

Upper Endoscopy (EGD/EUS) Preparation Instructions

The GI lab will contact you 1-3 days prior to your procedure with an exact check in time.

M T W TH F Procedure Date: _____

For any scheduling concerns please call 801-387-5620, option 1, then option 1.

Provider:

Location:

Dr Eric Eliason

ASC McKay Dee Endoscopy Center

Dr Kyle Eliason

3903 Medical Drive, STE 400 Ogden, Utah 84403

Dr Luke Townsend

McKay Dee Hospital

4401 Harrison Blvd, Ogden, UT 84403

Dr Taylor Frost

Layton Hospital

Dr. John Morris

201 W Layton Parkway Layton, Utah 84041

No shows, late cancellations or rescheduling within 5 days, may be charged a no-show fee.

Please follow all instructions carefully

3 days before your exam

- **Discontinue any blood thinners, (with physician approval) this includes:**
 - Coumadin (Warfarin) -Apixaban (Eliquis)
 - Clopidigrel (Plavix) -Dabigatran (Pradaxa)
 - Prasugrel (Effient) - Rivaroxaban (Xarelto)

as well as any nonprescription blood thinners, Aspirin, Ibuprofen, or any type of NSAIDS.
- **Don't take any Iron supplements.** They can make it harder to get a successful prep.

NO SOLID FOOD AFTER 11:00 PM, THE EVENING PRIOR TO PROCEDURE

On the day of your exam

You may **NOT** have anything to **EAT**.

- You may **ONLY HAVE CLEAR LIQUIDS** up until **4 HOURS PRIOR** to your check in time
- You **MUST** be accompanied by an adult who will remain at the facility and drive you home after your endoscopy.
- You may **NOT** work or drive for 12 hours after the procedure. Plan on spending 2-3 hours at the facility.

Medications:

- You may not take any medication on the morning of your procedure except for: any necessary **blood pressure, heart, Parkinson's and/or seizure medication** with water up until **5 hours** prior to your procedure.
- If you are on **ANTIBIOTIC PROPHYLAXIS**:
According to the latest information from the American Gastroenterology Association and of Endocarditis (infection of the heart valve), you do not need antibiotic prophylaxis before a colonoscopy.

If you take **DIABETIC MEDICATIONS**:

- Oral Hypoglycemic medications (such as Metformin): can be taken in the morning the day before your procedure. Please do not take these medications the night before or the morning of your procedure.
- Insulin: Please take your insulin the morning prior to your procedure. Please take half of the Normal insulin dose either night prior or the morning of your procedure.

Other Information:

- Please be aware that your scheduled procedure time is tentative and may change.
- If you have any biopsies or polyps removed, and you do not hear from us within 5 business days, you may call the clinic to recover your test results.
- You may receive up to 4 separate bills: 1-facility 2- physician 3-pathology 4-anesthesia
- You will receive 3 separate phone calls prior to procedure **1- registration 2-nurse 3- Clinic.**

IF YOU ARE NOT FULLY PREPPED FOR YOUR PROCEDURE, YOUR DOCTOR WILL DISCONTINUE THE PROCEDURE AND REQUIRE YOU TO RESCHEDULE FOR A DIFFERENT DATE.

Upper Endoscopy (EGD)

What is an upper endoscopy?

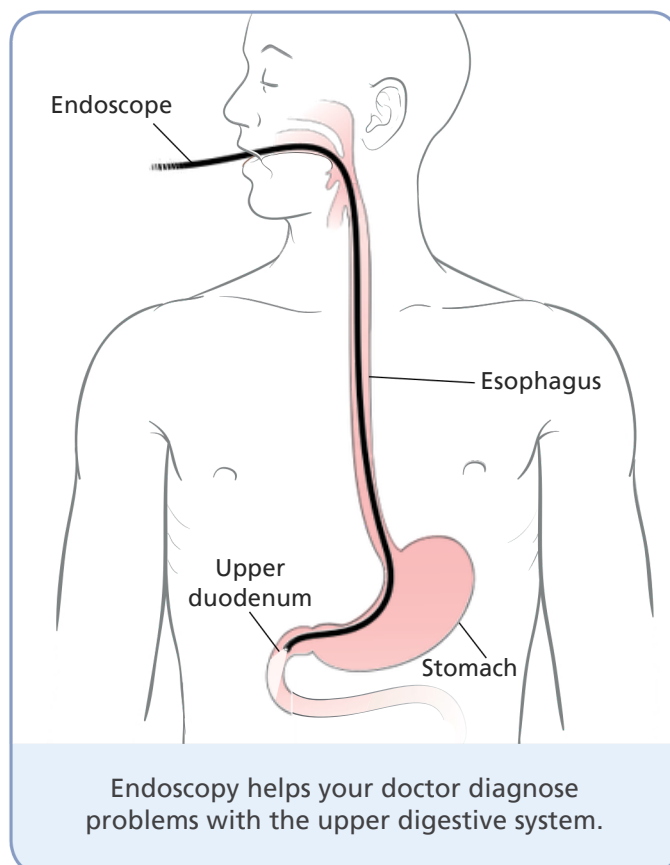
Upper **endoscopy** [en-DOS-kuh-pee], or EGD for short, is a procedure that allows your doctor to look inside your upper digestive system. Using a long, flexible tube with a tiny camera at one end (an **endoscope**), your doctor can look inside your esophagus, stomach, and upper duodenum (the first part of the small intestine).

Why do I need an EGD?

EGD allows the doctor to diagnose and sometimes treat problems with your digestive system, including:

- Swallowing difficulties
- Nausea or vomiting
- Ulcers or gastric bleeding
- Reflux, heartburn, or indigestion
- Abdominal pain

The doctor can also identify and sometimes remove abnormal growths and polyps.



Potential benefits	Risks and potential complications	Alternatives
• The doctor can see things that don't show up well on x-rays. • Some problems can be treated during the procedure. • Tissue samples can be taken for biopsy.	• Bloating, gas, or cramping from air used to inflate the stomach and small intestine during the procedure • Coughing or breathing difficulty if the stomach isn't completely empty • Some undetected problems if the stomach is not empty or anatomy has been altered (as with gastric surgery) • Stomach or intestine wall injury (very rare), which can cause infection, bleeding, or possibly need for repair surgery • Reaction to sedatives or numbing anesthetics	Depending on the conditions being investigated, there may sometimes be alternatives including: • Barium swallow x-ray • Ultrasound • CT scan • MRI

What do I need to do to prepare?

- **Give your doctor a list of all your medicines.** Be sure to include over-the-counter medicines (such as cold or allergy medicine), vitamin supplements, inhalers, liquid medicines, and patches.
- **Follow your doctor's instructions concerning your medicines.** Some medicines can increase your risk of bleeding. You may have to stop taking them for a few days before the procedure.
- **Follow all instructions on when to stop eating and drinking before your surgery.** This will help avoid complications and ensure that the doctor can see any problems clearly.
- **Arrange for a responsible adult to drive you home after the procedure.**

What happens before?

- In most cases, you'll be given a sedative to help you relax. The sedative is given through an **intravenous line (IV)** inserted into a vein in your arm.
- Your doctor or nurse may also spray your throat with a local anesthetic to keep you from coughing or gagging when the endoscope is inserted. A mouth guard may be used to protect your teeth and the endoscope.



When should I call my doctor?

After your procedure, contact your doctor right away if you have:

- Stool (poop) that is black or has blood in it
- Difficulty swallowing or breathing
- A fever
- Chest pain

What happens during?

- You'll lie on your left side while the doctor inserts the endoscope through your mouth and into your esophagus, stomach, and first part of your intestine. (The endoscope is thinner than most food you swallow, so you should be able to breathe normally.)
- The camera at the tip of the endoscope sends images of these organs to a monitor. The scope puts air into these organs to inflate them, creating a better view.
- The doctor can also insert instruments through the scope to treat bleeding abnormalities, remove tissue samples (biopsies) for further tests, or help widen openings. You won't be able to feel the biopsies.

What happens after?

- You'll stay at the facility until you are partially recovered from the sedative. This usually takes about an hour. It will be several hours (up to a full day) for the sedative to completely wear off. **Someone else will need to drive you home, and you should plan to not drive the rest of the day.**
- If throat spray is used, it can take up to 45 minutes to wear off. You will not be able to drink anything until it does.
- You may have a sore throat for a day or two.
- Depending on what your doctor can see and the results, **you may need follow-up procedures. Talk with your doctor.**



My follow-up appointment

Date / Time: _____

Place: _____

Doctor: _____

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Also available in Spanish.