

Endoscopy Center of Central New York is located at:
Northeast Medical Center
4308 Medical Center Dr.
Fayetteville, NY 13066
(315) 329-7301

It is very important that you do the following to prepare for your exam:

1. One week prior to your procedure please **READ** Prep instructions given by the office and **NOT** the instructions on the box. If you do not have OUR instructions please call (315) 329-7301 or you can log on to www.cnyendo.com

- * Stop iron, calcium and multi-vitamins that have iron in them
- * Use Tylenol or acetaminophen for pain. Do not use Motrin, ibuprofen, or Aleve.
- * Avoid nuts and any fruits and vegetables that contain seeds.
- * Stop **ALL** fiber supplements, like Metamucil and Fiberall.

2. Please take all your heart and BP meds. If you have a history of any Cardiac Disease, prior stroke or TIA, History of clotting, thrombus, Embolus or any form of Vascular disease, **do not stop your Aspirin** or other blood thinners without discussing it with your physician.

*If you use ANY blood thinners other than Aspirin, including Plavix, Clodiprogel, Coumadin, Pradaxa, Lovenox, or Heparin etc., you must discuss their use with your physician before stopping them.

FAILURE TO DISCUSS THESE MEDICATIONS WITH YOUR PHYSICIAN MAY RESULT IN YOUR PROCEDURE BEING CANCELLED.

3. **Diabetics**, please check your blood sugar before you come in for your procedure and also bring your medication with you so you can take them after you eat. If you use oral diabetes medications or any form of Insulin, Discuss their use with your physician for the day before and day of your procedure.

4. **Sleep Apnea** patients, please bring your C-Pap machine if you have one.

5. **Pacemaker** and/or **Internal Defibrillator** patients, please let us know if you have this device. We **cannot** do patients with **Internal Defibrillators** in the center and we will need to reschedule you to another location.

6. Staff from Endoscopy Center will call you one week prior to your procedure.

*If you have questions at this time, please feel free to ask them.

*Please read packet explaining your rights and responsibilities, Advance Directives and declaration of Ownership. Please let us know if you did not receive one, so we can mail them to you.

We strive for efficiency and safety in our unit. Please allow 1-2 hours for the exam and recovery period. Sometimes patients may require somewhat longer recovery time. Safety always comes first.

Please arrive for your procedure at _____ on _____.

If you are having **any form of sedation** you will need a **responsible Person to REMAIN** in the endoscopy center until discharge to review discharge instructions, and accompany you / **drive you home**.

Taking a regular cab or Medicaid cab is only allowed if you have a **responsible Person accompanying you home**. Otherwise, you are responsible for arranging your own **Medical transport**. Please call the office for a list of approved medical transport in the area.

Please **do not eat or drink after Midnight** the night before your procedure unless otherwise directed. Please **No GUM** chewing and do not wear any **LOTIONS** scented or not the day of your procedure.

If your insurance requires a co-pay, this must be collected at time of service. There will be a fee for co-pays not collected at the time of service.

PLEASE NOTE: Occasionally it is necessary to change the time and/or date of your procedure due to changes in the doctor's schedule. We will do this only if it is absolutely necessary. We appreciate your understanding of this matter.