Procedure Date:	
ARRIVAL TIME:	
Procedure Time:	
Physician:	
Failure to arrive at the scheduled **ARRIVAL TIME** will result in cancellation of your procedure	

Endoscopic Ultrasound Preparation Instructions

Location
HCA Florida North Florida Hospital Endoscopy Center
6500 W. Newberry Road
Check in at Admitting Office on 1st Floor
Phone: 888-821-1632

Medications

If you take medications for heart, stomach, blood pressure, seizure, depression, or nerves continue taking them as prescribed.

Blood thinners will need to be held for___days prior to your procedure. We will contact the doctor who prescribed it for approval to temporarily stop the medication.

Herbal Medications, Multivitamins, Vitamin E, Iron Supplements, Fiber (Metamucil, Fibercon), and Fish Oil should be **held for 5 days** before your procedure.

Phentermine (Adipex-P or Lomira), Amphetamine (Adderall), Lisdexamfetamine dimesylate (Vyvanse) should be **held for 7 days** before your procedure.

If you take the following medications for weight loss or diabetes:

GLP-1: Exenatide(Byetta), Liraglutide(Victoza), Albglutide(Tanzeum), Dulaglutide(Trulicity),Lixisenatude(Adlyxin)Semaglutide(Ozempic, or Wygovy), Tirzeptatide(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: Empagliflozin(Jardiance), Canagliflozin(Invokana), Dapagliflozin(Farxiga), Bexagliflozin(Brenzavvy), Synjardy (empagliflozin/metformin) or Januvia(Sitagliptin) **MUST be held for 3 days before your procedure.**

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

All Other Diabetic Medications:

Day Before Procedure—Take 1/2 dose of your medication **Day of Procedure—**Do not take your medication

Checklist

- ☐ Driver, 18 years or older to drive you home (you cannot take a taxi, public transit, or transport van home, you will be woozy from medication). The responsible party must remain on the premises.
- ☐ Photo ID (License or other form of ID)
- ☐ Insurance Cards
- ☐ Funds for the FACILITY deductible or co-payments (credit card, check, etc.). This is not for the Physician, Anesthesia or Pathology.
- ☐ Updated list of all medications
- ☐ Remove all piercings
- ☐ Other: _____

If you have a change in your health history or develop cold or flu-like symptoms prior to your procedure, it is possible your procedure will need to be rescheduled. Please notify Digestive Disease Associates Procedure Scheduling Department: (352) 331-8902.

Day Before your procedure

1. If you take a GLP-1 begin a clear liquid diet today. You should not eat any solid food today

2. If you do not take a GLP-1 continue your usual diet, until midnight. You cannot have any food after midnight

Day of your procedure

1. CLEAR LIQUIDS are allowed up to 4 hours prior to your procedure (see list below)

DIABETIC Patients: Do not take your morning dose of insulin or anti-diabetic pills today.

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

Clear Liquid Diet

YES	NO
Clear Drinking Water, Clear Fruit Juices (no pulp), Clear Broths (no particles), Clear Sodas, Electrolyte Drinks, Tea, Coffee (no creamer), Dairy Free Popsicles, Jell-O	Colored or Dyed water (i.e. red); Orange Juice; Grapefruit Juice; Tomato Juice; Soups/Broths with particles; Cherry Sodas (i.e. Cherry Coke); Red Electrolyte Drinks; Tea or Coffee w/creamer; Popsicles w/red dye, cream or fruit; Cows Milk; Non-dairy Milk; Red Jell-O

You should have NOTHING BY MOUTH for 4 hours before your procedure. Do not drink or eat anything, including clear liquids, gum, or mints.

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 through Digestive Disease Associates Procedure Scheduling Department: (352) 331-8902 and select the Option for Procedure Scheduling.

INFORMATION REGARDING ENDOSCOPIC ULTRASOUND (EUS)

Endoscopic Ultrasound (EUS) uses both endoscopy and ultrasound to gather information about parts of the digestive tract. The two technologies combined provide more accurate, detailed information than provided by either alone.

An ultrasound endoscope can show the inside of the digestive tract but also the surrounding tissues and digestive organs. The combined technology allows the physician to see the esophagus, stomach, small and large intestines and even the heart, lungs, liver, spleen, pancreas, gallbladder, bile ducts and prostate gland.

During your EUS, the physician may withdraw cells or fluid from part of a lymph node or tissue for diagnostic purposes during this procedure. This test may be used to determine the stage of some cancers, to evaluate bumps in the stomach, intestinal wall and problems of the pancreas or abnormalities in the bile ducts.

The risks associated with these procedures include but are not limited to: There is the possibility of experiencing a rare allergic reaction to the medications used to achieve sedation. This reaction may result in hospitalization or rarely death. The drugs usually used are intravenous Propofol, Fentanyl, or Versed. On occasion, other drugs such as Demerol and/or Benadryl may be used. Patients may also develop phlebitis, an inflammation of the intravenous site, which may require antibiotic therapy and hospitalization. Other complications are perforation, infection and aspiration.

Perforation is a major, but very uncommon complication of EUS. This is a tear through the lining of the gastrointestinal wall that might require surgery for repair.

The possibility of complications increases slightly if a deep needle aspiration is performed during the EUS examination. These risks must be balanced against the potential benefits of the procedure and the risks of alternative approaches to the condition.

All of the above complications are rare. They have been reported to happen with a statistical frequency of about 20 in 1,000 cases.

Bruising or a small tear in the inside of the lip may occur. Crown, carious or loose teeth, and dental appliances may be damaged if you bite down on the plastic airways or mouthpiece that will be placed in your mouth during your procedure. We cannot be held responsible for this type of damage.

Alternative methods for evaluation of the gastrointestinal tract are radiological studies. These involve drinking a contrast agent or introducing a contrast into the rectum. These are less sensitive than Endoscopy for detecting abnormalities. Once an abnormality is noted, it can only be sampled (biopsied) by surgery or Endoscopy.

Benefits of Procedures/Treatments: The benefit of endoscopic evaluation is that EUS is a direct inspection and aspiration biopsy may be performed in the same procedure. This will help establish your diagnosis.

Pathology:

Your physician has chosen to use the state-of-the-art pathology lab, DDA Pathology Lab, for any specimens taken during your procedure. By using the DDA Pathology Lab, we can streamline patient care, reducing turn-around time in providing results to you and your Primary Care Physician. In using the DDA Pathology Lab there is no need for transporting the specimen outside of the building. Our Pathologist is available daily to review slides and provide your Gastroenterologist physician with an expert interpretation.

Our Pathology Lab, located within the DDA clinic, is specialty focused in Gastroenterology (“GI”), interacting with only the DDA physicians. This allows our practice to deliver the high quality expected in the interpretation of your pathology.

If you have biopsies taken during your procedure, you should hear within 10 business days regarding the results. If not, you should call the office to get your results.

What You Will Owe

Who will bill me? You WILL receive bills from **separate entities** associated with your procedure. Digestive Disease Associates will bill for the physician performing the procedure. The facility, HCA North Florida Hospital, will bill for the facility fee for the procedure room, anesthesia, and pathology if any biopsies are taken.

The **CPT code range for endoscopic ultrasound (EUS)** procedures falls within:

- **43231–43233** → EGD with ultrasound (diagnostic)
- **43237–43242** → EUS with fine needle aspiration (FNA), biopsy, or other interventions
- **43253–43259** → More advanced EUS procedures (e.g., with transmural drainage, fiducial placement, etc.)

The exact code depends on:

- Whether ultrasound was used
- If tissue sampling (FNA/biopsy) was performed
- Any therapeutic intervention done during the procedure

How will I know what I will owe?

Call your insurance carrier and verify the benefits and coverage by asking the following questions. Codes for your procedure are listed above. (You will need to give the insurance representative your preoperative CPT and Diagnosis codes.)

1. Is the procedure covered under my policy? **Yes** _____ **No** _____

2. What is my cost for this/these codes?

   Deductible: _____ Coinsurance Responsibility: _____

3. If the physician takes a biopsy, will this change my out-of-pocket responsibility?

   N**o** _____ **Yes** _____ How much will I owe for the biopsy? $_____

4. Is the Facility in Network: **Yes**_____ **No** _____ What is my out of pocket cost for the facility?

   Deductible: _____ Coinsurance Responsibility: _____ Copay: _____

Insurance Representative Name _____Call Reference# _____

Need an estimate: Email billing@gainesvillegi.com, provide your account number, name, and date of your procedure. The request will be fulfilled within 48 hours. We offer payment plans and partner with CareCredit to assist with the out of pocket costs associated with the Digestive Disease Associates services.

By Law, you must request an estimate unless you are Self-Pay or your plan is Out of Network.

To obtain an estimate for your out of pocket costs for the **FACILITY**, please call 888-334-3868.