2112 Harrisburg Pike, Suite 202, P.O. Box 3200, Lancaster, PA 17604-3200
717-869-4600 Fax 717-544-3501

Upper Endoscopy (EGD), Endoscopic Ultrasound (EUS) or ERCP Preparation

Patient:_____DOB:_____

Procedure Date & Arrival Time:_____Physician:_____ _

Location:

MidAtlantic Endoscopy – 2112 Harrisburg Pk. Suite 100, Lancaster
MidAtlantic Endoscopy – 4140 Oregon Pike, Ephrata
Ephrata Hospital – 169 Martin Ave, Ephrata
UPMC Lititz – 1500 Highlands Dr., Lititz
Lancaster General Hospital – 555 North Duke St, Lancaster

Medication Instructions:

Due to the sedation you will receive, you must have a responsible adult accompany you to your procedure. **YOUR DRIVER IS REQUIRED TO STAY AT THE FACILITY FOR THE ENTIRE TIME OF YOUR PROCEDURE.** Public transportation is allowed, but only under the supervision of a responsible adult who must stay with you the entire time of procedure. Bus, taxi or shuttle drivers do not fulfill the requirement of a responsible adult. You may **NOT** be dropped off for your procedure.

1. If you are currently taking Aspirin and/or Plavix, you should **NOT STOP** taking these medications unless directed to by our office.

    - Other Medication Instructions:

    _____
    _____

2. Oral iron should be discontinued **5 days** prior to the exam.

3. All medications should be continued and taken the morning of the exam unless otherwise stated in these instructions.

4. You will need to **HOLD** any oral diabetic medications the morning of the procedure and check your blood sugar before arrival. If your blood sugar is 70 or below, please call 717-869-4600 and notify the staff. Please notify the staff immediately upon your arrival as well.

    - Diabetic Medication Patient Instructions:

    _____
    _____

5. Check with your endocrinologist or primary care physician regarding the management of your other diabetic medications, especially insulin. If you have an insulin pump, you should contact the provider that manages your pump to address any changes that will be required for the prep and procedure.

Diet Instructions:

1. **NOTHING TO EAT OR DRINK AFTER MIDNIGHT (except for your medications the morning of the procedure with a sip of water).**

There will be a waiting period prior to the procedure. Our staff strives to give every patient individualized, quality care. We apologize for any inconvenience that waiting may cause you.

OUTPATIENT DISCHARGE INSTRUCTIONS:

1. You are advised to rest and relax for the remainder of the day. You will not be able to return to work the same day after your procedure, you will be able to resume work the following day.

2. **UNTIL THE MORNING AFTER YOUR PROCEDURE:**
   DO NOT Drive or operate any machinery
   DO NOT Consume any alcoholic beverages or use illicit drugs

   DO NOT Sign any legal documents or make critical decisions

   DO NOT Take any **un-prescribed** medications

3. You may resume your normal diet.

4. A feeling of fullness or cramping from remaining air or carbon dioxide in your bowel is normal. Mild activity, such as walking, will help expel the air. Lying on your left side or directly on your stomach will also help expel the remaining air or carbon dioxide.

IF YOU HAVE ANY ROUTINE QUESTIONS, PLEASE CONTACT THE OFFICE AT (717) 869-4600, BETWEEN 8:00-4:00 (WEEKDAYS). PLEASE CONTACT US IF PROBLEMS ARISE BEFORE YOUR PROCEDURE OR IF YOU NEED TO CHANGE OR CANCEL YOUR PROCEDURE.

If you have an urgent question or concern after business hours you may reach our on-call physician at 869-4600.

PLEASE GIVE AT LEAST 72 HOURS NOTICE WHEN CANCELING. LESS THAN 72 HOURS NOTICE MAY DELAY CARE AND INCREASE MEDICAL COST. IF YOU CHOOSE TO CANCEL YOUR PROCEDURE IN LESS THAN 72 HOURS PRIOR TO YOUR EXAM YOU WILL BE CONSIDERED A "NO SHOW" AND YOU WILL BE CHARGED A $50.00 FEE.

ANY PATIENT THAT CANCELS GREATER THAN TWO (2) PROCEDURE APPOINTMENTS WILL NEED TO HAVE A CLINIC APPOINTMENT BEFORE BEING PLACED BACK ON THE ENDOSCOPY SCHEDULE. SPECIFIC CIRCUMSTANCES MAY BE ADDRESSED AT THE DISCRETION OF THE DOCTOR.

Patient Signature: _____ Date:_____

Witness Signature: _____ Date:_____

Rev. 02/21/19 mh