



Dr. Russell O. Schub, F.A.C.P.
 Board Certified Gastroenterologist
 8875 Centre Park Drive, Suite D
 Columbia, MD 21045

Tel 410-730-1000
 Fax 410-730-2266
www.drschub.com

UPPER ENDOSCOPY(EGD) PREP INSTRUCTION

YOUR PROCEDURE IS SCHEDULED ON _____, ____/____/____.

PLEASE ARRIVE at _____ AM / PM & bring this form with you.

Note: Procedure times are approximate as it is not always possible to predict how long a procedure will take. Please be aware that you may remain at the center for up to 3 hours.

YOU WILL BE UNABLE TO DRIVE AFTER YOUR PROCEDURE. PLEASE MAKE ARRANGEMENTS FOR SOMEONE TO DRIVE YOU HOME. YOU MAY NOT USE A TAXI SERVICE, LYFT, UBER OR ANY OTHER RIDE SHARING PROGRAM unless you have a responsible adult other than the driver to ride with you home. You must have a responsible adult to accompany you home. If having difficulty finding a ride, please contact the office. It is advised that patients receiving IV anesthesia be supervised immediately following the procedure by a responsible adult for at least 12-24 hours.

Cancellation fees - \$200.00 cancellation fee for all procedures performed in Advanced Endoscopy Center that are cancelled or rescheduled within 3 days of the appointment.

4 Days Before Procedure	<ul style="list-style-type: none"> • Patients should continue all medications unless instructed by their physician • Stop taking blood thinners Plavix, Ticlid, Aggrenox, Effient, Coumadin, or Persantine four days prior unless otherwise instructed by prescribing physician. Aggrenox users may take a once daily aspirin while not taking the Aggrenox.
2 Days Before Procedure	<ul style="list-style-type: none"> • Stop taking blood thinners Xarelto, Eliquis or Pradaxa two days prior unless otherwise directed
1 Day Before Procedure	<ul style="list-style-type: none"> • You may not eat any solid food after midnight. • Stop taking Lovenox or Fragmin one full day prior to your procedure unless otherwise directed. • You may continue one daily aspirin.
Day of Procedure	<ul style="list-style-type: none"> • You may have clear liquids until 3 hours prior to your procedure, then NOTHING BY MOUTH AFTER THIS TIME! • Failure to stop liquids 3 hours prior to your appointment time will result in cancellation of the procedure • Clear liquids include soda, sports drinks, juice without pulp, non-dairy beverages, Jell-O, Popsicles without fruit, coffee, tea and water • Diabetics taking long acting insulin: reduce the dose in half the evening before the procedure. Do not take insulin and oral anti-diabetic meds.(i.e. Metformin, Glucophage) the morning of your procedure. If you are unsure please check with the prescribing doctor. • Diabetic patients should bring diabetic medication and a snack to eat after the procedure • * Please take your allowed morning medications at least 5 hours before your procedure • <u>*Patients requiring inhalers must bring them to the procedure*</u>

PATIENT INFORMATION – UPPER ENDOSCOPY (EGD)

Endoscopy

Upper endoscopy is the visual examination of the esophagus, stomach and duodenum (first portion of the small intestine), using a lighted flexible video endoscope. You might hear the test referred to as upper endoscopy, upper GI endoscopy or esophagogastroduodenoscopy (EGD).

Reasons for the Exam

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 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, look for inflammation and biopsy to test for *Helicobacter pylori* bacteria that cause ulcers.

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. Your doctor might stretch a narrowed area, remove polyps or treat bleeding.

Preparation

An empty stomach allows for the best and safest examination, so you should have nothing to eat six hours prior to the procedure. You may drink clear liquids only, up to 3 hours prior to the procedure.

Tell your doctor in advance about any medications you take; you will need to stop some acid reducing medications and all blood thinners prior to the procedure (See prep information).

The Procedure

Upper endoscopy is usually performed on an outpatient basis. The patient is sedated; the endoscope is passed through the mouth and into the esophagus, stomach and duodenum. The endoscope doesn't interfere with your breathing.

The procedure usually takes 15-20 minutes and is seldom remembered by the patient. A recovery area is available to monitor vital signs until the patient is fully awake.

Anesthesia/Sedation

The Advanced Endoscopy Center of Howard County, L.L.C. uses the services of a licensed Certified Registered Nurse Anesthetist (CRNA) to administer the anesthesia/sedation collaboratively and under the supervision of Dr. Russell Schub. Medications are administered through an I.V. and titrated by the CRNA to keep the patient asleep and comfortable during the procedure.

Results

The physician will explain the findings after the exam and will usually suggest a follow up appointment for a later date. If a biopsy or polypectomy was performed, the results will be reviewed with the patient at the follow up.

Side Effects and Risks

You may experience a sore/scratchy throat and/or some mouth/jaw tenderness. The usual sore throat remedies apply; Tylenol and ice can be applied to any tenderness. Although complications can occur, they are very rare. Bleeding can occur at a biopsy site or where a polyp was removed, but it is usually minimal and rarely requires further treatment. Other potential risks include a reaction to the anesthesia/sedation, complications from heart or lung diseases, and perforation (a tear in the mucosal lining). These complications may require hospitalization and, rarely, surgery. Quite uncommonly a diagnostic error or oversight may occur.

Due to sedation, the patient cannot drive or operate machinery follow the exam. For this reason, someone must be available to drive the patient home.

Rev.11/15/12 ss