

Appt:_				
	EGD (Upper Endoscopy) □ ERCP	□EUS		
	I	□ <b>GI Associates End</b> 411 Westwood Dr		
	Your estimated arrival tin will call you with the new reschedule, please conta	time. If you have a que	If this time changes, our Endestion about your arrival time or re-2558 or 877-442-7762.	loscopy Center need to
	□ As <sub>l</sub>		t <b>al - Surgery</b> (Hospital B entra e Blvd Wausau	ance)
	Please pre-register by ca	alling <b>715-847-2175</b> or <b>8</b>	300-477-4496	
		ne. If you have not rece	ntact you two business days before this call by 2:00pm the bust 799 or 877-350-2197.	
	□Aspir		ampus – Hospital Outpatien s Dr Stevens Point	t
		ou have not received th	-2 days prior to your procedurents call by 2:00pm the business 5-342-1015.	
		☐ <b>Aspirus Lan</b> 112 East 5 <sup>th</sup>	glade Hospital  Ave Antigo	
	Please pre-register by ca The business day before <b>715-623-9578</b> to confirm	your procedure, betwe	en 1pm and 5pm, please call <b>71</b>	<b>5-623-9251</b> or
		□ Northwoods 611 Veterans	Surgery Center Pky Woodruff	
	your procedure to give	you an accurate arrival	The Surgery Center will cor I time. If you have not received contact the Surgery Center a	this call by the
	□ <b>A</b> s	scension St. Marv's I	Hospital Surgery Services	
		_	e Dr Rhinelander	
	Your arrival time is reschedule, contact the 0	If you ha	ve a question about your arrival 715-847-2558 or 877-442-7762.	I time or need to

04/2020



These instructions are very important.

If they are not followed closely,
your procedure may have to be postponed.



# 1 Week Before Your Procedure

# **Arrange for a Patient Representative:**

You **CANNOT** drive yourself home after your procedure. You must make arrangements to have a patient representative (18 years or older) take you home. You will <u>not</u> be allowed to take a taxi, bus, medi-van service or walk home. You and your representative should allow approximately **2-3 hours total time** at the facility.

**NOTE:** ERCP or Endoscopic Ultrasound patients may need to stay overnight in a 24-hour observation bed after the procedure.

# **Review Your Prep Instructions:**

Review the following prep and medication instructions. If you have an Advance Directive, please locate a copy and prepare to bring the copy with you to your procedure.

#### **Review Your Coverages:**

You are responsible for contacting your insurance carrier to understand your benefits, verify your pre-certification or pre-authorization requirements and payment obligations.

5 Days Before Your Procedure:				
You may continue all prescription medications and/or supplements except for those listed OR modified below:				
□Aspirin: Decrease to 81 mg baby aspirin				
The Evening Before Your Procedure:				

With the exception of any blood thinners or diabetic medications already addressed, you may take your regular, evening medications.

Your Procedure Day:	
Stop eating anything at	_ (8 hours before your arrival time). You may continue to have
Stop drinking anything at or eat and no hard candy, cough drops or	(2 hours before your arrival time). <i>Then <u>nothing to drink</u></i> rgum until after your procedure!
☐ Do not take any diabetic medication  OR - Contact your PCP or endocrinology (Your blood sugar level will be che	gist for advisement.

With the exception of any blood thinners or diabetic medications already addressed, you may take any other necessary <u>prescription</u> medications with small sips of water.

#### Arrival:

Please arrive promptly at your designated arrival time. (Note: Upon arrival, a urine pregnancy test will be recommended for every woman of child-bearing age.)

Please bring a detailed list of all medications you are currently taking (including vitamins and over-the-counter medications) with you on the day of your procedure. If you have an Advance Directive, please bring a copy with you.

Please do not bring valuables to your appointment or wear excessive jewelry. Remove any body piercings. Please note, you may be asked to remove any dentures/removable bridges prior to being sedated for your procedure.

Please notify the nurse or your doctor if you plan to leave town or go on vacation soon after your procedure.

## PLEASE READ CAREFULLY

#### **Upon your arrival:**

Because you will be receiving sedation, you must have a PATIENT REPRESENTATIVE with you prior to the start of the procedure and your PATIENT REPRESENTATIVE must remain in the waiting room until you are ready to be discharged.

#### **During your procedure:**

Once you begin to receive sedation medications, you are impaired and are unable to make even simple decisions for yourself. If questions arise or if a complication occurs during the procedure, the physician (or nurse) may need to speak with your **PATIENT REPRESENTATIVE** immediately.

### After your procedure:

Prior to discharge, you will receive information for post-procedure care, how to contact your physician, if needed, and a summary of your procedure findings.

Since patients who receive sedation may remain memory-impaired for some time after the procedure, your **PATIENT REPRESENTATIVE** will need to witness the discussion with the physician post-procedure so that they are able to provide direction to you once you have arrived at home.

# IF YOU DO NOT HAVE A PATIENT REPRESENTATIVE WITH YOU, YOUR PROCEDURE WILL BE POSTPONED

**IMPORTANT NOTE**: Due to space limitations, and for the privacy of all patients, only one visitor will be allowed to come in and sit with you after your procedure. If you bring children with you, they will be asked to stay in the waiting room with another adult.

If you have any questions before or after the procedure, please call our office at 715-847-2558 or 877-442-7762.

# **CLEAR LIQUID DIET**

Examples of a Clear Liquid Diet include:

Water

Mineral Water

White Cranberry Juice

White Grape Juice

**Apple Juice** 

Any additional fruit juices without pulp

Jello

Diet or Regular Soda

Diet or Regular Kool- Aid

Gatorade or Powerade

**Popsicles** 

Clear broth or bouillon

Coffee or tea without cream