THE OREGON CLINIC SPECIALTY MEDICINE, EXCEPTIONAL CARE

Medication Changes before Upper Endoscopy

(Esophagogastroduodenoscopy, Endoscopic Ultrasound, & Endoscopic Retrograde Cholangiopancreatography)

Review these instructions at least two weeks before your procedure as some medications may need to be tapered or held prior to your procedure.

Please refer to the below tables for medication holding instructions. ***Do not*** make up or "double up" on any missed medication after the procedure. If your medication is not listed or if you have had any changes to your medication, contact your prescribing provider or primary care provider for instructions. Please call our office if you have any questions about these instructions or if you have not held your medication as instructed.

Anti-seizure, Pain, and Blood Pressure or Heart Medications:

Continue taking all your regularly scheduled medications for anti-seizure, pain, and blood pressure or heart medications up until 4 hours prior to your procedure unless your doctor told you otherwise.

Diabetic, Weight Loss, Cardiac and Other Medications:

For people with **diabetes**, any procedure that causes you to miss a meal or change your usual meal plan will require special planning to safely manage your blood glucose. For this reason, please review the instructions and tips listed below.

- Check your blood glucose level before all meals, at bedtime on the preparation day and on the day of the procedure.
- Check your blood glucose if at any time you have symptoms of low blood glucose or very high blood glucose.
- Aim for 45 grams of carbohydrates at meals and 15-30 grams of carbohydrates for snacks. Aim for 45 grams of carbohydrates at meals and 15-30 grams of carbohydrates for snacks. Clear protein drinks are okay for you to drink as part of the clear liquid diet. These are often found in the nutritional supplement aisle or online.
- If your blood sugar is low, you may have up to 4 oz of a clear sugar liquid such as apple juice up to 2 hours prior to your procedure.
- If you use a CGM (continuous glucose monitor), continue to use it before, during and after the procedure.

MEDICATION	14 DAYS BEFORE PROCEDURE	7 DAYS BEFORE PROCEDURE	DAY OF PROCEDURE
Phentermine + Topiramate (Qsymia)	Contact your prescribing physician for tapering instructions.	Complete tapering instructions and stop taking 7 days prior to your procedure.	Resume once meals and adequate hydration have resumed.

MEDICATION	7 DAYS BEFORE PROCEDURE	DAY OF PROCEDURE
Phentermine (Adipex, Adipex-P, Atti-Plex P, Fastin, Ionamin, Lomaira, Phentercot, Phentride, Pro-Fast)	Stop taking 7 days prior to your procedure.	Resume once meals and adequate hydration have resumed.
GLP-1 agonists: Dulaglutide (Trulicity) Semaglutide injection (Ozempic, Wegovy) Tirzepatide (Mounjaro, Zepbound) Exenatide (Byetta) Exenatide ER (Bydureon)	Stop taking 7 days prior to your procedure.	Resume once meals have resumed. Once weekly injectable should be taken the evening of the procedure if it was held before the procedure.

MEDICATION	4 DAYS BEFORE PROCEDURE	DAY OF PROCEDURE
SGLT-2 inhibitors: Bexagliflozin (Brenzavvy) Canagliflozin (Invokana) Dapagliflozin (Farxiga) Empagliflozin (Jardiance) Empagliflozin + Metformin (Synjardy) Ertugliflozin (Steglatro)	Stop taking 4 days prior to your procedure.	Resume once meals and adequate hydration have resumed.

MEDICATION	DAY OF PROCEDURE
GLP-1 agonists: Liraglutide (Victoza/Saxenda) Lixisenatide (Adylxin) Semaglutide oral (Rybelsus)	Stop taking once clear liquid diet starts. Resume once meals have resumed.
Biguanides: Metformin (Glucophage) Metformin ER (Glumetza)	Stop taking once clear liquid diet starts. Resume once meals have resumed.
Thiazolidinediones: Pioglitazone (Actos)	Stop taking once clear liquid diet starts. Resume once meals have resumed.
DPP-4 inhibitors Alogliptin (Nesinia) Linagliptin (Trajenta) Sitagliptin (Januvia) Saxagliptin (Onglyza)	Stop taking once clear liquid diet starts. Resume after meals have resumed the evening after the procedure.
Sulfonylureas: Gliclazide (Diamicron) Gliclazide MR (Diamicron MR) Glimepiride (Amaryl) Glipizide (Glucotrol/Glucotrol XL/Minodiab) Glyburide (Diabeta/Micronase/Glynase)	Stop taking once clear liquid diet starts. Resume once meals have resumed.
Meglitinides: Nateglinide (Starlix) Repaglinide (Gluconorm/Prandin)	Stop taking once clear liquid diet starts. Resume once meals have resumed.
Insulins-Rapid/Short acting: Aspart (Novorapid/Trurapi) Faster insulin aspart (Fiasp) Glulisine (Apidra) Lispro (Admelog/Humalog)	If taking a fixed dose and/or a sliding scale, take 50% of the usual dose once the clear liquid diet starts. If insulin dosing is based on insulin to carbohydrate ratio, continue typical rapid- acting insulin dosing. Resume as prescribed once meals have resumed.

Regular human insulin (Humulin R/Novolin R) Human bio synthetic insulin (Entuzity)	
Insulin-Intermediate acting: NPH (Novolin ge NPH)	Take 80% of the normal dose once clear liquid diet starts and 50% of the normal dose if due the morning of the procedure. Once eating regular meals, resume normal dose at next scheduled dose.
Insulin-First-Generation Basal: Glargine (Lantus/Basaglar) Detemir (Levemir)	Take 80% of the normal dose once clear liquid diet starts and 50% of the normal dose if due the morning of the procedure. Once eating regular meals, resume normal dose at next scheduled dose.
Insulin-Second-Generation Basal: Glargine U300 (Toujeo/Toujeo Doublestar) Degludec U100 and U200 (Tresbia)	Type 1 diabetics should take 80% of normal dose once clear liquid diet starts and 80% of normal dose if due the morning of the procedure. Once eating regular meals, resume normal dose at next scheduled dose. Type 2 diabetics should take 80% of their normal dose once clear liquid diet starts and 50% of normal dose if due the morning of the procedure. Once eating regular meals, resume normal dose at next scheduled dose.
For patients wearing an insulin pump: For newer insulin pumps that work with sensors in an automatic mode no action is needed as the pump will adjust insulin levels accordingly.	For insulin pump NOT connected to a sensor, basal insulin rate should be reduced to 80% of your normal rate once the clear liquid diet begins. Once meals have resumed, insulin pump dosing should be resumed at the normal dose and interval.

Source**:** Chirila et al; JCAG 2023, 6, 26-36

Blood-thinning Medications:

If you are taking a blood-thinning medication, you will be asked to stop taking it before your procedure to reduce the risk of bleeding associated any interventions that may be performed. Please be sure to let the doctor who prescribed your medication know that you will need to stop it before your procedure. After your procedure is finished, your gastroenterologist will give you instructions on restarting your medication.

** If you are taking **Aspirin**, continue this medication unless directed to do otherwise by your physician. **

** If you have **chronic kidney disease**, call your prescribing physician to discuss the need to stop Pradaxa, Xarelto, or Eliquis for longer than 48 hours before your procedure. **

** If you are undergoing **immunotherapy** or **chemotherapy**, please consult with your prescribing physician for any special instructions regarding dosing changes prior to your procedure. **

MEDICATION	7 DAYS BEFORE PROCEDURE	DAY OF PROCEDURE
Anti-Platelet: Effient (prasugrel):	Stop taking 7 days prior to your procedure.	Resume as instructed by your gastroenterologist.

MEDICATION	5 DAYS BEFORE PROCEDURE	DAY OF PROCEDURE
Anti-Platelet: Brilinta (ticagrelor) Plavix (clopidogrel)	Stop taking 5 days prior to your procedure.	Resume as instructed by your gastroenterologist.

Anti-Thrombotic Medications: Coumadin (warfarin)	Stop taking 5 days prior to your procedure.	Resume as instructed by your gastroenterologist.

MEDICATION	3 DAYS BEFORE PROCEDURE	DAY OF PROCEDURE
Anti-Platelet: Aggrenox (dipyridamole-aspirin)	Stop taking 3 days prior to your procedure.	Resume as instructed by your gastroenterologist.

MEDICATION	2 DAYS BEFORE PROCEDURE	DAY OF PROCEDURE
Anti-Platelet: Pletal (cilostazol) Agrylin (anagrelide)	Stop taking for the 48 hours prior to your procedure.	Resume as instructed by your gastroenterologist.
Anti-Thrombotic Medications: Eliquis (apixaban) Pradaxa (dabigatran) Xarelto (rivaroxaban)	Stop taking for the 48 hours prior to your procedure.	Resume as instructed by your gastroenterologist.

MEDICATION	1 DAY BEFORE PROCEDURE	DAY OF PROCEDURE
Anti-Platelet: Lovenox (enoxaparin sodium)	You may take your regular dose the morning of the day PRIOR to your procedure. If you take an evening dose, please contact your prescribing provider for further instructions.	Resume as instructed by your gastroenterologist.