

EGD PREPERATION INSTRUCTIONS

GENERAL INFORMATION

Upper endoscopy is an outpatient procedure that uses a flexible "scope" (a tube about half the width of a finger, with a camera lens and light on the tip) to examine the upper gastrointestinal system. The procedure usually takes 5-15 minutes. Upper endoscopy is a safe procedure, but **rare complications can occur, including bleeding, perforation of internal organs, or reactions to the sedation medicine.**

During the procedure, you will be lying on your left side and you will be sedated with intravenous medicine. The scope will be placed in your mouth and advanced to examine the inside lining of the esophagus, stomach, and first section of the small intestine. Depending on your symptoms and what is seen during endoscopy, biopsies may be taken. If a stricture is present, it may be stretched ("dilated"). Bleeding areas may be cauterized.

After the procedure, you may feel abdominal pressure or bloating because of air that was introduced during the procedure. This will disappear relatively quickly with belching and passage of gas. Your throat may be slightly sore, but you should be able to eat a regular diet.

UPPER ENDOSCOPY PREPARATION

- Continue all prescription medicines, unless directed by your doctor.
- **If you take Aspirin, Plavix (clopidogrel), Coumadin (warfarin), or Pradaxa (dabigatran etexilate mesylate), please discuss with your doctor.**
- If you have **DIABETES**, take only **half of your usual dose** of diabetes medicine on the day of your endoscopy. If you have questions, please discuss this with your doctor.
- **STOP EATING 8 HOURS BEFORE THE PROCEDURE.** Drinking clear liquids is okay until 4 hours before the procedure. *Nothing by mouth after _____.

Because of the sedation, you are not permitted to drive, operate machinery, drink alcohol, or sign legal documents for at least 12 hours after the procedure. **PLEASE PREARRANGE FOR A RESPONSIBLE ADULT TO DRIVE YOU HOME.** Use of an Uber, Lyft, taxi or public transport service will not be permitted without an accompanying adult. You can plan on being discharged approximately one hour after the start of your procedure; therefore, we kindly ask that your driver remain in our office.

BILLING FOR THE PROCEDURE:

It is our policy that a patient is to pay their copay and/or deductible in full prior to having their procedure done. Procedures are billed in four parts (thus you may receive up to four bills for a procedure.)

The four aspects that are billed for a procedure are:

- Physician Fee
- Facility Fee
- Anesthesia Fee
- Pathology Fee

Gastro Health encourage you to investigate your insurance coverage and benefits prior to having your procedure. You must inform the office of any insurance changes prior to your procedure.

The following is information that may be useful to you during this process:

Your Diagnosis Code: _____

EGD Procedure Code: **(43239)** EGDw/Dilittiation: **(43249)** EGDw/Bravo: **(43239, 91035-26)**

Anesthesia Billing Code: **(00731)** *For procedures done at a hospital facility, all billing - except the Physician Fee - will be handled through that location's billing department.

YOUR PROCEDURE IS SCHEDULED

with Dr. _____ at _____ on _____ (mo/d/yr),

Facilities:

- ENDOSCOPY ASSOCIATES, 14010 Smoketown Rd., Suite 117 (in the back), Woodbridge
- ENDOSCOPY ASSOCIATES, 8140 Ashton Ave., Suite 212, Manassas
- ENDOSCOPY ASSOCIATES, 1800 N. Beauregard St., Suite 200, Alexandria
- Sentara Medical Center 2300 Opitz Blvd, Main Hospital Entrance, 1st Floor, Woodbridge
- Prince William Ambulatory Surgical Center, 8644 Sudley Rd., Suite 201, Manassas
- Alexandria Hospital, 4320 Seminary Rd., Outpatient Registration, 1st Floor, Alexandria
- Inova Franconia Springfield Surgery Center, 6355 Walker Lane, Suite 200, Alexandria
- Inova Lorton Ambulatory Surgery Center, 9321 Sanger St #200, Lorton

****** PLEASE ARRIVE at _____ ON THE DAY OF YOUR PROCEDURE ******

If you have questions, please call:

| | |
|-------------------------------------|---------------------|
| Alexandria – Beauregard Care Center | 703-823-3750 |
| Manassas Care Center | 703-365-9085 |
| Woodbridge Care Center | 703-580-0181 |

If it is after normal office hours, and you have an urgent question that cannot wait until the following business day, you may call the office and be connected to the physician on call.

IF YOU NEED TO CANCEL YOUR PROCEDURE, we require a 7-business day notice. Failure to inform us by: _____ will result in a **three hundred dollars (\$300) charge.**

_____ I understand the potential benefits and risks of the procedure;

_____ I am responsible for charges related to my deductible, co-insurance, or co-payment;

_____ I am also aware of the cancellation fee.

_____ *Print Patient Name*

_____ *Date of Birth*

_____ *Patient Signature*

_____ *Date*