

Gastroscopy/ Dilation/ STRETTA PREP INSTRUCTIONS

You are scheduled for a gastroscopy / dilatation / or STRETTA on

_____ arrive at _____

1. On the day before your test, please eat a light supper.
2. **AFTER YOUR LIGHT SUPPER YOU MAY ONLY DRINK CLEAR LIQUIDS (see list on back).**
You may drink clear liquids until four hours before arrival time.
Clear liquid diet must be stopped at _____. You may brush your teeth.
3. You **must** bring someone to drive you home. **If you do not bring a driver, your test will not be done.**
The person driving you home should be available to be with you when the doctor is discharging you so they can help you remember what is discussed.
4. Medications:
 - A. Insulin or oral diabetic medications should not be taken on morning of test. Resume after you are able to eat.
 - B. Heart or blood pressure medications should be taken the morning of the test as regularly scheduled with a small amount of water.
 - C. All other medications should NOT be taken morning of test. Resume after you are able to eat.
 - D. **Blood thinning medications (example: Coumadin or Plavix) - discuss with the nurse or doctor. You may need to have lab work drawn prior to the procedure and whether you need to adjust or stop this medication.**
5. You can expect to be here for about 2 to 3 hours.
6. Specimens: During your procedure, specimens (biopsies, Clo tests, or stool samples) may be taken. These specimens are sent to an outside pathologist, hospital, or lab for processing. If specimens are taken and sent for processing, you will be sent a bill for these services from the respective pathologist, hospital, or lab. Please let us know if your insurance company requires you to use a certain pathology doctor, hospital, or lab. We will ask you for this information. A call to your insurance carrier will give you the most current information.

BRING YOUR CURRENT MEDICATIONS OR A LIST WITH YOU ON THE DAY OF YOUR TEST.

IF YOU HAVE ANY QUESTIONS OR PROBLEMS, PLEASE CALL OUR OFFICE AND ASK FOR A NURSE

IF YOU CANNOT KEEP YOUR APPOINTMENT, PLEASE LET US KNOW AS SOON AS POSSIBLE OR AT LEAST TWO (2) BUSINESS DAYS PRIOR TO THE PROCEDURE.

THANK YOU

Clear Liquid Diet

A clear liquid diet consists of clear liquids — such as water, broth and plain gelatin — that is easily digested and leaves no undigested residue in your intestinal tract. **NO RED OR PURPLE OF ANY KIND**

If you can't see through it, DON'T drink it.

Food Type	Liquids Allowed	Liquids NOT Allowed
Beverages	<ul style="list-style-type: none"> • Water • Black coffee & tea (regular or decaf) • Kool-aid, fruit flavored beverages • Sports drinks • Carbonated beverages limited to 2/day 	<ul style="list-style-type: none"> • Milk & milk like products • Alcoholic beverages • Creamers (<u>including non-dairy</u>) • RED OR PURPLE
Fruit Juices	<ul style="list-style-type: none"> • Strained juices including apple, white grape, white cranberry 	<ul style="list-style-type: none"> • Fruit juice with pulp • Prune juice • RED OR PURPLE
Soups	<ul style="list-style-type: none"> • Clear chicken, beef, or vegetable broth • Bouillion or consommé' 	<ul style="list-style-type: none"> • All others
Desserts	<ul style="list-style-type: none"> • Jello, NO RED OR PURPLE • Popsicles, NO RED OR PURPLE • Snowballs, NO RED OR PURPLE 	<ul style="list-style-type: none"> • Any red or purple liquid • All other desserts
Sugars/Sweets	<ul style="list-style-type: none"> • Sugar, honey, syrup 	<ul style="list-style-type: none"> • All others • RED or PURPLE
Seasonings	<ul style="list-style-type: none"> • Salt 	<ul style="list-style-type: none"> • All others
Meat	<ul style="list-style-type: none"> • None 	
Fats	<ul style="list-style-type: none"> • None 	
Breads/Cereals	<ul style="list-style-type: none"> • None 	
Vegetables/Fruit	<ul style="list-style-type: none"> • Clear, strained liquid - NO RED OR PURPLE 	<ul style="list-style-type: none"> • All others

The day before your procedure, **do not drink anything red/purple colored liquid.** By avoiding these red/purple colored liquids, your returns from the prep should be yellow or light green.

Clear Liquid Recipes

Frozen Fruit Slush

1-6oz can frozen clear juice concentrate
4 Tablespoons sugar
3 cups crushed ice

Mix all ingredients.
Blend until smooth.

Fruit Fizz

1-cup clear liquid juice
½ cup sparkling water
½ cup ice

Blend ice and juice until slushy. Pour in glass & add sparkling water.

Lemon Lime Slushie

Juice from two limes & one lemon, strained
1-cup sparkling water
1-cup ice
4 teaspoons sugar, or to taste

Blend ice & juice 'til slushy.
Add sparkling