

In order to ensure a complete and successful examination, please follow ALL these instructions carefully:

Surgery Time: Surgery Date: _____ Day: ☐ Monday ☐ Tuesday ☐ Wednesday

☐ Thursday ☐ Friday

Please arrive 1 hour earlier @ _____ for registration, nurse and pre anesthesia interview.

@Location: See Maps on Page 7 & 8

☐ **Providence Hospital**, Southfield

use the 9 Mile entrance.

16001 W. 9 Mile Rd. @ Greenfield Southfield, MI 48075

☐ **Providence Park Hospital**, Outpatient Center, Novi

the 2nd floor of the Outpatient Building

47601 Grand River Ave @ Beck, Novi, MI 48374

Providence Novi Outpatient Building door has a pyramid canopy with a statue of two nuns in front and is the building facing Grand River Ave.

If you are **unable to keep your appointment**, call the office **48 hours in advance** to cancel the procedure.

2 W E E K : P R I O R	1. <u>If you take Diet pills</u> not limited to but including, <u>Phenteramine</u> (Phen-Phen Diet Pills), stop this and any type of diet medication 2 weeks prior to procedure.
1 W E E K : P R I O R	1. <u>Stop Iron</u> , 1 week before your procedure.
7- 14 D A Y S : P R I O R	2. If you take the following medications, stop according to medical guidelines. If you are a heart patient and taking these medications, consult your cardiologist prior to stopping. <ul style="list-style-type: none"> • Stop Effient (prasugrel) 7 days prior. • Stop Coumadin (warfarin), Plavix (clopidogrel) & Brilinta (ticagrelor) 5 days prior. • Stop Pradaxa (dabigatran), Xarelto (rivaroxaban), Eliquis (apixaban) & Savaysa (edoxaban) 2 days prior.
D A Y B E F O R E	1. Take nothing by mouth after midnight and please remove any dark finger nail polish . 2. Nothing to eat or drink after midnight . 3. If you are diabetic , Please hold your diabetic medication the night before your procedure and the morning of . If you need help with medication dosage, please ask your primary doctor

Instructions for an Upper Endoscopic Ultrasound (EUS) with Esophagogastroduodenoscopy (EGD) examination of your upper gastrointestinal tract using ultrasound at Providence with

Thank you for scheduling your procedure with our office. Please make sure to read through the instruction packet thoroughly. Once you have done that, if you still have questions, please contact the office. For after hour emergencies you can also call our answer service Perfect Serve at 866-830-7280.

IMPORTANT THINGS TO REMEMBER

- Please make sure to **follow the instructions** for your prep thoroughly. Please pay special attention to all dietary and medication restrictions. Review everything on **page 2** of these date sensitive instructions.
- If you are taking any blood thinners, a fax will be sent to your prescribing doctor for clearance to stop the medication.
- If you are having a procedure, it is the patient's responsibility to contact their insurance company to make sure that this is a covered procedure. Please **check with your insurance** to understand your benefits prior to having a medical procedure. Please review, **sign and send back page 6 & 7**. Medicare, part B, does not require a referral. If your commercial insurance company requires a referral, it is the patient's responsibility to obtain this from their primary care physician. If your commercial insurance company requires an authorization please let us know and we can call.
- You **MUST have a driver**. They have to remain at the facility and drive you home after your procedure.
- You are going to **the outpatient surgery center, not the office**; see maps on page 8 & 9.
- If you need to cancel your procedure, please contact the office as soon as possible. If the office is closed, you will be directed to the answering service. Office hours are 8:00 a.m. to 4:00 p.m. To reschedule procedures talk to the front desk receptionist, please do not leave a message on any machine, this will delay the process.
- If you require any special services during your procedure please inform office.

Again, **thank you** for choosing our office to have your procedure!

D a y O f P r e c e d u r e	<ol style="list-style-type: none"> 1. On the <u>morning</u> of your examination, <u>take your heart and/or blood pressure medication</u> between <u>5 & 6 a.m.</u> with a small sip of water Please brush your teeth, do not swallow toothpaste. After your shower, <u>do not use body lotion.</u> NO gum or hard candy. No diabetic medicine. 2. <u>Do not eat or drink anything</u> on the morning of your examination <u>after medicine.</u> 3. If your procedure begins after 12 p.m. (noon), you may have a clear liquid diet for breakfast; this must be done 5 hours prior. 4. <u>Bring someone with you</u> to stay during your procedure and take you home. If you arrive alone, your examination will be cancelled. 5. Please <u>be on time.</u> If you are late, you will be the cause of major delays for all other patients' under-going similar examinations. Furthermore, if you are late, your examination may be cancelled so that the schedule for other patients can be maintained.
A f t e r P r o c e d u r e	<ol style="list-style-type: none"> 1. After you are <u>discharged,</u> return home. <u>Do not drive,</u> operate machinery, or drink alcoholic beverages for <u>18-24 hours.</u> 2. If you have any complications (vomiting, abdominal pain, tenderness, fever or bleeding) after returning home, call the office during normal business hours 8 a.m. to 4 p.m., after 4 p.m. call the answering service at 866-830-7280, and your doctor will be contacted.

Note: Any less time to cancel or reschedule may result in a charge for set up, boarding.

Understanding EUS (Endoscopic Ultrasonography)

You've been referred to have an endoscopic ultrasonography, or EUS, which will help your doctor, evaluate or treat your condition. This brochure will give you a basic understanding of the procedure - how it is performed, how it can help, and what side effects you might experience. It can't answer all of your questions, since a lot depends on the individual patient and the doctor. Please ask your doctor about anything you don't understand.

Endoscopists are highly trained specialists who welcome your questions regarding their credentials, training and experience.

What is EUS?

EUS allows your doctor to examine the lining and the walls of your upper and lower gastrointestinal tract. The upper tract is the esophagus, stomach and duodenum; the lower tract includes your colon and rectum. EUS is also used to study internal organs that lie next to the gastrointestinal tract, such as the gall bladder and pancreas. Your endoscopist will use a thin, flexible tube called an endoscope. Your doctor will pass the endoscope through your mouth or anus to the area to be examined. Your doctor then will turn on the ultrasound component to produce sound waves that create visual images of the digestive tract.

Why is EUS done?

EUS provides your doctor more detailed pictures of your digestive tract anatomy. Your doctor can use EUS to diagnose the cause of conditions such as abdominal pain or abnormal weight loss. Or, if your doctor has ruled out certain conditions, EUS can confirm your diagnosis and give you a clean bill of health.

EUS is also used to evaluate an abnormality, such as a growth, that was detected at a prior endoscopy or by x-ray. EUS provides a detailed picture of the growth, which can help your doctor determine its nature and decide upon the best treatment.

In addition, EUS can be used to diagnose diseases of the pancreas, bile duct and gallbladder when other tests are inconclusive.

Why is EUS used for patients with cancer?

EUS helps your doctor determine the extent of certain cancers of the digestive and respiratory systems. EUS allows your doctor to accurately assess the cancer's depth and whether it has spread to adjacent lymph glands or nearby vital structures such as major blood vessels. In some patients, EUS can be used to obtain tissue samples to help your doctor determine the proper treatment.

How should I prepare for EUS?

For EUS of the upper gastrointestinal tract, you should have nothing to eat or drink, not even water, usually six hours before the examination. Your doctor will tell you when to start this fasting.

For EUS of the rectum or colon, your doctor will instruct you to either consume a large volume of a special cleansing solution or to follow a clear liquid diet combined with laxatives or enemas prior to the examination. The procedure might have to be rescheduled if you don't follow your doctor's instructions carefully.

What about my current medications or allergies?

Tell your doctor in advance of the procedure about all medications that you're taking and about any allergies you have to medication. He or she will tell you whether or not you can continue to take your medication as usual before the EUS examination. In general, you can safely take aspirin and nonsteroidal anti-inflammatories (Motrin, Advil, Aleve, etc.) before an EUS examination, but it's always best to discuss their use with your doctor. Check with your doctor about which medications you should take the morning of the EUS examination, and take essential medication with only a small cup of water.

If you have an allergy to latex you should inform your doctor prior to your test. Patients with latex allergies often require special equipment and may not be able to have an EUS examination.

Do I need to take antibiotics?

Antibiotics aren't generally required before or after EUS examinations. But tell your doctor if you take antibiotics before dental procedures. If your doctor feels you need antibiotics, antibiotics might be ordered during the EUS examination or after the procedure to help prevent an infection. Your doctor might prescribe antibiotics if you're having specialized EUS procedures, such as to drain a fluid collection or a cyst using EUS guidance. Again, tell your doctor about any allergies to medications.

Should I arrange for help after the examination?

If you received sedatives, you won't be allowed to drive after the procedure, even if you don't feel tired. You

should arrange for a ride home. You should also plan to have someone stay with you at home after the examination, because the sedatives could affect your judgment and reflexes for the rest of the day.

What can I expect during EUS?

Practices vary among doctors, but for an EUS examination of the upper gastrointestinal tract, your endoscopist might spray your throat with a local anesthetic before the test begins. Most often you will receive sedatives intravenously to help you relax. You will most likely begin by lying on your left side. After you receive sedatives, your endoscopist will pass the ultrasound endoscope through your mouth, esophagus and stomach into the duodenum. The instrument does not interfere with your ability to breathe. The actual examination generally takes between 15 to 45 minutes. Most patients consider it only slightly uncomfortable, and many fall asleep during it. An EUS examination of the lower gastrointestinal tract can often be performed safely and comfortably without medications, but you will probably receive a sedative if the examination will be prolonged or if the doctor will examine a significant distance into the colon. You will start by lying on your left side with your back toward the doctor. Most EUS examinations of the lower gastrointestinal tract last from 10 to 30 minutes.

What happens after EUS?

If you received sedatives, you will be monitored in the recovery area until most of the sedative medication's effects have worn off. If you had an upper EUS, your throat might be sore. You might feel bloated because of the air and water that were introduced during the examination. You'll be able to eat after you leave the procedure area, unless you're instructed otherwise.

Your doctor generally can inform you of the results of the procedure that day, but the results of some tests will take longer.

What are the possible complications of EUS?

Although complications can occur, they are rare when doctors with specialized training and experience perform the EUS examination. Bleeding might occur at a biopsy site, but it's usually minimal and rarely requires follow-up. You might have a sore throat for a day or more. Nonprescription anesthetic-type throat lozenges and painkillers help relieve the sore throat. Other potential, but uncommon, risks of EUS include a reaction to the sedatives used; backwash of stomach contents into your lungs; infection; and complications from heart or lung diseases. One major, but very uncommon, complication of EUS is perforation. This is a tear through the lining of the intestine that might require surgery to repair.

The possibility of complications increases slightly if a deep needle aspiration is performed during the EUS examination. These risks must be balanced against the potential benefits of the procedure and the risks of alternative approaches to the condition.

Additional Questions?

If you have any questions about your need for EUS, alternative approaches to your problem, the cost of the procedure, methods of billing or insurance coverage, do not hesitate to speak to your doctor or doctor's office staff about it.

ASGE Patient Education brochures are available for purchase in packs of 50. [Download order form.](#)

ASGE - The Source for Colonoscopy and Endoscopy

IMPORTANT REMINDER:

The preceding information is intended only to provide general information and not as a definitive basis for diagnosis or treatment in any particular case. It is very important that you consult your doctor about your specific condition

Understanding Upper Endoscopy

What is upper endoscopy?

Upper endoscopy lets your doctor examine the lining of the upper part of your gastrointestinal tract, which includes the esophagus, stomach and duodenum (first portion of the small intestine). Your doctor will use a thin, flexible tube called an endoscope, which has its own lens and light source, and will view the images on a video monitor. You might hear your doctor or other medical staff refer to upper endoscopy as upper GI endoscopy, esophagogastroduodenoscopy (EGD) or panendoscopy. If your doctor has recommended upper endoscopy, this brochure will give you a basic understanding of the procedure - how it's performed, how it can help, and what side effects you might experience. It can't answer all of your questions, since a lot depends on the individual patient and the doctor. Please ask your doctor about anything you don't understand.

Why is upper endoscopy done?

Upper endoscopy helps your doctor evaluate symptoms of persistent upper abdominal pain, nausea, vomiting or difficulty swallowing. It's an excellent test for finding the cause of bleeding from the upper gastrointestinal tract. It's also more accurate than X-ray films 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. Remember, biopsies are taken for many reasons, and your doctor might order one even if he or she does not suspect cancer. For example, your doctor might use a biopsy to test for *Helicobacter pylori*, bacterium that causes ulcers. Your doctor might also use upper endoscopy to perform a cytology test, where he or she will introduce a small brush to collect cells for analysis. 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 with little or no discomfort. For example, your doctor might stretch a narrowed area, remove polyps (usually benign growths) or treat bleeding.

How should I prepare for the procedure?

An empty stomach allows for the best and safest examination, so you should have nothing to eat or drink, including water, for approximately six hours before the examination. Our doctors would like you to start fasting after midnight the night before. Tell your doctor in advance about any medications you take; you might need to adjust your usual dose for the examination. Discuss any allergies to medications as well as medical conditions, such as heart or lung disease. Also, alert your doctor if you require antibiotics prior to undergoing dental procedures, because you might need antibiotics prior to upper endoscopy as well.

What can I expect during upper endoscopy?

After being wheeled to a procedure room and placed on a monitor, you will receive sedation, at intervals, to relax you and help to keep you comfortable through the procedure. Your doctor may also spray your throat with a local anesthetic, and your doctor will pass the endoscope through your mouth and into the esophagus, stomach and duodenum. Staff members will closely watch your condition, including heart rate, blood pressure and oxygen levels, during and after the test. The endoscope doesn't interfere with your breathing, most patients consider the test only slightly uncomfortable, and many patients fall asleep during the procedure.

What happens after upper endoscopy?

You will be monitored until most of the effects of the medication have worn off. Your throat might be a little sore, and you might feel bloated because of the air introduced into your stomach during the test. You will be able to eat after you leave unless your doctor instructs you otherwise. Your doctor generally can tell you your test results on the day of the procedure; however, the results of some tests might take several days. If you received sedatives, you won't be allowed to drive after the procedure even though you might not feel tired. You should arrange for someone to accompany you home because the sedatives might affect your judgment and reflexes for the rest of the day.

What are the possible complications of upper endoscopy?

Although complications can occur, they are rare when doctors who are specially trained and experienced in this procedure perform the test. Bleeding can occur at a biopsy site or where a polyp was removed, but it's usually minimal and rarely requires follow-up. Other potential risks include a reaction to the sedative used, complications from heart or lung diseases, and perforation (a tear in the gastrointestinal tract lining). It's important to recognize early signs of possible complications. If you have a fever after the test, trouble swallowing or increasing throat, chest or abdominal pain, tell your doctor immediately.