DR. CHRISTOPHER D. ZROBACK M.D., F.R.C.S.C.

GENERAL SURGERY & ENDOSCOPY

© 604-391-2000 **6** 604-393-9779

INFORMATION ABOUT YOUR ENDOSCOPIC PROCEDURE

Locat	ion: Ambulatory Care - Main Floor Chilliwack Hospital
RE: _	
Date	of Procedure:
Arriva	al Time:
Estim	nated Discharge Time:
1.	Please call our office at least 14 days in advance of your scheduled endoscopic procedure to confirm this appointment. If you reach our office voicemail, please leave your name, time and date of your procedure and that will be considered a confirmation.
	FAILURE TO CONFIRM YOUR APPOINTMENT MAY RESULT IN CANCELLATION OF YOUR PROCEDURE
	Cancellations within 48 hours of procedure will be subject to a \$200 re-booking fee.
2.	Please follow the attached preparation instructions closely.
3.	Due to the sedation that you are given you are legally impaired and cannot work or drive for 24 hours. You must arrange for someone to drive you home following the procedure.
	Please ask whomever is driving you home to report to Ambulatory Care when they arrive to pick you up. Please do not ask the staff to call your ride.
4.	Dr. Zroback will give you the preliminary findings and follow up instructions after the procedure.
Thanl	k you,
Dr. Zr	roback's Office

PREPARATION INSTRUCTIONS FOR A GASTROSCOPY

1. 2-5 days before your Gastroscopy

• STOP taking any blood thinner medications as instructed by your doctor. (eg. Warfarin, Xarelto, Pradaxa or Plavix)

2. The night before your Gastroscopy

• Although we recommend that you never smoke, you must STOP smoking 12 hours before your procedure.

3. The day of your Gastroscopy

- **NOTHING** to eat after midnight. You may have fluids and medication until 7am, but you are required to be fasting after this time No solid foods or any liquids, **INCLUDING** water. Please wait and take later medications after you get home.
- If you usually take medications during that time, please wait and take them after you get home.

Thank you,

Dr. Zroback's Office