Upper Endoscopy (EGD)

Appointment Information:

Patient Name: __________________________________________

MRN: __________________________________________

Physician Name: __________________________________________

Location: __________________________________________

For information on Directions, please visit:
Or call 617-732-5500 and press Option 4.

Please review the enclosed preparation sheet, and complete the attached patient questionnaire. Be sure to bring the questionnaire with you on the day of your procedure.

Instructions for Upper Endoscopy:

Welcome to Brigham and Women’s Endoscopy Center. You have been scheduled for a procedure called an upper endoscopy (EGD). This procedure takes about 45 minutes. You should plan to spend approximately 3 hours in our Endoscopy Center.

Please be aware that the 75 Francis Street Endoscopy Center closes at 6 pm and the 850 Boylston Street Endoscopy Center closes at 4:30 pm. Please make sure that your ride is available to escort you home no later than the closing time.

We want your stay to be as pleasant and safe as possible.

PLEASE READ NOW AND FOLLOW THESE INSTRUCTIONS ENTIRELY.
Upper Endoscopy with possible biopsy or polypectomy

What is an Upper Endoscopy?

An Upper Endoscopy (En-do-skO-pE) is a test that uses a scope to look inside your esophagus, stomach and first part of the small intestines called the duodenum. This test is also called an EGD. It is done to find out the reason for

• difficulty swallowing,
• nausea or vomiting
• pain in the stomach or abdomen
• bleeding
• ulcers
• chest pain.

During the test you will swallow a long thin flexible tube called an endoscope (En-doh-skope). The doctor can see inside your esophagus, stomach, and duodenum by looking through the tube or at pictures projected on a screen. The endoscope allows the doctor to

• See abnormalities like inflammation or bleeding
• Take samples of abnormal areas called a biopsy
• Stop bleeding
• Remove polyps

Risks

An upper endoscopy is a very safe procedure. However, there are some risks or problems that can occur with the test and medication used.

Minor Problems that may occur include:

• Sore throat
• Abdominal cramps
• Reaction to the medication used to relax you such as inflammation of the vein at the IV site, temporary slowing of the heart rate or breathing or a drop in blood pressure.

Serious medical problems that can result include:

• A tear in the wall of the intestines. If this happens it is treated with hospitalization and antibiotics or surgery.
• Bleeding. If bleeding occurs it is treated with blood transfusions
• If a test called dilation of a stricture, an opening of a narrow area needs to be done
Other Test Options

Other test options include x-ray studies and surgery. Upper Endoscopy may provide information that cannot be seen by x-ray. During an upper endoscopy, a polyp can be removed or a biopsy can be taken immediately.

For Questions or More Information

- For information or questions, please call 617-732-7426.
- If you have any medical questions, call the endoscopy triage nurse at 617-525-6814.
- If you have to cancel, please call the Endoscopy Center at 617-732-7426. Notify your doctor as well.

Necessary Steps BEFORE You Start to Prepare for Your Procedure

1. Call your insurance company and ask if the upper endoscopy procedure is covered for the reason given by your doctor.
2. Ask your insurance company if you need a referral for the upper endoscopy. If they say yes, you MUST get a referral from your primary care physician.
3. Update your registration by calling 1-866-489-4056.
4. Make plans for someone to come with you to your upper endoscopy procedure. During the procedure you will receive medicine that will make you drowsy. You will not be able to drive afterwards. Please have someone available to drive you home or accompany you home in a taxi or on public transportation after your procedure.

If you do not have someone to take you home, we CANNOT do your upper endoscopy.
Please reschedule your appointment.
During the Upper Endoscopy

- An intravenous (IV) line will be put in your arm. You will be given medications though the IV that will help you relax and may make you drowsy.
- The doctor will spray the back of your throat with numbing medicine.
- You will be asked to lie on your left side.
- The doctor will pass the endoscope, a very thin flexible tube through your mouth into your esophagus, stomach and duodenum.

After Your Procedure

- Your throat may be numb from the local anesthesia which is applied by spray and might cause you to choke on food or drink.
- Endoscopy staff will offer you a drink to make sure the effects of local anesthesia have resolved.
- You may feel drowsy for a short period of time after the procedure.
- You will go to the recovery area for at least 30-to-60 minutes.
- Your blood pressure and heart rate will be checked.

At Home

- For the rest of the day you may feel drowsy. You should plan to rest.
- Do not drive.
- Do not make any important decisions.
- You may eat your usual diet after the test unless otherwise directed by doctor.
- You may return to work the next day and resume your normal activities.
PATIENT INSTRUCTIONS

APPOINTMENT DATE: ___________________ ARRIVAL TIME: ___________________

☐ Brigham and Women's Hospital Endoscopy Center
75 Francis Street
Amory Building, 2nd Floor
Boston, MA 02115

☐ Brigham and Women's Outpatient Endoscopy Center
850 Boylston Street (Route 9)
2nd Floor, Suite 202
Chestnut Hill, MA 02467

PLEASE NOTE THAT THIS IS IN CHESTNUT HILL, NOT BOSTON

If you need to reschedule your appointment, please call the Endoscopy Center at 617-732-7426. If you have any questions regarding the procedure and preparation, please call our Endoscopy Triage Nurse at 617-525-6814.

YOU ARE SCHEDULED FOR THE FOLLOWING PROCEDURE(S):

☐ EGD/UPPER ENDOSCOPY
☐ EGD w/ pH Study (BRAVO)
☐ ERCP
☐ UPPER ENDOSCOPIC ULTRASOUND

PLEASE READ NOW AND FOLLOW THESE INSTRUCTIONS ENTIRELY:

Two Weeks Before the Procedure:

• If you take Plavix, Coumadin or any other blood thinning medications please discuss it with the doctor who prescribed it.

• If you are a diabetic, please talk to your doctor or call the endoscopy triage nurse at 617-525-6814 about how to take your medication in order to prevent low blood sugar.

One Week Before the Procedure:

• Do not take iron for at least 5 days prior to your procedure.

• Patients having a pH Study (BRAVO) performed:
  o Do not take Proton Pump Inhibitors (or their generic versions) such as Aciphex® (Rabeprazole), Nexium® (Esomeprazole), Prevacid® (Lansoprazole), Prilosec® (Omeprazole), Prilosec OTC® (Omeprazole), Protonix® (Pantoprazole), or Zegerid® (Omeprazole/Sodium Bicarbonate) for 5 days prior to the procedure.
  o Do not take Histamine blockers (or their generic versions) such as Axid® (Nizatidine), Pepcid® (Famotidine), Tagamet® (Cimetidine), or Zantac® (Ranitidine) for 2 days prior to the procedure.

The Morning of the Procedure:

• DO NOT EAT FOOD AFTER MIDNIGHT. DRINK CLEAR LIQUIDS ONLY.

• You may drink clear liquids up to 4 hours before the procedure. Water, tea, coffee (no milk or cream), soda, broth, clear juice, popsicles, and JELL-O are examples of clear liquids. DO NOT INGEST RED LIQUIDS.

• You may take your regular medications unless otherwise instructed by your doctor, with sips of water. Other than this, have NOTHING AT ALL BY MOUTH 4 HOURS BEFORE THE PROCEDURE or your procedure will need to be CANCELLED.

• In order for your procedure to be performed, you must arrange for an adult to meet you in the Endoscopy Center and either drive you home or accompany you in a taxi or on public transportation. Your ride must be flexible, as procedures can run longer than expected. You cannot be discharged from the Endoscopy Center until your ride arrives to accompany you home.
Brigham and Women’s Endoscopy Center: Patient Questionnaire

Please bring **COMPLETED** form with you on the Day of Your Procedure

**NAME** __________________________________________________________

**NAME of person bringing you home** ____________________________ **Tel#** __________________________

- **Procedure you are having:** Colonoscopy [ ] Sigmoidoscopy [ ] Upper Endoscopy [ ]
  
  Other [ ]

- **Did you take a Prep?** yes [ ] no [ ]

- **If yes, which one:** Miralax & Dulcolax [ ] GoLytely/NuLytely [ ] Magnesium Citrate [ ]
  
  Other [ ]

**Reason for Procedure** __________________________________________

**Current Medications, Prescription / Over the Counter**

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Dose</th>
<th>Last Time Taken</th>
<th>Medication Name</th>
<th>Dose</th>
<th>Last Time Taken</th>
<th>Medication Name</th>
<th>Dose</th>
<th>Last Time Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Personal Medical History**

- **Internal Defibrillator** yes [ ] no [ ]

- **Difficult Airway Intubation** yes [ ] no [ ]

- **Restricted Neck Movement** yes [ ] no [ ]

- **Facial Deformities** yes [ ] no [ ]

- **Glutaraldehyde/Cidex Allergy** yes [ ] no [ ]

- **Bleeding Disorder** yes [ ] no [ ]

**If you answered YES to any of the above conditions and they were not addressed at the time your procedure was scheduled**

Please call the Endoscopy Triage Nurse @ 617-525-6814

For more information please visit: [www.brighamandwomens.org/endoscopy](http://www.brighamandwomens.org/endoscopy)

Updated February 2012
Personal Medical History Continued

Allergies________________________________________________________________________

If checked, please explain

High Blood Pressure [ ] ______________________ Liver Disease [ ] ______________________
Diabetes [ ] ______________________ Kidney Disease [ ] ______________________
Angina/Heart Attack [ ] ______________________ Thyroid Disease [ ] ______________________
Heart Problems [ ] ______________________ Anemia [ ] ______________________
Lung Disease [ ] ______________________ Arthritis [ ] ______________________
Sleep Apnea [ ] ______________________ Cancer [ ] ______________________
Stroke [ ] ______________________ Seizures [ ] ______________________
Other [ ] ______________________________________________________________________

Surgical History

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Please write additional pertinent information you would like to share with us in the space below

For more information please visit: www.brighamandwomens.org/endoscopy
Updated February 2012