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Gastroscopy with Gastric Balloon Insertion

NAME: _____ PHYSICIAN: _____

DAY AND DATE: _____ TIME: _____ ARRIVE AT: _____

PLACE: _____ REPORT TO: _____

Please note: There is a 24 hour cancellation policy. For procedures cancelled with less than 24 hours notice, a fee of \$125 dollars will be assessed.

**1 week Before
your insertion**

- Check with our office for specific instructions if you take ANY blood thinning medications (Coumadin, Pradaxa, Effient, Aspirin (Ecotrin), Eliquis, Xarelto, Plavix, etc.)
- START prescription antacid medication (Nexium, Protonix, etc) and take once daily.
- Check with your physician for specific instructions if you take ANY diabetes medications (Insulin, Metformin, Janumet, Glipizide, etc.)
- 5 Days prior to balloon removal **NO vegetables** and please follow a low fiber diet

**2 Days Before
your insertion**

- START a CLEAR LIQUID diet only when you wake up
Gatorade, apple juice, water, ice pops, jello, and broth
BLACK tea and coffee are OK-NO MILK or creamers
- NO RED liquids

**Day Before
your insertion**

- Apply 1 Scopolamine patch behind your ear in the **MORNING** when you wake up.
- The **NIGHT BEFORE** the balloon removal Take 1 dose of Metoclopramide (Reglan) before you go to bed.

**DAY of your
insertion**

- TAKE all your usual medications when you wake up with a sip of water
- NOTHING to eat or drink after midnight!
- TAKE 1 Emend tablet with a sip of water when you wake up
- You must have a ride home-NO Driving until the following day!
- For all women of child-bearing age, a urine pregnancy test must be done on arrival at the center.

Following procedure: TAKE anti-nausea medications and anti-spasm medications as instructed.