Procedure Reminders
Upper Endoscopy (EGD)

Appointment Date: _____ Arrival Time: _____

Your arrival time is 45 minutes prior to your procedure time. This allows 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 is subject to change.

Follow all instructions carefully, as improper preparation may result in your procedure being rescheduled. Please contact our office at 336-448-2427 if you have any questions about your prep of 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 18 years of age or older **MUST** bring you to your appointment and drive you home afterwards. A taxi, bus, Uber, Lyft, or similar services are NOT an acceptable form of transportation unless you have a responsible adult to escort you home. **If you arrive without a driver, your procedure will be rescheduled**. If you have any questions about whether a method of transportation is acceptable, please contact our office.

- **Service Animals:** If you have a service animal, please contact the office in advance. You will need a responsible adult (18 years of age or older) during your procedure to stay with the animal and assume responsibility.

- **Alcohol Consumption:** Do not consume any alcohol during your procedure preparation.

- **Tobacco Use:** Do not use any tobacco products before procedures (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 any injectable diabetic medication not listed below, please 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.

Do not take any of these oral medications the day of the procedure:	**Do not take any of these daily injections the day of the procedure:**	**Stop any of these weekly injections 1 week prior to procedure:**	**Stop taking 1 week prior to procedure:**
• Adlyxin (Lixisenatide) • Byetta (Exenatide IR) • Rybelsus (Semaglutide) • Saxenda (Liraglutide) • Victoza (Liraglutide) • Wegovy (Semaglutide)	• Victoza (Liraglutide) • Adlyxin (Lixisenatide)	• Bydureon BCise, Byetta (Exenatide ER) • Ozempic, Wegovy, Rybelsus (Semaglutide) • Mounjaro (Tirzepatide) • Trulicity (Dulaglutide) • Zepbound	• Phentermine

- **Blood Pressure Medications**: DO NOT SKIP any doses of your blood pressure medication.

- **Iron Medications**: STOP taking iron 5 days before your procedure.

- **Inhalers and Nebulizers:** May be used up to the time of your procedure.

- **Medications for Diarrhea(i.e. Imodium, Colestipol/Colestid, Cholestyramine/Questran, Lomotil/Diphenoxylate Atropine)**: DO NOT TAKE these medications during the course of your prep.

- **Blood Thinner Medication:** 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 frame (see 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
Arixtra: 24 hours
Brilinta/Coumadin/Jantoven: 5 days
Effient: 7 days
Eliquis: 48 hours
Pletal/Persantine: 48 hours
Pradaxa: 48 hours
Savaysa: 1-3 days
Xarelto: 24-48 hours

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Upper Endoscopy (EGD)
Patient Preparation Instructions

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

Instructions for your appointment:

The entire day before your procedure (starting at 12:01am MIDNIGHT):
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, etc.

DO NOT CONSUME ANYTHING RED IN COLOR.

The day of your procedure (starting at 12:01am MIDNIGHT):



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 the 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.



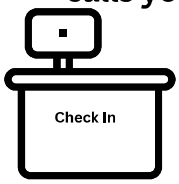
If you have additional questions or concerns, please contact the office at 336-448-2427.



What to expect the day of your procedure

1 Check-In

- Welcome to GAP! Our mission at GAP is to provide comprehensive, state of the art, patient-centered care in gastroenterology and hepatology in a compassionate, timely, and cost-effective manner.
- When you arrive to our facility, you and your driver will check-in to the front desk where we will verify your information, sign any necessary paperwork, and obtain the information of your driver.
- Once check-in is complete, you will wait in the lobby until a member of the prep team calls you back.

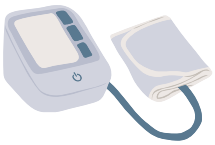




2 Prep

- You will use the restroom and then proceed to the prep room.
- The prep team will review your complete medical history, medications, and allergies.
- Your vital signs (blood pressure, heart rate, temperature, etc) will be taken.
- The consent forms for procedure and anesthesia administration will be reviewed with you, and you will have an opportunity to ask questions before signing.
- You will be asked to change into a gown.
- You will rest comfortably on a stretcher while we start your IV.





3 Procedure

- After speaking with the MD and the CRNA, you will be taken to the procedure room where you will be introduced to the team taking care of you.
- You will be hooked up to equipment that will allow us to continuously monitor your blood pressure, heart rate/rhythm, and oxygen levels.
- You will be started on oxygen.
- A time out will occur. This is a safety measure to verify your name, date of birth, procedure, allergies, etc.
- You will turn on your left side.
- Anesthesia administration will begin.





4 Recovery

- Once the procedure is complete, you will be taken to recovery.
- The recovery team will continue to monitor your vital signs along with recovery progress.
- You will be offered a cold drink and have your IV removed.
- A staff member or family member will help you get dressed.
- The physician will meet with you to review the procedure findings.
- The nurse will review your discharge instructions.
- A copy of your discharge instructions will be provided to you.
- You will be discharged with your driver.





Consent for Procedure(s)
Upper Endoscopy

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 or an approved medical transportation service. This adult may be given my discharge instructions.
- I agree not to drive or operate machinery until the next day after my procedure.
- I agree not to drink alcohol, take tranquilizers, or take sedatives until the next day after my procedure.
- After the procedure, I will be able to swallow. 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.