

Your procedure is scheduled with:

- Dr. Robert D. Thomson
- Dr. Burr J. Loew

Your procedure: _____

is scheduled on _____ at

CH Laconia Endoscopy Suite
80 Highland Street, Laconia, NH 03246
(603) 527-2925

You will receive a phone call from the CH Laconia Endoscopy Suite the day prior to your procedure with your arrival time.

Please use the **Hospital Main Entrance** and check in at the desk in the lobby.

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.

Additional instructions for after your procedure will be given prior to discharge.

**If you need to reschedule your appointment, please call GI Associates at
(603) 228-1763 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

Esophagogastroduodenoscopy (EGD) Prep

You should eat a light supper between 6-7 pm the night before your exam and then no solid food after midnight.

You can have clear liquids until 4 hours prior to your procedure (see Clear Liquid Diet instructions). NO SOLID FOODS.

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**

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Special instructions: _____

Clear Liquid Diet

A clear liquid diet includes only liquids without pulp and particles and, when held up to light, you can see through it. All red-colored liquids must be avoided as they may hide polyps and/or alter the natural color of the colon mucosa.

Clear liquid choices are:

- Water
- Juice that you can see through (examples: apple, white grape)
- Jell-O® (gelatin) any flavor **except** any with red coloring/dye
- Popsicles®, Italian ice, or ice pops without fruit (no sherbet or ice cream)
- Fat free chicken or beef broth or bouillon
- Soda
- Sports drinks – **any flavor except red drinks**
- Powdered clear “juice” mixes such as Kool-Aid® or Crystal Light® – **any flavor except red flavors/dyes**
- Coffee or tea with sugar or artificial sweetener but **NO dairy** (milk, cream or non-dairy creamers)

DO NOT USE:

- **Dairy products (milk, cream, non-dairy creamers, half and half, ice cream, soy milk, etc.)**
- **Juices with pulp (orange, grapefruit, pineapple, tomato, apricot, etc.)**
- **Soups such as chicken noodle or other soups that contain vegetables, noodles, pasta or tomato. Broths must be clear and “see-through” without particles.**

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.

GI Associates of New Hampshire

60 Commercial Street, Suite 404

Concord, NH 03301

Phone: (603)228-1763

Fax: (603)227-7539

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?