

UPPER G.I. ENDOSCOPY

NAME: _____

You are scheduled for an **UPPER GI ENDOSCOPY** at Moses Ludington Hospital on _____ (date). Your procedure is scheduled for _____ but it will be necessary for you to arrive at _____ to allow for our staff to prepare you for the procedure.

The scheduling staff at Moses Ludington Hospital will be calling to pre-register you prior to your procedure.

On the day of the exam, please report directly to the Moses Ludington Hospital and park in the upper parking lot. Enter through the emergency room entrance and go straight to the registration desk. Whenever possible, please leave valuables including personal belongings at home. As well, please remove all jewelry, including piercings, and leave at home.

UPPER GI ENDOSCOPY is an examination of your esophagus, stomach and first part of your small intestine, using a flexible tube called an endoscope which has a bright light on it. When you arrive at the GI Center, the test will be explained and you will be given an opportunity to ask questions prior to signing an informed consent form. After you change into your gown and robe, the nurse will insert a small intravenous catheter into a vein in your arm and tape it in place to administer medication before and during the test, as needed. You will then lie on the cushioned table on your left side. When you are comfortable, the doctor will put the tip of the small tube in your mouth, toward the back of your tongue, and ask you to swallow. You will be able to breathe normally, and the nurse will suction any extra saliva or mucus from your mouth during the test, if necessary.

You may feel some fullness or perhaps the need to belch. This relates to the insufflation of air necessary for a proper examination. This is normal and most patients are comfortable enough to fall asleep during the examination. The examination usually lasts approximately ten to fifteen minutes.

When the procedure has been completed, you will be taken to a recovery room where you will rest for a period of time. Then, the intravenous catheter will be removed from your arm and you may use the bathroom and get dressed. The doctor will then explain the results to you and your family. **Patients can expect to be at Moses Ludington Hospital for 2-1/2 to 3 hours from the time of admission for the procedure to the time of discharge.**

If you must cancel or reschedule the examination, please call 793-5034 at the earliest possible time. There are often significant delays in rescheduling and if there are any questions re: the need to cancel due to sickness or other health issues, it is essential that you contact our office or our physician on call (after hours or on weekends).

PLEASE NOTE:

1. **Do not eat or drink anything or take oral medications after midnight the night before your examination, if scheduled for 10 A.M. or earlier. If scheduled after this time, clear liquids and oral medications may be ingested until 3 hours prior to your scheduled procedure time.**
2. **Our office will provide you with specific instructions if you are taking any of the following medications:**
 - **Insulin**
 - **Anticoagulant medications (blood thinners) such as warfarin (Coumadin, Jantoven)**
 - **Antiplatelet medications such as Plavix (clopidogrel), Ticlid (ticlodipine)**
3. **If you are a diabetic and taking oral diabetic agents, please do not take these medications the day of your procedure.**
4. **If you are taking steroid medications (e.g. prednisone, Decadron, Medrol), please discuss this with our office prior to your procedure.**
5. **All other medications may be continued, including aspirin and nonsteroidal anti-inflammatory drugs (NSAIDs e.g. Celebrex, Bextra, Voltaren, Naprosyn, Motrin, Advil, Aleve). If you have any questions regarding your medications, please contact our office.**
6. **Since you will be given intravenous sedation for this examination, you must have a responsible adult drive you home and accompany you into your residence. As well, you must have a responsible adult stay with you for the next 24 hours. You should plan on limiting your activity and resting at home for the remainder of the day. You must not drive a motor vehicle or operate machinery for the next 24 hours. If there is a problem with these arrangements, please inform our office to allow for rescheduling of your procedure. Sedation for your procedure cannot be administered unless these arrangements are completed.**
7. **If your insurance plan requires a referral from your primary care physician, please confirm that our office has received a referral to cover this procedure. If your insurance plan requires pre-authorization for this procedure, please confirm that our office has obtained the pre-authorization.**