Preparing for Your Gastroenterology Procedure at Virginia Mason

At least two weeks BEFORE your appointment:

Please review everything in your packet at least two weeks before the procedure. For your safety, there will be a pre-procedure phone call.

Contact your insurance company to check benefit coverage for your procedure.

If you do not have insurance, please contact our financial services department at (206) 625-7215 to arrange payment prior to your procedure.

Complete the health history form and bring it with you to your appointment (new patients only).

On the DAY OF your appointment:

See the itinerary (next page).

Check in at the registration desk on the day of your appointment. Please allow enough time for traffic and parking to check in on time for your appointment.

Be sure to bring:

☐ Escort
☐ Insurance card
☐ Copay

Plan your time. Please plan to spend two to four hours in the Gastroenterology department.

Where to check in:

Check in at Buck Pavilion, Level 1
or Lindeman Pavilion, Level 2
Then go to at Buck Pavilion, Level 3
1100 Ninth Ave.
Seattle, WA 98101
(206) 223-2319

Check in at Jones Pavilion
Jones Procedural Center, Level 5
1010 Spring St.
Seattle, WA 98101
(206) 223-2319

Directions and a map can be found at VirginiaMason.org. Select locations.
Please read and follow these instructions carefully.

<table>
<thead>
<tr>
<th>Medications</th>
<th>4 Days Before</th>
<th>3 Days Before</th>
<th>2 Days Before</th>
<th>1 Day Before</th>
<th>Procedure Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 days prior to your procedure: Refer to the Medication Information handout if you are on blood-thinning or diabetic medicines.</td>
<td>Cancellations must be made four days prior to your appointment to avoid a “no show” fee of $300.</td>
<td>Make sure you have a ride for procedure day: You must have a responsible adult accompany you to your appointment and back home.</td>
<td>Meals and snacks: You may eat your normal diet.</td>
<td>Before 11 p.m.: You may eat your normal diet.</td>
<td>Early morning: Take your usual prescribed medications (especially blood pressure and chronic pain medications) with a sip of water. Do not eat any solid food for breakfast.</td>
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<tr>
<td>5 days prior to your procedure: Stop all iron (ferrous sulfate) supplements (multivitamins are OK).</td>
<td></td>
<td></td>
<td>Hydrate: Drink at least four to six glasses of water or Gatorade throughout the day.</td>
<td>11 p.m.: Begin clear liquid diet (See attached clear liquid diet sheet). You may drink clear liquids until two hours before your procedure check in.</td>
<td>Two hours before check-in time: Nothing by mouth.</td>
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<tr>
<td>Patients with diabetes: If you are on diabetic medications, please call your diabetes care provider for instructions about managing your medications for this procedure.</td>
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Clear Liquid Diet

A clear liquid diet is necessary during colonoscopy preparation to provide needed fluids. Clear liquids are easy to digest and leave little or no residue in the digestive tract. Clear liquids are liquids that you can see through. For example, coffee is a clear liquid, but coffee with cream or milk is not. You will be starting your clear liquid diet the day before your exam after breakfast. It is especially important to avoid clear liquids with red, green or purple dyes.

<table>
<thead>
<tr>
<th>OK to Drink</th>
<th>Do Not Drink</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water</td>
<td>Milk (no cow, soy, almond, rice, hemp milk)</td>
</tr>
<tr>
<td>Flavored waters (without red or green dyes)</td>
<td>Cream</td>
</tr>
<tr>
<td>Clear Broths (chicken, beef, or vegetable broth)</td>
<td>Milkshakes</td>
</tr>
<tr>
<td>Juices (without pulp; no red or green dyes), such as apple, white grape, lemonade</td>
<td>Ice cream</td>
</tr>
<tr>
<td>Sodas</td>
<td>Smoothies</td>
</tr>
<tr>
<td>Gatorade, Kool-Aid, Tang, Crystal Light</td>
<td>Orange juice</td>
</tr>
<tr>
<td>Tea (with sugar OK)</td>
<td>Grapefruit juice</td>
</tr>
<tr>
<td>Coffee (black or with sugar; no milk or cream)</td>
<td>Tomato juice</td>
</tr>
<tr>
<td>Yellow or clear gelatin, i.e. Jello (without fruit and no red, green or purple dyes)</td>
<td>Soups other than clear broth</td>
</tr>
<tr>
<td>Popsicles (without fruit or cream; no red or green dyes)</td>
<td>Red, green or purple Jello</td>
</tr>
<tr>
<td>Italian ices (without red or green dyes)</td>
<td></td>
</tr>
<tr>
<td>Coconut water</td>
<td></td>
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</tbody>
</table>
Review this medication list for medications you are taking. You may need to stop one or more of the medications on the list several days before your exam, especially if you are undergoing a percutaneous gastrostomy tube (PEG) placement.

Please contact the doctor who prescribed your medication before stopping your medications. The doctor performing your procedure cannot advise on diabetes or blood-thinning medications.

On the morning of your procedure, you may take your other usual morning medications (not included on this list) with a sip of water. It is especially important for you to take your high blood pressure medications and chronic pain medications that you normally take daily.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miralax and other laxatives</td>
<td>Continue taking as you normally do.</td>
</tr>
<tr>
<td>Coumadin (warfarin)</td>
<td>Contact your anti-coagulation clinic or the provider managing your Coumadin 10 days prior to your procedure. It may be necessary to hold this medication based on the managing provider’s recommendations, especially if you are undergoing a PEG.</td>
</tr>
<tr>
<td>Pradaxa (dabigatran etexilate)</td>
<td>Contact your anti-coagulation clinic or the provider managing your Pradaxa 10 days prior to your procedure.</td>
</tr>
<tr>
<td>Lovenox (enoxaparin)</td>
<td>Contact your anti-coagulation clinic or the provider managing your Lovenox 10 days prior to your procedure.</td>
</tr>
<tr>
<td>Iron (ferrous sulfate)</td>
<td>Stop taking iron five days prior to your procedure. You may resume iron supplements the day after your procedure.</td>
</tr>
<tr>
<td>Diabetic medications (including insulin)</td>
<td>Contact the doctor managing your diabetes for instructions.</td>
</tr>
<tr>
<td>Aspirin</td>
<td>There is usually no need to stop aspirin before your procedure. In some cases, you may be asked to stop aspirin seven days before the procedure if you have had a previous bleeding episode after biopsy or polyp removal, if you are undergoing a PEG, or if there are other reasons that would increase your bleeding risk. Contact the provider managing your aspirin 10 days before your procedure to determine whether the aspirin should be stopped.</td>
</tr>
<tr>
<td>Plavix (clopidogrel)</td>
<td>There is usually no need to stop Plavix before your procedure. In rare cases, you may be asked to stop Plavix seven days before the procedure if you have had a previous bleeding episode after biopsy or polyp removal, if you are undergoing a PEG, or if there are other reasons that would increase your risk of bleeding. Contact the provider managing your Plavix 10 days before your procedure to determine whether the Plavix should be stopped. It is especially important to talk to your provider if you have a heart stent.</td>
</tr>
</tbody>
</table>
Important Information
About Your Upper Endoscopy/Enteroscopy Procedure

**Escort**  🚗

**Bring an escort:**
- You MUST have a responsible adult escort with you when you arrive and leave our unit. Your escort will need to be reachable either in person or by phone because our nurse may need to speak with him/her at any time during the procedure.
- For legal and regulatory reasons, if you arrive at our unit without an escort, your procedure will be canceled.

**Why do I need an escort?**
- Medications given during the procedure will make you disoriented for the rest of the day. You may NOT drive until the morning of the day after the endoscopy. After the procedure, your escort may drive you home, or you may take a taxi or bus with your escort.
- You may NOT drive until the morning of the day after the endoscopy. You may NOT take a taxi or bus home alone, and you may NOT walk home alone. You may leave alone if you have arranged for a cabulance to take you home (Note: there may be out-of-pocket fees for the cabulance).

**Sedation**  🌱

**What is conscious sedation?**
- Endoscopy/enteroscopy is typically done with moderate sedation, also called “conscious” sedation. During the procedure, our goal is to keep you comfortable, not unconscious.
  - Most patients are very drowsy or even asleep during the procedure. Some patients remain awake, but relaxed. Because the sedatives impair memory, most patients do not remember all or part of their procedure.
  - If you have required general anesthesia for endoscopy or colonoscopy in the past, if you take large quantities of opiate or narcotic pain medications, or if you drink large quantities of alcohol regularly, please contact us as soon as possible to see if your procedure should be scheduled with general anesthesia.
The Endoscopy/Enteroscopy Experience
Step-By-Step

1. **Preparing for your endoscopy/enteroscopy:**
   
   **Take the day off:** It is recommended that you take the entire day off work the day of your procedure. You should not make any important decisions for the rest of the day following your procedure. Medications given during the procedure can significantly impair your judgment. You should not drive for the rest of the day (until the following morning).

   **IV access:** If you have had trouble in the past with getting IVs placed, please arrive an additional 15 minutes earlier and notify the receptionist that you may need extra time for preparation.

2. **Before your procedure:**
   
   You will be informed of the procedure risks and sign a consent form. You will go over your health history and medications with a nurse. You will put on a hospital gown and an IV will be placed in your arm for fluids and medication.

3. **During your procedure:**
   
   You will be placed on your left side. You will be given medications through your IV to help you relax and make you comfortable and drowsy.

   The doctor will insert the scope into your mouth to look at the lining of your stomach and small bowel. Air will be put into your stomach to allow the doctor to better visualize the lining of your stomach.

   You may feel mild gagging during the procedure. Most patients, however, do not remember part or all of the procedure due to the medications. The procedure lasts approximately 10 to 15 minutes. You will then be taken to the recovery area.

4. **After your procedure:**
   
   You will remain in the recovery area until you are ready for discharge (usually 30 minutes). You may feel bloating or mild abdominal cramping. Expelling the air by belching will help you feel more comfortable. You will be discharged when you are alert and stable.

The doctor or nurse will speak to you about your plan of care. Remember you must have an escort drive or accompany you home. You may return to work the morning after your endoscopy/enteroscopy (NOT the evening of the endoscopy/enteroscopy).

5. **After you go home:**
   
   Contact us or go to your local emergency room if you experience:
   - Fever and/or chills
   - Significant bleeding that makes the entire toilet bowl red
   - Severe abdominal pain that does not improve after passing gas.

**Test Results Notification:** If biopsies are taken, you will be notified of the results in seven to 10 days. Please note that if the findings are serious, you will be notified earlier. For those patients enrolled in the MyVirginiaMason web portal, the results will be sent electronically. Other patients will receive their results by paper mail.

6. **If you are undergoing a Percutaneous Endoscopic Gastrostomy (PEG):**
   
   Usually you will be hospitalized overnight after a PEG so that we can monitor you for complications. While in the hospital, you will be seen by a nutritionist who will discuss how to properly care for a PEG tube. You will be discharged home the following morning. The PEG tube can be used for tube feedings the day after the procedure.
Understanding Upper Endoscopy/Enteroscopy

Our board-certified gastroenterologists at Virginia Mason are highly trained in endoscopic procedures. In fact, Virginia Mason performs more than 5,000 endoscopies a year.

During endoscopy a long, thin, flexible tube is passed into your mouth. A camera on the end allows the doctor to examine your stomach and small bowel on a monitor. If abnormal tissue is found, the doctor can use tools on the end of the scope to remove or take biopsies of the area(s). Enteroscopy is similar to endoscopy but the instrument is longer and we try to go deeper into the small bowel. This is an outpatient procedure.

Endoscopy is used to diagnose ulcers, screen for precancerous esophageal lesions (Barrett’s esophagus) and also to evaluate gastrointestinal symptoms such as bleeding, abdominal pain and nausea. Complications are extremely rare during endoscopy/enteroscopy, but can include bleeding, perforation, and heart and lung problems associated with the sedation or anesthesia.
Checklist: Safe at Home Alone

For your safety, you **must** have an adult (18 years or older) drive you home and stay with you after your procedure. We recommend that a responsible adult stay with you overnight on the day of the procedure.

At home, complete this checklist to find out when it is safe for you to be left alone.

You are safe when you can check that **all** items are true.

- My pain is under control
- I am not nauseated (sick to my stomach) or vomiting (throwing up)
- I am drinking liquids like water, juice, tea, sports drinks, soda or broth without nausea or vomiting
- I have all my medications and know how and when to take them
- I have all the medical supplies and equipment I need
- I am not dizzy when lying down, sitting or getting up
- I am able to get to the bathroom and back safely
- I am able to urinate (pee)
- I do not see signs of bleeding or swelling beyond what I was told to expect
- I can get to a telephone and use it
- I know who and what number to call if I have questions or need help

Virginia Mason’s number to call is: ____________________