



**QUESTIONS? NEED TO CHANGE YOUR DATE?: PROCEDURE SCHEDULING: 352-331-8902 Option 4**

**8:00 AM -4:30 PM Monday –Friday or 352-331-8902 Option 0 after hours**

**For calls made after 4:30 PM leave a message with the answering service and you will receive a call back.**

## Upper Endoscopy Prep Instructions

Use this guide to help you prepare for your procedure appointment.

Read the entire guide before beginning.

<b>Procedure Date:</b>	<b>Physician: Dr.</b>
<b>Arrival Time:</b>	<b>Procedure Time:</b>

### Procedure scheduled at:

- ☐ North Florida Endoscopy Center  
6400 W. Newberry Road, Suite 201  
Medical Arts Building  
Phone: 352-333-5925
- ☐ Endoscopy Center at North Florida Regional Medical Center  
6500 W. Newberry Road, 1<sup>st</sup> Floor, Admitting Office  
888-821-1632

### How do I use this guide?

**Read the entire guide at least one week before your procedure.** Some steps in this guide begin up to one week before your appointment. If you haven't read through the guide at least one week in advance, call your physician. Preparing for your procedure is very important. If you have questions, remember that we're here to help.

**If you don't follow all the steps listed here, your procedure may be cancelled.**

### What does this guide cover?

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**Digestive Disease Associates requires a 72-hour notice for changes in your scheduled procedure appointment to avoid a \$150 fee. All changes and cancellations must be made thru**

**Digestive Disease Associates procedure scheduling department: 352-331-8902**

## 5 days before your procedure

Follow instruction for medications and conditions below. Fill out the check-boxes below to help you keep track of your progress.



**Blood Thinners** such as Plavix, warfarin (Coumadin), Eliquis, Xarelto or Lovenox

☐ We will contact your doctor who prescribed the blood thinner medication to get approval to temporarily stop your medication for \_\_\_\_\_ days before your procedure.

☐ **STOP TAKING:** Aspirin products (Bufferin, Anacin, Ecotrin, Excedrin, Alka Seltzer, Goody's Powders, Elmiron, Pletal or Aggrenox)



**Fish Oil and Iron should be held 5 days before your procedure**

### You may continue to take

☒ All other medications as directed

☒ Acetaminophen (Tylenol)

☐ Other: \_\_\_\_\_

### **If you are taking any of the following medications:**

**GLP-1 Medications:** (Exenatide(Byetta), Liraglutide(Victoza), Albiglutide(Tanzeum),

Dulaglutide(Trulicity), Lixisenatide(Adlyxin), Semaglutide(Ozempic, or Wygovy), Tirzepatide(Mounjaro or Zepbound)

**MUST** be held for 1 week before your procedure. Rybelsus **MUST** be held 1 day before your procedure. You also **MUST** be on clear liquids the day before your procedure.

**SGLT2 Medication:** Empagliflozin(Jardiance), Canagliflozin(Invokana), Dapagliflozin(Farxiga), Bexagliflozin(Brenzavvy), or Januvia(Sitagliptin) **MUST** be held for 3 days before your procedure.

Ertugliflozin(Steglatro) **MUST** be held for 4 days before your procedure.

## **Follow special instructions if you have any of these conditions:**

### Diabetes Patients

☐ Continue medication as prescribed

### Implanted cardio defibrillator patients

☐ We will contact your cardiologist for a letter stating your defibrillator has been checked within the last 12 months.

☐ If you have not had a visit with your cardiologist in the last 12 months, you will need to be seen prior to your procedure.

### Pacemaker Patients

☐ We will contact your cardiologist for a letter stating your pacemaker has been checked within the last 12 months.

☐ If you have not had a visit with your cardiologist in the last 12 months, you will need to be seen prior to your procedure.

### Cardiology

☐ If you have been seen by a cardiologist in the last 6 months, notify procedure scheduling at 352-331-8902 Option 4.

## The Day of your procedure



**Diabetic patients:** Do not take your morning dose of insulin or anti-diabetic pills today. Bring ALL medication with you to your procedure.

If you take medication for your heart, stomach, seizure, depression, blood pressure or nerves, take your normal dose with a sip of water at least 4 hours before your scheduled time.

Bring any prescribed respiratory inhaler with you.

**NO FOOD AFTER MIDNIGHT**

**CLEAR LIQUIDS are allowed up to 4 hours prior to your procedure.**

A liquid is considered clear if you can read a newspaper through the glass.

- ☒ water
- ☒ plain tea & coffee
- ☒ carbonated beverages
- ☒ Gatorade, PowerAde, G2

### JUICES

- ☒ white cranberry
- ☒ apple
- ☒ white grape
- ☒ filtered limeade, lemonade

### SOUPS

- ☒ clear broth, consume

### DESSERT

- ☒ gelatin
- ☒ water ices, popsicles
- ☒ clear sorbets (non-dairy)

## Checklist

Use this checklist to help you remember everything you need to bring with you today.

- ☐ A friend or relative over 18 years old to drive you home (you cannot take a taxi or public transit home; you will be woozy from medication). The responsible party must remain on hospital grounds. You must not drive for 16 hours after the procedure.
- ☐ Photo identification (license or other form of ID)
- ☐ Insurance cards
- ☐ Funds for deductible or co-payments (credit card, check etc.)
- ☐ Remove ALL piercings
- ☐ List of current medications
- ☐ Other \_\_\_\_\_

## INFORMATION REGARDING GASTROINTESTINAL ENDOSCOPY

### BRIEF DESCRIPTION OF PROCEDURES:

Gastrointestinal Endoscopy is the examination of the digestive tract with lighted instruments. At the time of the examination, the inside lining of the G.I. tract will be inspected thoroughly and may be photographed. A small portion of tissue may be removed for microscopic study (biopsy), or the tissue may be brushed or washed to collect cells for a special study. Polyps may be removed. A narrowed portion of the digestive tract can be stretched or dilated to a more normal size.

**EGD** (Esophagogastroduodenoscopy) is the examination of the esophagus, stomach and duodenum.

**ESOPHAGEAL DILATION** is the stretching of a narrowed portion of the esophagus with a dilator.

**FLEXIBLE SIGMOIDOSCOPY** is the examination of the anus, rectum, and left lower colon.

**ENTEROSCOPY** is the examination of the small intestine.

**COLONOSCOPY** is the examination of the entire colon (large intestine)

**POLYPECTOMY** is the removal of small growths called polyps, with the use of either a wire loop and electric current or a cold forceps.

**BANDING** is the application of tiny bands to an area to reduce the risk of bleeding.

**INJECTION THERAPY** is the injection of a medication or solution to treat or mark an area.

**BRAVO** is the temporary placement of a capsule in the lower esophagus to record pH acid levels. The capsule will pass out of the G.I. tract naturally within 48 hours.

**ANESTHESIA** is the medication administered to achieve a level of moderate to deep sedation as deemed necessary by a nurse anesthetist and physician.

**THE PROCEDURE** — The endoscopy will be performed with you lying on your left side. Medications will be administered through the intravenous line and oxygen will be delivered into your nose. Blood pressure, breathing, and heart rhythm will be monitored. During upper endoscopy a plastic mouth guard will be placed between your teeth to prevent damage to your teeth and the scope. During colonoscopy a rectal exam will be performed.

**ALTERNATIVES:** Possible alternatives vary from each patient, as some alternatives may be inappropriate for a number of reasons. However, these potential alternatives include x-rays CT (virtual colonoscopy), surgery, no examination, stool tests for blood, Cologuard for screening, or other alternatives that have been explained to you.

**POSSIBLE RISK AND COMPLICATIONS:** These vary in frequency among different procedures but may include:

- |  |  |
|--|--|
| 1. Infection   | 8. Dental damage                             |
| 1. Bleeding  | 9. Irritation in vein at site of the IV line |
| 2. Irregular heart beat  | 10. Death                                    |
| 3. Pneumonia   |  |
| 4. Rare possibility of a ruptured spleen   |  |
| 5. Injury to the lining of the intestinal tract may result in a hole (perforation) of the wall                       |  |
| 6. Reaction to medication used for anesthesia, including cardiopulmonary arrest (stopping of heartbeat or breathing) |  |

You should understand that the doctor cannot tell you about every possible risk, alternative, complication or side effect, but we did discuss the major ones. The practice of medicine is not an exact science. No guarantees have been made to you concerning the results of the procedure. The miss rate of colonoscopy ranges in various studies between 5% - 10%. Quality and accuracy of the exam is greatly enhanced by proper bowel cleansing. If bowel preparation is suboptimal you may be advised to return for a repeat exam within a short time interval.

**RECOVERY** — After the endoscopy, you will be kept for a time for observation while some of the medicine wears off. The most common discomfort after the examination is a feeling of bloating from the air introduced during the examination, which resolves quickly. You may be allowed to drink liquids during recovery. The medicines leave many patients feeling tired afterwards or they may have difficulty concentrating, so you cannot return to work that day.

The endoscopist can usually tell you the results of your examination before you leave the endoscopy unit. If biopsies have been taken or polyps removed, you will be instructed to call back for results. Tissue that has been removed is sent to a laboratory for analysis and it may take several days for a report to be completed.

**AFTER ENDOSCOPY** — Though patients worry about the discomforts of the examination, most people tolerate it very well and feel fine afterwards. Some fatigue is common after the examination, and you should plan to take it easy and relax the rest of the day.

You should contact your doctor about the results of your test if you have any questions and especially if biopsies were taken. The endoscopy team can give you some guidelines as to when your doctor should have all the results and whether further treatment will be necessary.

**The following symptoms should be reported immediately: Severe abdominal pain (not just gas cramps), A firm, distended abdomen, Vomiting or Fever, Difficulty swallowing/severe sore throat, A crunching feeling under the skin, Rectal bleeding more than a few tablespoons**

**In addition to the facility fee, you will receive a bill from Digestive Disease Associates. This will include: Anesthesia fees, Procedure fees and the Pathology fees (if biopsies are taken). Questions? Contact our Billing Office at 352-756-4068**