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### **UPPER ENDOSCOPY INSTRUCTIONS**

Patient Name: \_\_\_\_\_ Date of Procedure: \_\_\_\_\_

Doctor: \_\_\_\_\_ Location: \_\_\_\_\_

Prep Type: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

You have been scheduled for an Upper Endoscopy. **Please note that you should begin some of your preparations ONE WEEK before your scheduled procedure (if you are currently taking certain medications), so it is important that you read this information, in its entirety, as soon as you receive it.** This packet will explain the procedure itself as well as provide the instructions for prepping for your procedure. Please read these instructions carefully. Should you have any questions, please call our office as soon as possible.

**IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT, WE ASK THAT YOU GIVE US 72 HOURS NOTICE. WE OFTEN HAVE A WAITING LIST OF PATIENTS FOR PROCEDURES THAT THEY URGENTLY NEED. THIS NOTICE PROVIDES US WITH THE OPPORTUNITY TO SCHEDULE OTHER PATIENTS. If you do not call, and fail to show up for your scheduled procedure you will be charged a "No Show Fee" of \$100.00.**

You **MUST** make arrangements to have someone accompany you to your procedure. Due to the effects of anesthesia, **YOU ARE NOT ALLOWED TO DRIVE YOURSELF HOME AND YOU MAY NOT DRIVE FOR THE REST OF THE DAY! YOU MAY NOT TAKE A TAXI!!!** If you arrive on the day of your procedure without someone to take you home, your procedure **WILL NOT BE DONE.**

You **MAY NOT** go to work on the day of your procedure. **You MUST stay home and rest for the remainder of the day.**

**FEMALE PATIENTS: Please be aware that on the day of your procedure you may be required to provide a urine sample.**

#### **ABOUT YOUR PROCEDURE**

An upper gastrointestinal endoscopy is a procedure which allows the Doctor to examine the esophagus, stomach and first part of the small intestine (duodenum) with a long flexible tube, which is inserted through the mouth. If the Doctor sees an abnormality, he can pass an instrument through the endoscope and take a small piece of tissue (biopsy). Taking a biopsy is painless.

#### **WHAT TO EXPECT DURING YOUR PROCEDURE**

In order to minimize any discomfort you might experience during the exam, you will receive an injection of medications. **PLEASE NOTIFY US OF ANY ALLERGIES!!** The duration of the procedure varies, ranging from 20-45 minutes. However, you will remain in the recovery room until the sedation has worn off and can expect to be in the office for approximately 1 ½ hours. The procedure is usually tolerated well and rarely causes pain.

#### **WHAT TO EXPECT AFTER YOUR PROCEDURE?**

You may be sleepy for a few hours after your upper endoscopy due to the medications you will receive during your procedure. You may experience a mild sore throat which will slowly improve. You may burp as a result of the air being instilled into the stomach during your procedure. If you experience any other effects, than the aforementioned, please call our office at 516-487-2444.

## PREPARING FOR YOUR PROCEDURE

In order for the Doctor to perform your procedure accurately, it is very important that you follow the preparation instructions **exactly as stated below**. Please do not hesitate to call our office if you have any questions.

### AT LEAST ONE WEEK PRIOR TO YOUR PROCEDURE:

1. Make arrangements for someone to drive you home from your procedure.
  - **YOU WILL NOT BE ALLOWED TO DRIVE HOME!**
  - **YOU WILL NOT BE ALLOWED TO TAKE A TAXI, UNLESS YOU ARE ACCOMPANIED BY ANOTHER ADULT, OTHER THAN THE TAXI DRIVER**
  - If you arrive on the day of your procedure without someone to drive you home, **YOUR PROCEDURE WILL NOT BE DONE!**
  - **YOU MAY NOT DRIVE, AT ALL, FOR THE REST OF THE DAY!!!**
2. If necessary, make arrangements to take the day of your procedure off from work.
  - You **CANNOT** go to work on the day of your procedure
  - You **MUST** stay home and rest for the remainder of the day.
3. **If you take any blood thinners, such as Coumadin, Plavix or Aspirin on a daily basis, you must notify your Doctor IMMEDIATELY!** These medications **MAY** need to be discontinued prior to your procedure.
4. If you **OCCASIONALLY** take **Aspirin or an Aspirin product** (Advil, Motrin, Aleve, etc.), they **MUST be stopped for THREE DAYS prior to your procedure. If you take Insulin, you must discuss with your Doctor whether or not you need to hold off taking or reduce your morning dose the day of the procedure.**

### THE DAY OF THE PROCEDURE:

1. **HAVE NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE YOUR PROCEDURE, NOT EVEN WATER!!**
2. **YOU SHOULD TAKE YOUR BLOOD PRESSURE AND/OR HEART MEDICATIONS EARLY IN THE MORNING WITH A SMALL SIP OF WATER.** If you must take other medications on the day of the procedure, please call our office.
3. Do not apply any lotion to your chest, arms or legs. Please do not wear any lipstick.
4. **FEMALE PATIENTS: Please be aware that on the day of your procedure you may be required to provide a urine sample.**

**\*\*IMPORTANT: IF YOU ARE A SMOKER, WE STRONGLY ADVISE THAT YOU DO NOT SMOKE THE DAY OF YOUR PROCEDURE. SMOKING PRIOR TO YOUR PROCEDURE COULD CAUSE COMPLICATIONS WITH ANESTHESIA\*\***

**IMPORTANT**

OUR ANESTHESIOLOGISTS ARE PAID IN-NETWORK WITH THE FOLLOWING INSURANCES:

AETNA

BLUE CROSS

CIGNA

HIP

MEDICARE

OXFORD

UNITED HEALTHCARE

1199

EMPIRE PLAN NYSHIP MAGNACARE

ALL IN-NETWORK DEDUCTIBLES OR CO-INSURANCE OR CO-PAY IF APPLICABLE WILL APPLY ACCORDING TO YOUR POLICY GUIDELINES.

IF YOUR INSURANCE PLAN IS GHI, OR YOUR INSURANCE IS **NOT** ON THE LIST ABOVE, PLEASE CALL OUR BILLING OFFICE FOR INFORMATION ON HOW YOUR INSURANCE WILL PROCESS YOUR CLAIM.