San Diego Gastroenterology Medical Associates

4060 Fourth Avenue, Suite 240 San Diego, California 92103 Tel (619) 291-6064 www.SDGastro.com Fax (619) 805-4138

Upper Endoscopy & ERCP Instructions

Your Procedure has been scheduled for:		
Check in time:	Procedure time:	
Please Register at:		
☐ Scripps Mercy Hospital 4077 Fif Check in at "Cardiology/E	fth Avenue. (619) 260-7026 Endoscopy Registration" on the 2nd floor (next to Surgery)	
☐ San Diego Endoscopy Center 4	4033 Third Avenue, Ste. 106 (619) 497-2888	
	schedule 7 (seven) working days in advance in order to Please call the office to speak with our procedure sch	

What to bring

 Insurance card, ID card and credit card or other form of payment if your insurance requires you to pay a copay.

6064 ext. 210

- Completed forms (if applicable) for the endoscopy center.
- A list of all your prescription and over the counter medications.
- A responsible adult to take you home after the procedure.
- Warm socks for the procedure and flat shoes for after the procedure.
- Please avoid wearing contact lenses or bringing jewelry/ valuables.

Please follow these instructions:

- 1. STOP taking all aspirin-containing products (Anacin, Excedrin, etc) 7 days before your procedure. All other pain and arthritis medications (Advil, Motrin, Aleve, etc.) must be stopped 48 hours before procedure. Tylenol is an acceptable replacement for these pain and arthritis medications. If you are required to take an aspirin daily by your physician (i.e for your heart disease, stroke prevention) this may be continued.
- 2. If you take **Coumadin, Lovenox, Plavix, Effient, Brilinta, Ticlid, Persatine** or any medication that thins your blood please contact the prescribing physician immediately for instructions. You may need to stop using these medications for 3-7 days before your procedure.
- **3.** After **12 midnight** prior to your procedure do not eat anything. Drink only water. STOP drinking water **3** hours before your procedure
- **4.** Arrange a ride home from the procedure. You will receive intravenous sedation and **will not** be able to drive for **18 hours** following this procedure.

Patient Checklist

IF YOU ARE AFFECTED BY ANY OF THE CONDITIONS LISTED IN THE CHART BELOW, PLEASE FOLLOW THE INSTRUCTIONS PROVIDED.

Diabetes	Check with your physician regarding your dose of insulin and other diabetic medications needed the day before and the day of your procedure. Typically, we recommend that you do not take your oral hypoglycemic or insulin before your procedure. Bring it with you to take after your procedure. Check your blood sugar frequently while taking the prep solution and the morning of your procedure. • If you take insulin, please take ½ of your usual dose the day before and ½ of your usual dose the day of the procedure. • If you take diabetes pills, please do not take any the day before your procedure.
Coronary stent in the past 6 weeks	Please inform the nurse and your physician.
Aspirin	If you are taking aspirin PRESCRIBED by your MD please continue to take it. If you do not have a heart or blood vessel or clotting disorder, and you are taking aspirin on your own without a doctor's advice, please stop taking aspirin 5 days before your procedure.
Coumadin, Plavix,	Ask the physician who prescribed your medicine how to take it before and
Heparin, Lovenox, Effient	after your procedure. If you cannot contact your physician, call us several
or other anticoagulants	days before your exam. If you take Coumadin, you may need a blood test two hours before your exam.
	Please do not assume that you can safely follow the same medication
	adjustments that have been made for your previous procedures.

Important Reminders

- Please allow 2 3 hours or so for the procedure.
- The Physician's fee is separate from the facility fee. There may also be a pathology fee if biopsies are taken.
- Many insurance carriers and managed care organizations require preauthorization or precertification. If you have specific questions about coverage for your upcoming procedure, please contact your insurance company.
- Notify the office immediately if there are any changes to your insurance. As a courtesy we will make every attempt to obtain the authorization for these procedures, to ensure this takes place we need to have the correct information on file.
- You must cancel or reschedule 7 (seven) working days in advance in order to avoid a cancellation/reschedule fee. Please call the office to speak with our procedure scheduler 619-291-6064 ext. 210