



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.

## Endoscopic Ultrasound 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:

- ☒ Endoscopy Center at North Florida Regional Medical Center  
6500 W. Newberry Road, Check in the Admitting Office on the 1<sup>st</sup> Floor  
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 through  
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.

*Your labs will be drawn the day before your procedure to check you levels. After your procedure, your doctor will inform you when to restart your Coumadin.*

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



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

### You may continue to take

- ☒ All other medications as directed  
☒ Acetaminophen (Tylenol)

### **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

Follow instruction for medications and conditions below.



**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, Blood Pressure, seizure, depression, or nerves, take your normal dose with a sip of water at least 4 hours before your scheduled time.

## 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.
- ☐ Complete Yellow Anesthesia Questionnaire Form. Bring completed form to the hospital the day of your procedure.
- ☐ Photo identification (license or other form of ID)
- ☐ Insurance cards
- ☐ Funds for deductible or co-payments (credit card, check etc.)
- ☐ Remove ALL piercings
- ☐ Other \_\_\_\_\_



### **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.

***I have read and understand the handout "DIGESTIVE DISEASE ASSOCIATES INFORMATION REGARDING GASTROINTESTINAL ENDOSCOPY". I have had the opportunity to ask questions about the procedure and my questions, if any, have been answered to my satisfaction.***

***If I have a biopsy taken during my procedure, I should hear from the office in about 14 day if not I will call in 14 days to get my results.***

**All insurance questions should be directed to our billing department (352-756-4068).**