Summit Health®

85 Raritan Ave., Suite 125
Highland Park, NJ 08904
summithealth.com

Dr. Katz, 732-246-1028

Endoscopy Instructions

Date of Endoscopy: _____

LOCATION

- St. Peter's University Hospital, 254 Easton Avenue, New Brunswick, NJ 08901, 2nd Floor endoscopy unit, 732-745-8600 (NPI # 1114924834)
- Endo Surgical Center of Old Bridge, 42 Throckmorton Lane, Old Bridge, NJ 08857, 732-679-8808 (NPI # 1801987805)
- Somerset Ambulatory Surgical Center, 1 US-206, Somerville, NJ 08876, 908-393-8360 (NPI # 1669895512)

BY LAW, SOMEONE MUST DRIVE YOU HOME FROM THE PROCEDURE.
You are not able to take an Uber or taxi.

TIME OF PROCEDURE

The Center will call you 1 business day before your Endoscopy date with the time you need to arrive. If you do **NOT** hear from the center **by 3 p.m.**, call my office promptly! The confirmation email/call from the office is not the correct time.

INSTRUCTIONS

DO NOT EAT OR DRINK ANYTHING FROM MIDNIGHT UNTIL AFTER YOUR PROCEDURE.

MEDICATIONS

You may take your medications the morning of your procedure no later than 5am with a SMALL sip of water.

Aspirin, Plavix & Coumadin: Do NOT stop taking your Aspirin, Plavix, or Coumadin before your procedure unless told to do so by my office or the prescribing doctor. VERY IMPORTANT – On the day of your procedure, tell your nurse and anesthesiologist if you are taking Plavix or Coumadin.

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Diabetic/Weight Loss Medications: It is best to call your endocrinologist if you have an insulin pump or take insulin/Lantus daily. Do NOT take your ORAL diabetic medication 3 days before and the day of the procedure and check finger sugars 3 TIMES the day of prep and the morning of the colonoscopy. Examples: Canagliflozin (Invokana), Canagliflozin and Metformin (Invokamet), Dapagliflozin (Farxiga), Xigduo XR Dapagliflozin and Metformin extended release, or Empagliflozin (Jardiance). **If you are taking a once weekly GLP-1 injectable** it should be held for **14 full days** before your scheduled procedure. **Daily injectables or Oral GLP-1 medications** should be held 24 hours before your procedure. **Please make the office aware.** (ex. Ozempic, Rybelsus, Victoza, Wegovy, Trulicity, Saxenda, Byetta, Bydureon, Mounjaro Zepbound Phentermine.)

ONLY IF CHECKED BY THE DOCTOR – PLEASE FAX TO 732-246-1045

❑ **MEDICAL/CARDIAC CLEARANCE:** If you have a significant medical history (i.e. Cardiac, Diabetes) or are taking **Coumadin or Plavix,** you will be asked to get medical/cardiac clearance and EKG to proceed with your procedure. You must be seen by your cardiologist within 6 months If you have an internal Defibrillator, or Sleep Apnea machine please inform the office.

❑ **EKG - ALL** patients over the age of 65 years old need an EKG within 6 months.