

# GASTROINTESTINAL ASSOCIATES, INC.

## WHAT IS UPPER GASTROINTESTINAL ENDOSCOPY?

A flexible tube (endoscope) is passed through the mouth and throat into the upper digestive tract. This enables the doctor to examine the lining of the esophagus (food tube), stomach and duodenum (first portion of the small intestine).

1. It is imperative that you **follow our instructions**: You **MUST** be fasting from solids (including milk and milk products) from midnight the night before and clear liquids for six hours prior to your procedure. **If you take anything by mouth including any solid food, liquids, gum, mints, hard candy or water, your procedure will be rescheduled.**
2. **Meridia, Phentermine and Herbal products** must be **stopped two weeks** before the procedure.
3. **Diabetes** – If you take medications for diabetes or to control your blood sugar, call your primary physician for instructions on how to take these medications on the day before your endoscopy and on the day of the procedure.
4. **You may take** blood pressure, heart and/or asthma medication with a sip of water.
5. **Blood Thinners** – If you are taking ANY blood thinner other than Aspirin, you need to make an appointment with one of the physicians of Gastrointestinal Associates to discuss how you will coordinate the medication use before and after the procedure. *Your Gastrointestinal Associates physician will make a recommendation about your blood thinner. You will need to speak to the physician who orders this medication for you. If there is a difference in his/her recommendation, you must call our office to advise your Gastrointestinal Associates physician.* If you are on chemotherapy with **Avastin**, it is critical that your Gastrointestinal Associates physician be made aware of this.
6. **Transportation** – you **must** arrange for a driver to accompany you to and from the procedure unit. Failure to have an available driver immediately following your procedure will result in cancellation of your procedure. **THEREFORE, YOUR DRIVER MUST REMAIN IN THE PROCEDURE UNIT WAITING ROOM UNTIL YOU ARE DISCHARGED.** If you are taking a taxi or public transportation, you must have an adult with you. **You cannot drive for 12 hours following your procedure. Therefore, you must have a driver.**
7. Let us know of any **medication changes** prior to your procedure.
8. Let us know of any **insurance changes** prior to your procedure.
9. **Bring** your insurance cards and make sure that your referral (if required) is in order for the doctor's charge and the facility's charge. **You are responsible for any copays.**

## YOUR PROCEDURE IS SCHEDULED AT:

### GASTROINTESTINAL ENDOSCOPY CENTER

Chalfont, PA 18914

1600 Horizon Drive – Suite 107

Arrive 45 minutes before procedure time

Parking available

PROCEDURE DATE: \_\_\_\_\_

PROCEDURE TIME: \_\_\_\_\_