Prep Instructions for Upper GI Endoscopy or Endoscopic Ultrasound

Special Instructions

1. **7 days before your procedure**:
   - Do not take any injectable or pill medication classified as a GLP-1 for weight loss or diabetes.
     Examples: Ozempic, Wegovy, Trulicity, Mounjaro, etc
2. **3 days before your procedure**:
   - Do not take any oral medication classified as a SGLT2 for weight loss, diabetes, heart failure, or kidney failure.
     Examples: Farxiga, Jardiance, etc.
     Failure to hold these medications may result in the cancellation of your procedure.

Day of your procedure:

Nothing to eat after midnight prior to your test. ***You may have clear liquids but nothing to drink 6 hours before the test or your test will be rescheduled.***

- Must have someone to drive you home after the test.
- The test takes approximately 1 ½ hours.
- Do not return to work or drive for 12 hours.

Upper GI Endoscopy: Before Your Procedure

What is an upper GI endoscopy?

An upper gastrointestinal (or GI) endoscopy is a test that allows your doctor to look at the inside of your esophagus, stomach, and the first part of your small intestine, called the duodenum. The esophagus is the tube that carries food to your stomach. The doctor uses a thin, lighted tube that bends. It is called an endoscope, or scope.

The doctor puts the tip of the scope in your mouth and gently moves it down your throat. The scope is a flexible video camera. The doctor looks at a monitor (like a IV set or a computer screen) as he or she moves the scope. A doctor may do this test, which is also called a procedure, to look for ulcers, tumors, infection, or bleeding. It also can be used to look for signs of acid backing up into your esophagus. This is called gastroesophageal reflux disease, or GERD. The doctor can use the scope to take a sample of tissue for study (a biopsy). The doctor also can use the scope to take out growths or stop bleeding.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

What happens before the procedure?

Procedures can be stressful. This information will help you understand what you can expect. And it will help you safely prepare for your procedure.

Preparing for the procedure

Understand exactly what procedure is planned, along with the risks, benefits, and other options.
Tell your doctors ALL the medicines, vitamins, supplements, and herbal remedies you take. Some of these can increase the risk of bleeding or interact with anesthesia.

If you take blood thinners, such as warfarin (Coumadin), clopidogrel (Plavix), or aspirin, be sure to talk to your doctor. He or she will tell you if you should stop taking these medicines before your procedure. Make sure that you understand exactly what your doctor wants you to do.

Your doctor will tell you which medicines to take or stop before your procedure. You may need to stop taking certain medicines a week or more before the procedure. So talk to your doctor as soon as you can.

If you have an advance directive, let your doctor know. It may include a living will and a durable power of attorney for health care. Bring a copy to the hospital. If you don't have one, you may want to prepare one. It lets your doctor and loved ones know your health care wishes. Doctors advise that everyone prepare these papers before any type of surgery or procedure.

What happens on the day of the procedure?
Follow the instructions exactly about when to stop eating and drinking . If you don't, your procedure may be canceled. If your doctor told you to take your medicines on the day of the procedure, take them with only a sip of water.

Take a bath or shower before you come in for your procedure. Do not apply lotions, perfumes, deodorants or nail polish.

Take off all jewelry and piercings. And take out contact lenses, if you wear them.

At the hospital or surgery center
Bring a picture ID.

The test may take 15 to 30 minutes.

The doctor may spray medicine on the back of your throat to numb it. You also will get medicine to prevent pain and to relax you.

You will lie on your left side. The doctor will put the scope in your mouth and toward the back of your throat. The doctor will tell you when to swallow . This helps the scope move down your throat. You will be able to breathe normally. The doctor will move the scope down your esophagus into your stomach. The doctor also may look at the duodenum.

If your doctor wants to take a sample of tissue for a biopsy, he or she may use small surgical tools, which are put into the scope, to cut off some tissue. You will not feel a biopsy, if one is taken. The doctor also can use the tools to stop bleeding or to do other treatments, if needed.

You will stay at the hospital or surgery center for 1 to 2 hours until the medicine you were given wears off.

Going home
Be sure you have someone to drive you home. Anesthesia and pain medicine make it unsafe for you to drive.

You will be given more specific instructions about recovering from your procedure. They will cover things like diet, wound care, follow-up care, driving, and getting back to your normal routine.

When should you call your doctor?
You have questions or concerns.
You don't understand how to prepare for your procedure.
You become ill before the procedure (such as fever, flu, or a cold).
You need to reschedule or have changed your mind about having the procedure.

Date of the procedure _____ Arrival Time _____

You must have a driver who is able to bring you to the procedure and stay with you for the duration of your visit.
If your driver must leave for any reason, your procedure will be canceled.
If you have any questions, call the office at 397-7340, after 4:30 P.M. 815-490-5704.

DRIVER MUST STAY

For your safety, Rockford Gastroenterology Associates requires that patients who have had sedated procedure be discharged in the company of a responsible adult.

The expectation is that your responsible adult remains in the facility throughout your procedure.

An individual that you have identified will be responsible for getting you home by car, taxi, or bus.

If ordered by your physician, a responsible adult will also need to stay with you for up to 12 hours after the procedure.

If your responsible adult should need to leave our facility for any reason, please be advised that your procedure may be canceled.

Please communicate and share this information with the individual you have chosen. We understand that this may be difficult to arrange, however, your safety is our priority.

Thank you for your cooperation in this matter.

Consent for Procedure and Treatment

Authorization and nature of Procedure: I request and hereby authorize Dr. _____ and/or associates to perform a procedure known as FIBEROPTIC ESOPHAGOGASTRODUODENOSCOPY, POSSIBLE MUCOSAL BIOPSY AND POSSIBLE ESOPHAGEAL DILATATION (widening with plastic tube dilators or balloon dilators)

My doctor has explained to me that if a polyp is found, it will be removed by using electrocautery. Before insertion of the instrument, I will be given a sedative, intravenously. If a bleeding site is localized, possible cautery (heat) or injection of a medicine to stop bleeding may be undertaken.

Risks and Complications: While these risks are rare, the following may occur:

1. Intravenous sedatives can cause slowing of breathing and occasionally may even cause breathing to stop. This process can be reversed with other medications.
2. Perforation of the colon (development of a hole) may occur. The incidence is about 1 per 2000. If polypectomy is done, perforation may occur more frequently.
3. Bleeding has been reported in up to 25 per 1000 patients with polypectomy, cautery or injection of a bleeding site.
4. Other rare complications reported with colonoscopy are irregular heart beat and rupture of the spleen.
5. Deaths have been reported to occur following colonoscopy and polypectomy. Incidence is 1 per 10,000 colonscopies and 2 per 10,000 polypectomies.
6. Adverse reactions to the preparation to include electrolyte abnormalities, dehydration, and rarely renal failure
7. Risks of phlebitis, inflammation, infection, and blood clots at the IV site may occur.

I acknowledge and understand from my doctor that, because no two human beings are alike, the potential risks and complications may vary considerably from person to person. For that reason, I understand that prediction of complications and risks can not be accurately made.

My doctor has explained to me, and I understand that unusual complications, not normally expected and beyond those mentioned above, can occur during this procedure, but that such complications are so infrequent that they are not usually explained to patients. While my doctor has advised me of the possibility of such unusual occurrences relative to the procedure, I do not wish to have any other explanation given to me, even though I have been advised that I am entitled to such further explanation if I so desire.

No Guarantee or Assurance: My doctor has advised me that, because of the differences that exist between human beings, both in their anatomy and in terms of their response to treatments, my doctor can give me no guarantees as to the outcome of this procedure or whether or not I will encounter any of the risks or complications, whether known or unknown, associated with this procedure. Additionally, no test is 100% capable of locating lesions (problems). I do understand that this test can miss things, although the chance is small, and I recognize this as the best test for finding these problems in my gastrointestinal tract. Recognizing that there is a failure to diagnose, potential further testing may be warranted at some point, and I must report any persistent or unusual symptoms to my physician to better guide detection for lesions, which conceivably may be missed despite the best technical performance by my gastroenterologist.

Alternative Treatments/Procedures: My doctor has advised me that there are alternatives to this procedure and of the risks and potential benefits to such alternatives when compared to the colonoscopy. These alternatives include:

1. X-ray or other imaging techniques
2. Surgery
3. No Test

Other Operations and/or Procedures: I understand that during the course of the procedure, the performance of other operations or procedures, in addition to, or different from those now contemplated, may become necessary in the medical judgement of the above named physician or his associates, and I authorize such physician or his associates to perform such other procedures as he deems necessary within the exercise of sound medical judgement.

Attendance of Other Health Care Providers: I understand that physicians, nurses, or other persons in training, may participate in these procedures according to the instructions and under the supervision of the physician or associates named above.

Anesthesia: I consent to the administration of anesthesia and such anesthetics as may be considered necessary or advisable by the physician responsible for this service with the exception of _____.

Allergies to the Following Drugs: _____

Tissue Disposition: I consent to the appropriate disposal of any body tissue removed during the course of the above procedure after same has been examined by a pathologist at a designated laboratory.

Photographs: I understand that photographs may be taken during the course of this procedure for documenting findings thereof. In addition, I do/ do not consent to the use of such photographs for teaching purposes. I also do/do not authorize reproduction of said photographs for publication or as part of a medical education program.

Opportunity For Further Information: I understand that other physicians might recommend a different procedure and that I am free to seek the advice of other physician(s) as I might choose. Prior to signing this document, I have taken the time to consider whether I wish to ask further questions of my physician or whether I desire a second opinion. I understand that by signing this document, I have voluntarily agreed to undergo the procedure described above. I understand that my signature indicates that I do not desire any further opinions from other physicians nor do I wish to ask any further questions.

Opportunity to Read Document: I acknowledge that prior to signing this document; I have had the opportunity to read this document and to thoroughly and fully understand it.

DO NOT SIGN IF YOU HAVE FURTHER QUESTIONS

Date **Signature of Patient or authorized person**

Witness **Relationship to patient (if signed by authorized person)**