



Procedure Reminders

Endoscopic Ultrasound (EUS) / Upper Endoscopy (EGD)

Appointment Date: _____ **Arrival Time:** _____

Your arrival time is 45 minutes prior to your procedure time. This allows time for check-in, health history review, and pre-procedure evaluation. Please be aware that we may contact you in the days leading up to your procedure, as your arrival time may be subject to change.

Follow all instructions carefully, as improper preparation may result in your procedure being rescheduled. Contact our office at **(336) 448-2427** if you have any questions about your prep or if there are any changes in your medical history between the day of scheduling and the appointment date.

- **Transportation:** Due to the sedation you will receive, someone at least 18 years of age MUST bring you to your appointment and drive you home afterwards. A taxi, bus, Uber, Lyft, or similar service is NOT an acceptable form of transportation. If you arrive without a driver, your procedure will be rescheduled. If you have questions about whether a method of transportation is acceptable, please contact our office.
- **Alcohol Consumption:** Do not consume any alcohol during your procedure preparation.
- **Tobacco use:** Do not use any tobacco products before procedure (cigarettes, chewing tobacco, snuff, or vapes).
- **Jewelry/valuables:** We do not provide a secure area for these items.
- **Medications:** Take necessary medications at least 4 hours prior to your arrival time with a small sip of water.
 - **Diabetes and Weight Loss Medications:** Stop taking the below medication for the recommended time period prior to your procedure. For injectable diabetic medication not listed below, contact the prescribing physician regarding instructions for the day before and the day of the procedure. **DO NOT TAKE oral** diabetic medication the day of the procedure.

<p>Do not take any of these <u>oral medications</u> the day of the procedure: Adlyxin (Lixisenatide) Byetta (Exenatide IR) Rybelsus (Semaglutide) Saxenda (Liraglutide) Victoza (Liraglutide)</p>	<p>Do not take any of these <u>daily injections</u> the day of the procedure: Victoza (Liraglutide) Adlyxin (Lixisenatide)</p>	<p>Stop any of these <u>weekly injections</u> 1 week prior to procedure: Bydureon BCise, Byetta (Exenatide ER) Ozempic, Wegovy, Rybelsus (Semaglutide) Mounjaro (Tirzepatide) Trulicity (Dulaglutide) Zepbound</p>	<p>Stop taking <u>1 week</u> prior to procedure: Phentermine</p>
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- **Blood Pressure Medications:** DO NOT SKIP any doses of your blood pressure medication.
- **Inhalers and Nebulizers:** May be used up to the time of your procedure.
- **Blood Thinners:** Using the checkboxes below, your provider will indicate whether your blood thinner schedule should be adjusted. If you are on blood thinning medication and no box is checked, please ask your provider. If you do not take a blood thinning medication, you may disregard.
 - Take blood thinner as usual
 - Stop taking blood thinner prior to procedure (see specific instructions below):

If it was recommended that you stop taking your blood thinner, please contact the physician who prescribes this medication for you to make sure it is okay to stop taking it for the recommended time (listed below) prior to your procedure. You may remain on aspirin unless otherwise instructed. If you are on a blood thinner that is not listed, please contact the prescribing physician for instructions.

Aggrenox/Plavix: 5-7 days	Pletal/Persantine: 48 hours
Arixtra: 24 hours	Pradaxa: 48 hours
Brilinta/Coumadin/Jantoven: 5 days	Savaysa: 1-3 days
Effient: 7 days	Xarelto: 24-48 hours
Eliquis: 48 hours	



Endoscopic Ultrasound (EUS) / Upper Endoscopy (EGD) Patient Preparation Instructions

This prep is intended for patients who take GLP-1 Diabetic or Weight Loss Medications.

Instructions for your appointment:

- ✓ **The entire day before your procedure (starting at 12:01am):**
DO NOT consume any solid foods. You may have full or clear liquids only.

This may include protein shakes, pudding, apple sauce, milk shakes, water, soft drinks, coffee, tea, popsicles, broth/bouillon, Jell-O, juice, etc. DO NOT consume anything red in color.

- ✓ **The day of your procedure (starting at 12:01am):**
NOTHING ELSE BY MOUTH AFTER THIS TIME! (This includes water.)

Exception: Take necessary medications at least 4 hours prior to your arrival time with a small sip of water.

Frequently Asked Questions:

Can I brush my teeth the morning of my procedure?

Yes, but do not swallow any liquid.

Can I use tobacco products the day of my procedure?

No, do not use any tobacco products prior to your procedure (cigarettes, chewing tobacco, snuff or vapes.)

Can I have mints, hard candy, or gum the morning of my procedure?

No, as they can stimulate gastric juices.

I have additional questions. Who can I talk to?

Contact our prep team at **(336) 448-2427** if you have questions or concerns.



Upper Endoscopic Ultrasound/Fine-Needle Aspiration/Fine-Needle Biopsy

Procedure to be performed at:

GAP Salem Endoscopy Center: 875 Bethesda Rd. Winston-Salem, NC 27103

Description of Procedure:

You will lie on your left side. A flexible tube with ultrasound capability (called an echoendoscope) will be passed through your mouth, into your esophagus (swallowing tube), and advanced to your stomach. You will still be able to breathe normally. This will allow your doctor to see the esophagus, stomach, the beginning of your small intestines, and surrounding structures. The area in the back of the abdomen behind the peritoneum (tissue that lines the abdominal wall and organs) can be visualized through the gastric wall including lymph nodes, left and right adrenal gland, left lobe of the liver, pancreas, and other structures. Portions of the lungs, heart, spine, and other structures can be examined. The endoscopic tube may also have a small needle to remove fluid (aspiration) or tissue samples (biopsy) for further examination in a lab. This procedure is called EUS-guided fine-needle aspiration or EUS-guided fine-needle biopsy. If your doctor identifies an abnormality requiring more advanced evaluation, an EUS or other necessary procedure will be scheduled at the hospital to allow additional tissue sampling and/or other therapeutic interventions. The echoendoscope is then withdrawn slowly while additional ultrasound imaging occurs.

Sedation:

I consent to the administration of moderate or deep sedation/anesthetics (by mouth or through a needle placed in a vein in my arm or hand) as considered necessary or advisable by the physician, certified registered nurse anesthetist, and/or registered nurse under supervision of the physician. I understand the alternatives, the risks involved, and possible complications of sedation.

Potential Risks:

- Irritation of veins (5%)
- Excessive sedation (1%)
- Allergic reaction to medication (<1%)
- Aspiration (If you vomit and it gets into your lungs, pneumonia can occur) (<1%)
- Perforation (a hole or tear in the esophagus)
 - Risk increases to 1% if polyps are removed.
 - Rarely, blood transfusions or surgery may be required to treat these conditions.
- Bleeding
 - Risk increases if patient is currently taking a blood thinning medication.
 - Rarely, blood transfusions or surgery may be required to treat this condition.
- Teeth in poor condition and dental prosthetics may become loose, broken, or dislodged during endoscopy and/or during the protective procedures related to anesthetic. While every effort is made to protect teeth, such damage is a recognized risk. Gastroenterology Associates of the Piedmont will not accept responsibility for damage to teeth or dental prosthetics.
- Infection
- Pancreatitis (If fluid or tissue sample is taken from the pancreas)
- Death
- Risks may increase if patient uses steroids or has significant respiratory, liver, kidney or brain impairment.



Consent for Procedure(s) Upper Endoscopic Ultrasound (Page 2 of 2)

After the Procedure:

- I understand that if I am scheduled for a procedure with sedation, I must have an adult (age 18+) available to accompany me home. This adult may be given my discharge instructions.
- I agree not to drive/operate machinery for eight hours after leaving this facility.
- I agree not to drink alcohol, take tranquilizers or sedatives for eight hours after leaving this facility.
- After the procedure, I will be able to swallow once any numbness at the back of my throat has worn off. My throat might be sore for a few days.

Additional Information:

- Doctors in training may be present and participate during the procedure(s).
- We do not honor living wills or Do Not Resuscitate Orders (DNR) at this facility due to the fact that a terminal, incurable, vegetative state is not anticipated in this outpatient setting.
- Endoscopic ultrasound is generally a safe and effective way to visualize the gastrointestinal tract and surrounding structures. It is not 100 percent accurate in diagnosis. No guarantee has been given by anyone as to the result of the procedure. Other options are available, including (but not limited to) radiologic studies, surgery and medical treatment.
- The duration of the procedure is typically 30-60 minutes.
- Tissue or fluid samples may be removed during this procedure.

Gastroenterology Associates of the Piedmont, P.A.
Phone: (336) 448-2427 • www.gapgi.com • Fax: (336) 765-2869



Upper Endoscopy / Biopsy / Esophageal Dilation

Description of Procedure:

You will lie on your left side. A flexible tube with a small camera (called an endoscope) will be passed through your mouth and into your esophagus (swallowing tube). You will still be able to breathe normally. This will allow your doctor to see the inside of your esophagus, stomach, and the beginning of your small intestines. Photos may be taken as considered advisable or necessary by the doctor. Your doctor may take a small sample of tissue or remove abnormal growths (called polyps) for testing. Polyps are removed because they may contain cancer or pre-cancerous cells. Any tissues that are removed may be reviewed by a pathologist.

Esophageal dilation is a procedure that allows your doctor to dilate, or stretch, a narrowed area of your esophagus. If the doctor thinks dilation is necessary, (s)he may use various methods for the procedure, such as:

- 1) Bougies: weighted, cone-shaped tubes that are inserted into the esophagus.
- 2) Balloon dilator: a tiny, empty balloon that is inserted into the esophagus and slowly filled with air.
- 3) A guided wire dilator: the guidewire is passed through the esophagus, then a series of plastic stretchers (called dilators) are passed over the wire.

Sedation:

I consent to the administration of moderate or deep sedation/anesthetics (by mouth or through a needle placed in a vein in my arm or hand) as considered necessary or advisable by the physician, certified registered nurse anesthetist, and/or registered nurse under supervision of the physician. I understand the alternatives, the risks involved, and possible complications of sedation.

Potential Risks:

- Irritation of veins (5%)
- Excessive sedation (1%)
- Allergic reaction to medication (<1%)
- Aspiration (If you vomit and it gets into your lungs, pneumonia can occur) (<1%)
- Perforation (a hole or tear in the esophagus)
 - Risk increases to 1% if polyps are removed.
 - Rarely, blood transfusions or surgery may be required to treat these conditions.
- GI Bleeding (<1%)
 - Risk increases to 1% if polyps are removed or if patient is currently taking a blood thinning medication.
 - Rarely, blood transfusions or surgery may be required to treat this condition.
- Teeth in poor condition and dental prosthetics may become loose, broken, or dislodged during endoscopy and/or during the protective procedures related to anesthetic. While every effort is made to protect teeth, such damage is a recognized risk. Gastroenterology Associates of the Piedmont will not accept responsibility for damage to teeth or dental prosthetics.
- Infection
- Death
- Risks may increase if patient uses steroids or has significant respiratory, liver, kidney or brain impairment.



After the Procedure:

- I understand that if I am scheduled for a procedure with sedation, I must have an adult (age 18+) available to accompany me home. This adult may be given my discharge instructions.
- I agree not to drive/operate machinery for eight hours after leaving this facility.
- I agree not to drink alcohol, take tranquilizers or sedatives for eight hours after leaving this facility.
- After the procedure, I will be able to swallow once any numbness at the back of my throat has worn off. My throat might be sore for a few days.

Additional Information:

- Procedures that are presently unknown may be performed that are different from or in addition to those planned in the case that the doctor or his/her associates or assistants consider them advisable or necessary.
- Doctors in training may be present and participate during the procedure(s).
- We do not honor living wills or Do Not Resuscitate Orders (DNR) at this facility due to the fact that a terminal, incurable, vegetative state is not anticipated in this outpatient setting.
- Gastrointestinal endoscopy is generally a safe and effective way to examine the gastrointestinal tract. It is not 100 percent accurate in diagnosis. No guarantee has been given by anyone as to the result of the procedure(s). Other options are available, including (but not limited to) radiologic studies, surgery and medical treatment.

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