pump, please call the doctor that treats your diabetes for instructions. The facility does not administer insulin nor have any diabetic supplies. If you will need your insulin prior to arriving home, please bring your insulin and supplies with you.

If you are on oral medication for diabetes, do not take them the morning of the procedure. You may take the medication after returning home.

**BLOOD THINNERS:**

If you take any type of blood thinners including aspirin, please inform the nurse for further instructions.

**PACEMAKERS – DEFIBRILLATORS – ARTIFICIAL HEART VALVES:**

It is very important that both the doctor and nurse scheduling the procedure are aware that you have a pacemaker, defibrillator, or have any artificial heart valves. Please make sure you give them all information.

**PROCEDURE RESULTS:**

You have given the office a contact phone number for your results. You will be called at this number within 2-4 days after your procedure.

**SPECIAL INSTRUCTIONS FOR THE PATIENT:**

---

---

---

**\*\*\*\*IF YOU ARE A NEW PATIENT OR IF YOU HAVEN'T BEEN SEEN BY YOUR PHYSICIAN WITHIN ONE (1) YEAR, PLEASE PRINT THE FORMS AT THE FOLLOWING LINK: [Pre-Registration Forms](#). PLEASE FILL OUT ALL FORMS AND BRING THEM WITH YOU TO YOUR PROCEDURE. THANK YOU.\*\*\*\***