

GI Associates of New Hampshire

Phone: (603)228-1763

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A COLLABORATIVE PRACTICE BETWEEN

CONCORD HOSPITAL GASTROENTEROLOGY

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DARTMOUTH-HITCHCOCK

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Your procedure: _____

is scheduled at **Concord Hospital Day Surgery Center** on _____.

Your arrival time will be determined by Concord Hospital on your telephone interview or at your preoperative testing appointment.

Your prep prescription was sent to _____ Pharmacy on _____. If your pharmacy states they do not have the prescription, ask them to check prescriptions that are on hold.

Your preoperative telephone interview is: _____ at: _____
OR

Your preoperative testing appointment is: _____ at: _____

Please report to preoperative testing at Concord Hospital Day Surgery for this appointment.

****It is important that you complete your preoperative testing appointment or 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, you must have someone stay with you until the next morning.

NO WORK OR SCHOOL 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****

GI Associates of New Hampshire

60 Commercial Street, Suite 404
Concord, NH 03301
Phone: 603-228-1763 Fax: 603-228-7088

Endoscopic Retrograde Cholangiopancreatography (ERCP)/ Esophagogastroduodenoscopy (EGD) Prep

Monitored Anesthesia Care (MAC) or General Anesthesia *To be determined by the Anesthesiologist*

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®) or naproxen (such as Aleve®, 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 provider. We will contact your provider, and let you know if you need to stop taking them before your procedure. If you take warfarin (Coumadin®), you will need to have a prothrombin time (INR) test performed before 11:00 AM the day before your procedure.

Morning of your procedure:

- **No insulin or diabetic medication**

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 be used only 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: _____

FREQUENTLY ASKED QUESTIONS ABOUT UPPER ENDOSCOPY PROCEDURES

This information will help you to understand your upcoming upper endoscopy procedure. You will be asked to sign an informed consent based on the following information. If you have any questions after reading this information, please call GI Associates of NH at (603) 228-1763. While upper endoscopy procedures are effective and safe, there are rare but possible side effects and complications. After arrival to the endoscopy center, the nurses will explain the procedure and you can ask the provider any additional questions prior to your exam and before sedation is administered.

What is an upper endoscopy?

The medical term for upper endoscopy is esophagogastroduodenoscopy (EGD). It is a procedure used to visually examine your upper digestive system. The gastroenterologist uses an endoscope with a tiny camera on the end of a long and flexible tube. This procedure is performed to diagnose and treat conditions that effect the esophagus, stomach, and beginning of the small intestine such as ulcers, inflammation, cancers, tumors, infection, potential causes for bleeding, and other concerns.

What to expect during the upper endoscopy?

You will either be receiving conscious sedation or a deeper level of sedation called monitored anesthesia care for this procedure. A topical anesthetic will be given to numb the back of your throat. The endoscope is then inserted into your mouth and advanced into the first part of your small intestine. The endoscope will not interfere with your breathing. The gastroenterologist will be inspecting your upper digestive system and might take photographs or biopsies during the procedure. If any tissue samples are removed they are sent to the laboratory for analysis. It takes approximately 7 to 10 working days for the results to reach your provider. The provider's office will then notify you by mail or telephone about your results and any follow-up care that might be needed.

Will I have pain?

An intravenous line will be placed that allows fluids and sedation medications to be given before and during your procedure. The medications work very quickly to help you relax and feel sleepy during your examination. We will ask you frequently about your comfort level during the exam.

It is necessary to expand the digestive tract by gently delivering air during the exam to allow the provider to more easily see and maneuver the endoscope. You may experience a sensation of fullness or pressure from the added air. Biopsies might be taken during your exam and these should not cause any pain.

Principal risks and complications of an upper endoscopy

An upper endoscopy is considered a very low-risk procedure. Although infrequent, all of the following side effects or complications are possible.

- **Medications:** The sedation medications used are well-tolerated by most people. Side effects and reactions are infrequent. Like all medications, sedative medications used during the procedure can cause allergic reactions in some individuals. Sedation may also slow down your breathing, which is treated with oxygen. If needed, medications to counteract the sedatives can be given. The most common side effect of sedation medications are nausea and vomiting, which is treated with intravenous fluids and medications. Reactions to medications may require additional observation before you can be discharged home. Although you may feel quite awake when you leave, the sedation medications can cause drowsiness and decreased coordination for several hours. The effects of the medications usually subside within 24 hours. Though infrequent, medications may cause some irritation and the intravenous site might be tender for 24-48 hours.
- **Tearing of the gastrointestinal tract:** The risk of a tear in your gastrointestinal tract is very low. If it does occur it may require hospitalization and sometimes surgery to repair it. The risk is slightly increased if dilation is used to widen your esophagus.
- **Bleeding:** If bleeding occurs it is usually mild and resolves typically without any intervention. It is more likely to occur if biopsies are taken or tissue is removed. We may advise that you not take any blood thinning medications, aspirin or aspirin-like products for one week after having biopsies to prevent bleeding while the biopsy site heals. This will be written on your discharge instructions. Although rare, severe bleeding might require admission to the hospital and careful observation, blood transfusions and/or possible surgery.
- **Infection:** The risk of infection is very low when national standards and manufacturer's guidelines are followed, which our endoscopy team takes very seriously.

We look forward to seeing you at your upcoming endoscopy appointment. Be sure to ask your provider if you have any unanswered questions about your procedure.

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Patient's Responsibility Prior to Procedure

We recommend that you contact your insurance company to determine whether you are covered for your procedure. On the back of your insurance card, look for the Customer Service telephone number you should use. Please call to confirm that the procedure is covered and to understand what, if any, out-of-pocket expenses for which you may be held responsible.

In addition to your provider 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, please call the following numbers depending upon your provider and place of procedure.

- Concord Endoscopy Center – (603) 227-7788
- Concord Hospital – (603) 227-7788
- Concord Hospital Laconia – (603) 527-2990
- Dartmouth-Hitchcock – (603) 629-1726

If you do not have health insurance, you may qualify for Financial Assistance or you may be able to set up a payment plan. Please call the following numbers depending on your provider and place of procedure.

- Concord Endoscopy Center – (603) 227-7101 ask for Financial Counseling
- Concord Hospital – (603) 227-7101 ask for Financial Counseling
- Concord Hospital Laconia – (603) 527-7171 ask for the Financial Assistance Department
- Dartmouth-Hitchcock – (603) 229-5080 ask for Financial Assistance

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 to pay?
- If your procedure is a colonoscopy, what is the difference between a screening and diagnostic colonoscopy and how does that affect how my insurance covers costs?
- Which lab facilities am I allowed to have specimens sent to?