



Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_  
 Date of Procedure: \_\_\_\_\_ Time to Arrive: \_\_\_\_\_  
 Location: \_\_\_\_\_

## Pre-Procedure Instructions for Upper GI Endoscopy

Welcome to the MGH GI Endoscopy Unit. We would like to make your stay as pleasant and safe as possible. Please read these instructions carefully before your endoscopy. You will find additional information on our website <http://www.massgeneral.org/GASTROENTEROLOGY/clinical/preps.html>

Please plan to spend about 3 hours in our unit for your procedure. We will do everything possible to avoid a delay in your procedure, but emergencies may interrupt the schedule. Please check the location of your procedure; we now have two sites (MGH-Blake 4 and Charles River Plaza-165 Cambridge Street, 9<sup>th</sup> floor).

What you need to do BEFORE you start to prepare for your procedure:

1. Call 1-866-211-6588 to update your registration (if not done within 6 months).
2. You must have an adult escort to take you home after the procedure. You will be receiving sedation and you should not drive for 8 hours after the procedure. Your escort does not have to come with you when you check in but must meet you in the endoscopy unit when you are ready to go home. You are still required to have an adult escort if you plan to take the T or a taxi home. If you don't have an escort on the day of your procedure, your procedure will be CANCELLED and rescheduled.
3. Be sure you have an insurance referral, if required by your insurance company.
4. If you use a CPAP machine for sleep apnea or have an implanted defibrillator, please call the doctor's office listed on this form.

### Upper GI Endoscopy Preparation

• **FIVE DAYS before your procedure:**

1. Please review and complete your patient medication list (see enclosed).
2. If you take COUMADIN or PLAVIX, we recommend that you stop these medications. (You will receive instructions when to restart these medications). However, if you had a coronary stent placed in the past year, you should continue to take Coumadin and/or Plavix.

3. If you have diabetes and take medication to control your blood sugar, contact your primary care physician or diabetes doctor for instructions about how to take your diabetes medication while preparing for this procedure.

- **ON THE DAY of your procedure:**

1. Take all of your usual medicines with a sip of water. Take Coumadin and/or Plavix if necessary. If you take insulin, we recommend that you take ½ your usual dose. We will check your blood sugar prior to the procedure.
2. If your procedure is scheduled BEFORE NOON, do not eat or drink anything after midnight on the night before the procedure.
3. If your procedure is scheduled AFTER NOON, you may have a clear liquid breakfast, which includes water, tea, black coffee, clear broth, apple juice, Gatorade, soda, Jell-O. Do not eat or drink anything after 8:00a.m.
4. If you have a medical condition requiring antibiotics before or after procedures, we will determine whether they are needed for your procedure.
5. Wear loose-fitting, comfortable clothes.
6. Read the consent form. You will be asked to sign the form before your procedure.

- Please bring these things with you to your procedure:

1. Your completed Medication List (enclosed)
2. Your blue MGH identification card
3. The name and phone number of your escort.

- **AFTER your procedure:**

1. You will be monitored in the Endoscopy Unit recovery area for approximately one hour.
2. You will receive diet and medication instructions after your procedure.
3. You may return to work the day after the procedure.

- **HELPFUL HINTS FOR PATIENTS UNDERGOING UPPER ENDOSCOPY**

1. If you have questions about your procedure, call the Patient Information Line at (617) 726-0388. A Registered Nurse will return your call.
2. If you think food empties slowly from your esophagus or stomach, please avoid a large dinner the night before the procedure.
3. Answers to frequently asked questions are available on our website at:  
<http://www.massgeneral.org/GASTROENTEROLOGY/clinical/faq.html>

## **UPPER ENDOSCOPY**

Please read this so that you understand the procedure you are about to have and the risks associated with it. Please call if you have any questions about this examination.

### **PROCEDURE:**

You are to have an examination of your upper gastrointestinal tract. After topical anesthesia such as Xylocaine to numb the back of your throat and intravenous sedation to make the examination more comfortable, a flexible tube (endoscope) will be passed through your mouth and into your esophagus. Your esophagus, stomach, and duodenum will be examined in detail. Additional procedures may be performed, including taking samples of tissue (biopsies), removing polyps, and injecting, cauterizing or banding bleeding sites. In certain situations, such as if you have an artificial heart valve, antibiotics may be given.

### **RISKS:**

Endoscopy is a very safe procedure when done by a specially trained physician. However, there are some risks associated with the procedure and with the sedation used. The risks associated with the procedure range from minor problems to significant medical problems. Minor problems may include bloating, abdominal cramps, or reaction to the medications used for sedation, such as inflammation of the vein at the IV site, temporary slowing of the heart rate or breathing, or fall in blood pressure. Occasionally, pain relief is incomplete.

Significant complications occur rarely. Perforation is a potentially serious problem resulting from a tear in the wall of the digestive tract. This is generally treated with hospitalization and antibiotics or surgery. If a stricture (area of narrowing) is dilated (stretched) or a polyp is removed, the risk of perforation increases, and bleeding may also occur. With bleeding, blood transfusions may be needed as well as other treatments to stop the bleeding. Rarely, significant bleeding can occur after a biopsy. Regurgitation of stomach contents into the lungs can cause pneumonia. Other very rare complications can occur, including death.

The endoscope will usually be passed into the duodenum. However, at times, only a more limited examination will be done depending on clinical circumstances. Although endoscopy is a very sensitive and accurate examination, it is possible that an abnormality that is present will not be detected.

### **ALTERNATIVES:**

Alternatives to endoscopy include x-ray studies and surgery. Endoscopy may provide information that cannot be obtained by x-ray and offers the possibility of immediate treatment such as removal of polyps. Surgery to control bleeding or to remove polyps carries a considerably higher risk.



**PROCEDURE CONSENT FORM**

PATIENT:

UNIT NO:

PROCEDURE: ESOPHAGOGASTRODUODENOSCOPY WITH POSSIBLE BIOPSY

*For Surgical patients,*

- Right
- Left
- Bilateral
- Not applicable

I have explained to the patient/family/guardian the nature of the patient's condition, the nature of the procedure, and the benefits to be reasonably expected compared with alternative approaches. I have discussed the likelihood of major risks or complications of this procedure including (if applicable) but not limited to drug reactions, hemorrhage, infection, complications from blood or blood components. I have also indicated that with any procedure there is always the possibility of an unexpected complication.

I have given the patient written teaching materials to help inform him/her.

Conscious sedation is being used for this procedure and I have explained that risks include suppressed breathing, low blood pressure and occasionally incomplete pain relief.

The following additional issues were discussed.

**Esophagogastroduodenoscopy or upper gastrointestinal endoscopy is an important technique for examining the upper digestive tract. Although the procedure is extremely safe, complications may occur. The most common complication is a reaction to intravenous sedatives given for the procedure. These complications include low blood pressure, heart beat irregularities, and aspiration (inhalation of stomach contents). Perforation and bleeding are very rare complications but may be serious and require hospitalization, blood transfusion, or surgery.**

All questions were answered and the patient/family/guardian consents to the procedure.

\_\_\_\_\_  
 (Physician/Licensed Practitioner Signature)

Date: \_\_\_\_\_

\_\_\_\_\_ Has explained the above to me and I consent to the procedure. I understand that Massachusetts General Hospital is an academic medical center and that residents, fellows and students in medical and allied disciplines may participate in this procedure. In addition, I understand that tissue, blood or other specimens removed for necessary diagnostic or therapeutic reasons may subsequently be used by the Hospital or members of its Professional Staff for research or educational purposes.

\_\_\_\_\_  
 (patient's/health care agent's/guardian's/family's signature\*)

\*(if patient's signature cannot be obtained, indicate reason in comments section above.)