



## GI Associates of New Hampshire

454 Old Street Road, Suite 208

Peterborough, NH 03458

Phone: 603-924-1759 Fax: 603-924-4687

*A COLLABORATIVE PRACTICE BETWEEN*

CONCORD GASTROENTEROLOGY, PA

- Robert D. Thomson, MD
- Samuel C. Somers, MD
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DARTMOUTH-HITCHCOCK

- Michael J. Gilbert, MD
- Burr J. Loew, MD

Your Procedure: \_\_\_\_\_ is scheduled at

**Monadnock Community Hospital Day Surgery Center** on \_\_\_\_\_.

Please arrive at: \_\_\_\_\_

Your preoperative telephone interview is: \_\_\_\_\_ between \_\_\_\_\_

**\*\*It is important that you complete your preoperative testing phone interview as scheduled or your procedure may be cancelled.**

Please use the **Hospital Main Entrance** and ask for directions to **Day Surgery**.

Your procedure is being performed under anesthesia. You must follow the specific fasting instructions given to you at the time of your preoperative appointment or phone interview.

**You must have someone to drive you home after the procedure. Sedation will be given for the exam and this may affect you for several hours. You will not be allowed to drive for 24 hours following the procedure. A taxi can only be used if you are accompanied by a friend or family member. When you return home it is advisable for someone to stay with you until effects of the sedation have worn off.**

NO WORK UNTIL THE FOLLOWING DAY.

**\*\*If you need to reschedule your appointment, please call us at least 2 weeks in advance so we may accommodate other patients waiting to be seen\*\***



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### **Esophagogastroduodenoscopy (EGD) Prep Monitored Anesthesia Care (MAC)**

You should eat a light supper between 6-7 pm the night before your exam.

**Nothing to eat or drink after midnight.**

#### **5 Days before your appointment:**

- Stop taking aspirin and any medication that contains Aspirin such as Excedrin®.
- Stop taking any over the counter pain medications (NSAIDS) that contain Ibuprofen, such as Motrin®, Aleve®, Advil®, and Naprosyn®. These products may cause an increased chance of bleeding if biopsies or polyps need to be removed.
- Stop taking Vitamin E.

#### **Blood Thinning Medications:**

- Certain blood thinning medications may be stopped by your doctor. We will contact your doctor, and let you know if you need to stop \_\_\_\_\_ (blood thinner) \_\_\_\_\_ days before your procedure. If you take Coumadin (Warfarin), you will need to have a prothrombin time (INR) performed before 11:00 AM the day before your procedure.

**No Insulin or Diabetic Medication the morning of your procedure.**

**You must have someone to drive you home after the procedure. Sedation will be given for the exam and this may affect you for several hours. You will not be allowed to drive for 24 hours following the procedure. A taxi can only be used if you are accompanied by a friend or family member. When you return home it is advisable for someone to stay with you until effects of the sedation have worn off.**

Special Instructions: \_\_\_\_\_

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## Understanding Upper Endoscopy

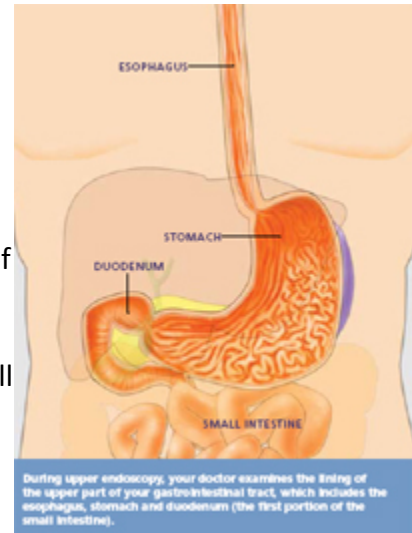
### What is upper endoscopy?

Upper endoscopy lets your doctor examine the lining of the upper part of your gastrointestinal tract, which includes the esophagus, stomach and duodenum (first portion of the small intestine). Your doctor will use a thin, flexible tube called an endoscope, which has its own lens and light source, and will view the images on a video monitor. You might hear your doctor or other medical staff refer to upper endoscopy as upper GI endoscopy, esophagogastroduodenoscopy (EGD) or panendoscopy.

### Why is upper endoscopy done?

Upper endoscopy helps your doctor evaluate symptoms of persistent upper abdominal pain, nausea, vomiting or difficulty swallowing. It's the best test for finding the cause of bleeding from the upper gastrointestinal tract. It's also more accurate than X-ray films for detecting inflammation, ulcers and tumors of the esophagus, stomach and duodenum.

Your doctor might use upper endoscopy to obtain a biopsy (small tissue samples). A biopsy helps your doctor distinguish between benign and malignant (cancerous) tissues. Remember, biopsies are taken for many reasons, and your doctor might order one even if he or she does not suspect cancer. For example, your doctor might use a biopsy to test for *Helicobacter pylori*, the bacterium that causes ulcers. Your doctor might also use upper endoscopy to perform a cytology test, where he or she will introduce a small brush to collect cells for analysis.



Upper endoscopy is also used to treat conditions of the upper gastrointestinal tract. Your doctor can pass instruments through the endoscope to directly treat many abnormalities - this will cause you little or no discomfort. For example, your doctor might stretch (dilate) a narrowed area, remove polyps (usually benign growths) or treat bleeding.

### What preparations are required?

An empty stomach allows for the best and safest examination, so you should have nothing to eat or drink, including water, for approximately six hours before the examination. Your doctor will tell you when to start fasting as the timing can vary.

Tell your doctor in advance about any medications you take; you might need to adjust your usual dose for the examination. Discuss any allergies to medications as well as medical conditions, such as heart or lung disease.

### Can I take my current medications?

Most medications can be continued as usual, but some medications can interfere with the preparation or the examination. Inform your doctor about medications you're taking, particularly aspirin products or antiplatelet agents, arthritis medications, anticoagulants (blood

thinners such as warfarin or heparin), clopidogrel, insulin or iron products. Also, be sure to mention any allergies you have to medications.

### **What happens during upper endoscopy?**

Your doctor might start by spraying your throat with a local anesthetic or by giving you a sedative to help you relax. You'll then lie on your side, and your doctor will pass the endoscope through your mouth and into the esophagus, stomach and duodenum. The endoscope doesn't interfere with your breathing. Most patients consider the test only slightly uncomfortable, and many patients fall asleep during the procedure.

### **What happens after upper endoscopy?**

You will be monitored until most of the effects of the medication have worn off. Your throat might be a little sore, and you might feel bloated because of the air introduced into your stomach during the test. You will be able to eat after you leave unless your doctor instructs you otherwise.

Your physician will explain the results of the examination to you, although you'll probably have to wait for the results of any biopsies performed.

If you have been given sedatives during the procedure, someone must drive you home and stay with you. Even if you feel alert after the procedure, your judgement and reflexes could be impaired for the rest of the day.

### **What are the possible complications of upper endoscopy?**

Although complications can occur, they are rare when doctors who are specially trained and experienced in this procedure perform the test. Bleeding can occur at a biopsy site or where a polyp was removed, but it's usually minimal and rarely requires follow-up. Perforation (a hole or tear in the gastrointestinal tract lining) may require surgery but this is a very uncommon complication. Some patients might have a reaction to the sedatives or complications from heart or lung disease.

Although complications after upper endoscopy are very uncommon, it's important to recognize early signs of possible complications. Contact your doctor immediately if you have a fever after the test or if you notice trouble swallowing or increasing throat, chest or abdominal pain, or bleeding, including black stools. Note that bleeding can occur several days after the procedure. If you have any concerns about a possible complication, it is always best to contact your doctor right away.

#### **IMPORTANT REMINDER:**

*This information is intended only to provide general guidance. It does not provide definitive medical advice. It is very important that you consult your doctor about your specific condition.*

<https://www.asge.org/home/for-patients/patient-information/understanding-upper-endoscopy>

# GI ASSOCIATES OF NH

60 Commercial Street, Suite 404  
Concord, NH 03301  
603-228-1763  
603-228-7088 fax

454 Old Street Rd, Suite 208  
Peterborough, NH 03458  
603-924-1759  
603-924-4687 fax

## Patients Responsibility Prior to Procedure

Patient Name: \_\_\_\_\_

Procedure: \_\_\_\_\_

Date & Time of Procedure: \_\_\_\_\_

Place of Procedure: \_\_\_\_\_

We require that you contact your insurance company to verify that you are covered for the procedure above. On the back of your insurance card should be numbers for you to use to contact your insurance company, please call them to ensure that you are covered and are aware of any out-of-pocket expenses that you may owe.

In addition to your physician bill and the hospital or facility bill, you may receive separate bills from pathology, radiology, laboratory, and anesthesia depending on the procedure.

If you have any questions regarding the insurance coverage of your procedure GI Associates is happy to assist you. *Please call 603-228-1763 and ask to speak to a billing specialist.* GI Associates will work directly with you and your insurance company to ensure that everyone is aware of the possible out-of-pocket costs.

If you do not have health insurance and need Financial Aid or you need to set up a payment plan please call the following numbers depending on your place of procedure.

- Concord Endoscopy Center or Concord Gastroenterology, PA – 603-228-1763 (payment plans)
- Concord Hospital - 603-225-2711 ask for Patient Accounts (financial aid)
- Dartmouth-Hitchcock – 603-229-5080 (financial aid)
- Monadnock Community Hospital – 603-924-4699 ext 4281 (Financial Aid or a Payment Plan)

Be sure to ask your insurance company the following questions:

- What are my policy benefits for this procedure?
- What is my deductible and co-insurance?
- What portion of the charges will I be responsible for?
- (if your procedure is a colonoscopy) What is the difference between a screening and diagnostic colonoscopy and how does that effect how my insurance covers costs?
- Which lab facilities am I allowed to have specimens sent to?

***If your insurance company requests diagnostic codes or procedure codes GI Associates can never be sure which code will apply until the physicians makes the determination during the procedure. Please ask your insurance to review all scenarios of coverage.***