



Preparing for an Upper Endoscopy (EGD)

Preparing for the procedure

7 days before endoscopy:

Stop taking iron, aspirin, aspirin products, or Pepto Bismol.

Please note that Tylenol (acetaminophen) does not interfere with the procedure. Please consult your doctor if you have any questions about your medication, especially if you have been told not to stop taking these drugs suddenly without medical advice.

Arrange for a responsible adult to bring you to your appointment and remain in the clinic. Your driver will receive discharge instructions and be responsible for driving you home. Please inform your driver the total time at the clinic will be **two hours**.

5 days before endoscopy:

Stop taking non-steroidal anti-inflammatories (e.g., Motrin, Advil (ibuprofen), Feldene, Naprosyn, Nuprin, Celebrex and Vioxx).

1 day before endoscopy:

Do not eat any solid food after midnight, the night before the procedure.

Day of endoscopy:

Nothing to eat or drink at least 8 hours before the procedure.

Medications: Blood pressure medication or heart medication can be taken 4 hours before examination with little sips of water. Hold all other medications including blood thinners until after the procedure or as instructed. **DO NOT TAKE ANY ANTACIDS OR CARAFATE BEFORE THE PROCEDURE** or any of the medications mentioned. If you use a rescue inhaler for breathing issues, please bring your inhaler with you.

Diabetics: Check your blood sugar 2 hours before arrival. If <60, you may drink ½ cup of Ginger Ale or Apple juice only. After 15 minutes, recheck your blood sugar. If necessary, we may check your blood sugar on arrival.

Valuables: We ask that you turn off or leave your electronic devices with your driver/escort. Please leave all jewelry at home.

Wear loose, comfortable clothing. You may keep short sleeve clothing on during the procedure under the gown we provide.

Sedation

PROPOFOL

During endoscopic procedures, most patients at this facility are sedated with a drug called Propofol. There are several benefits to Propofol sedation when compared to

other sedative agents. There is emerging evidence that patients sedated with Propofol may have an increased incidence of polyp detection during colonoscopy. This is likely attributed to the fact that patients are comfortable during the procedure and may tolerate a more thorough examination.

- Propofol has a very rapid onset of action
- Propofol also has a very short duration of action so that after your procedure, you will have very little to no residual drowsiness.
- With Propofol, you will be unaware of the procedure and will not experience any pain.
- Propofol does not induce nausea or vomiting like some other sedative drugs.

At this facility, Propofol is administered by a nurse anesthetist who will be with you throughout your procedure. The anesthesia provider will monitor your blood pressure, heart rate, and respiratory status. There is a separate fee for the administration of

Propofol by our anesthesia provider. You will be billed after the procedure by Carolina Anesthesia Associates, who will also file with your insurance carrier where appropriate. For endoscopy procedures, deep sedation (Propofol) is a covered service by Medicare and the vast majority of insurance plans. However, as with all insurances, your anesthesia claim is subject to your co-insurance and deductible based on the type of insurance plan you have. Should you have any questions or concerns regarding your bill, please contact the Carolina Anesthesia Associates anesthesia billing department at 800-951-7850.

PATHOLOGY

If polyps are removed, or biopsies were taken, you may or may not receive a bill from Eastern Carolina Pathology. In most cases, you should not receive a bill from this facility.