

Patient Name:

Procedure:

Physician:

Location:

Date:

Arrival Time:

Procedure Time:

**\*\*Please have nothing by mouth after \_\_\_\_\_ on \_\_\_\_\_ (including gum, mints, nicotine or tobacco products)\*\*** Doing so can delay or cancel your procedure.

## EGD Preparation

Please read the entire pre instructions at least one week before your procedure. If you have any questions, please call our office:

Office Number: **859-341-3575**

Procedure Scheduling: **859-655-4480** between 8 AM and 4:30 PM

Ambulatory Surgery Center: **859-655-4475** between 6 AM and 2:30 PM

Please note that not following these instructions may result in cancellation/rescheduling of the procedure. Please contact the office if there have been any changes in your medical condition from the time you had scheduled your procedure to the date of your procedure (including but not limited to heart attack, stroke or beginning taking blood thinning medication). **Not doing so may result in cancellation of your procedure.**

If you are unable to keep your appointment, please provide at least 72-hours notice. **Not doing so will result in a \$100 cancellation/no show fee.** If you have had an upper respiratory infection (i.e. sinus infection, Covid-19, Flu A or B, bronchitis) within 14 days of your procedure, please call to reschedule. Not doing so may result in a cancellation the day of the procedure. To cancel you may call our CANCELLATION LINE at 859-655-4580 and leave a message. You may also call 859-655-4480 to speak with Procedure Scheduling.

Your safety is our primary concern. **Please arrange a responsible adult (age 18 or over) to drive you to our facility, stay at our facility during your procedure, and to drive you home when you are discharged.** Please note that if your responsible party is not able to remain on the facility property during the procedure, your procedure will not be able to be performed. Patients will not be admitted unless there is a responsible adult present. Please anticipate remaining at our facility for 2-4 hours. You are to have a responsible adult with you until the effects of the sedation have worn off, which may take several hours. Patients will not be permitted to go home by taxi/Uber/Lyft unless a responsible adult is with them.

If you have a Port-A-Cath that you would like us to use for your procedure, it is our policy that the Port-A-Cath must be flushed within 30 days of your procedure, or we will not be able to access the port.

**5-7 or more days prior to the procedure:**

- Arrange for a responsible party (18 or over). If you do not have a responsible party, we will cancel the procedure. Please remember that by law, you cannot drive the rest of the day after your procedure.
- Read and familiarize yourself with the preparation instructions below. Please call 859-341-3575 with any questions regarding instructions.
- Please note if you take the medication Phentermine (i.e. Adipex, Oby-Cap, Suprenz, T-diet, Zantryl, Lomaira) you will need to stop this medication **7 full days** prior to your procedure. Not doing so may result in a cancellation the day of your procedure. This is up to your physicians discretion.
- If you are taking medications for weight loss/diabetes, oral or injectables, you will need to hold them for **8 full days** prior to your procedure date. These include but are not limited to GLP-1, semaglutides and dulaglutides (i.e. Trulicity, Ozempic, Wegovy, Rybelsus, etc.), and Contrave. Not doing so may result in a cancellation the day of your procedure. If you have any questions about these medications, please reach out to the office. This is up to your physicians discretion.
- Review and plan dietary needs during prep time.
- Please avoid nuts, seeds or berries with seeds the entire week leading up to your procedure.
- **IF** your procedure is scheduled for St. Elizabeth, they have additional recommendations for medication holds. Please follow the additional medication holds below. Otherwise, please follow the instructions thoroughly.
  - **4 days** prior to your procedure, hold steglatro
  - **3 days** prior to your procedure, hold Jardiance, Invokana, and Farxiga
  - Do **NOT** take your ACE inhibitors (ends in PRIL) or angiotensin receptor blockers (ends in SARTAN) on the day of your procedure.

**IF YOU TAKE BLOOD THINNING MEDICATION:** We are verifying with the ordering provider that you may hold your blood thinner. Please wait until you hear from us before stopping your medication. The scheduling department will call you to confirm once we have received the clearance from the ordering provider. After that has been completed:

**Take your last dose of \_\_\_\_\_ on \_\_\_\_\_.** (You will be instructed when to resume your blood thinner following your procedure.)

**On the day of your procedure:**

- You can have solid food up to 8 hours prior to your procedure. At 8 hours prior to your procedure, please start a clear liquid diet. Examples of clear liquids:
  - coffee or tea (**NO** milk, creamer, or sugar/sweeteners)
  - Dietary Supplements: Boost or Ensure, any flavor except chocolate or strawberry. **No** supplement after midnight.
  - Plain Jell-O/Popsicles (**NO** red or purple).
  - Clear soups and/or broth (strain all vegetables and noodles).
  - Clear fruit juice (i.e. apple or white grape juice, **NO** orange or grapefruit juice).
  - Sorbet that does **NOT** contain milk or chunks of fruit.
  - Soft drinks / Ginger Ale / Gatorade (**NO** red or purple).
  - **NO** milk, added sugar, grapefruit juice, tomato juice.

- Do **NOT** drink alcohol.
- **STOP** drinking 3 **hours** prior to your arrival time. Your arrival time is not your procedure time. You are asked to arrive early to allow time for registration and preparation.
- **TAKE** your heart and blood pressure medications the morning of the procedure.
- **TAKE** your seizure medications the morning of the procedure.
- Do **NOT** take your blood thinner.
- **If you are diabetic:** Do not take your oral medication today.
  - **Take ½ of long-acting insulin**
  - **Hold regular insulin**
  - **Bring a dose of regular insulin to the procedure with you.**
- Refrain from **ALL** nicotine and tobacco products, as well as THC products the day of your procedure.
- If you wear dentures, avoid using adhesive the day of the procedure as the dentures may be removed for the procedure.
- If you use an inhaler, please bring it with you on the day of your procedure.
- Be advised that **ALL** premenopausal women will be required to provide a urine specimen for pregnancy testing prior to the procedure.
- Please wear loose fitting, comfortable clothing, and low-heeled shoes. We recommend a short sleeve shirt, to make starting your IV easier.
- If you wear glasses, these will be removed before your procedure. A basin will be provided, but you may bring a case if you would like.
- **Please leave your valuables at home; we are not responsible for broken or lost items.**
- Please note that every procedure experience is different and this one may not be the same as your experience with other procedures.

## IMPORTANT

*You will be asked to acknowledge receipt of this information on the day of your procedure.*

Please bring the following on the day of your procedure:

- This pamphlet and your prep instructions
- ALL of your Medical Insurance Cards
- Your drivers license with picture ID
- A copy of your Power of Attorney (POA if necessary)
- If applicable: your inhaler; contact lens container and solution (if you need to remove them); glasses case; hearing aid(s) and container to put them in, if removed; any medication you have started or changed since your last contact with the endoscopy center
- A Responsible Adult (age 18 or older) to stay here at the facility during your visit as well as someone to drive you home if not your Responsible Adult
- Bring or wear socks for your own comfort

## About the facility:

**Patient entrance is under the lower-level canopy.** There is not an entry from the upper-level to the lower level. The facility doors open at 6:15 AM M-F

Wi-Fi and a television are present in the waiting area. Please be advised no photography or video recording may take place in the patient care areas.

**We are a NON-SMOKING campus (inside and outside the facility)**

**After the Procedure:**

- You should expect to be in the Recovery Area 30-45 minutes. You will be seen by your physician prior to discharge.
- Your Responsible Adult will be brought to the Recovery Area (unless you request not to have them with you) prior to discussing the results of your procedure and giving instructions.
- You may eat whatever you want after discharge unless your doctor has ordered otherwise. Due to the sedation, we prefer that you do not go into a restaurant. Sedation may cause you to feel drowsy and unsteady.
- You should review your Post Procedure Instructions once you are fully awake.
- You should be able to return to your normal activity the day after your procedure. You should receive a call from our staff the next business day.
- If you are NOT experiencing problems, you DO NOT have to return this call. If you are having problems or questions, please call 859-341-3575 or in the event of an emergency call 911.

**Advance directives**

This serves as your notice that this facility does not honor “Do Not Resuscitate” (DNR) directive in an advanced directive. If you do not agree with this policy, let us know and you may be scheduled at another location.

**WELCOME TO ENDOSCOPY CENTER**

**Physician Ownership Disclosure:** Tri-State Digestive Disorder Center, ASC is owned and operated by Tri-State Gastroenterology Associates, therefore, your physician may have a financial interest in this facility.

**Insurance:**

If you have insurance coverage, your insurance company will receive two separate claims. One for the physicians which will also include a charge for any biopsies or specimens collected and one for the Facility fee. Your insurance company may also receive claims from independent laboratory, anesthesia, and pathology. As with your insurance company, you may receive bills for any remaining balance and /or outpatient deductibles and co-pays, resulting from the facility fee, physicians fee, an independent laboratory, anesthesia and pathology.

**Procedures available:**

TSDDC performs procedures, such as:

- EGD
- Esophageal Dilation
- Colonoscopy
- Flexible Sigmoidoscopy
- Small Bowel Enteroscopy
- Liver Biopsy
- Gastronomy tube replacement
- Hemorrhoid banding
- EUS (Endoscopic Ultrasound)
- Endoscopic capsule placement

**Licensure and accreditation:**

TSDDC is licensed by the Commonwealth of Kentucky as an Ambulatory Surgery Center (ASC) and is accredited by the Accreditation Association for Ambulatory Healthcare (AAAHHC). We are also certified by the centers for Medicare and Medicaid Services (CMS) as a participant in a Medicare program. TSDDC was recognized by the American Society of Gastrointestinal Endoscopy (ASGE) for promoting quality in endoscopy.

**Physician credentials:**

- All physicians providing care at TSDDC are board eligible or board certified by the certifying board of gastroenterology and approved and credentialed by the governing board of TSDDC.

**Summary of Patient rights – further information available at facility**

- To be considerate, respectful, and receive quality care
- To be informed of all available services and to receive the services regardless of age, race, religion, sex, sexual orientation, marital status, or national origin
- To obtain complete and current medical information, including explanation of treatment and prognosis in terms that can reasonably be understood
- To receive from his/her physician, the information necessary to give informed consent prior to any procedure
- To have the right to change providers if other qualified providers are available
- To expect that within its capacity, the facility must make a reasonable response to the request for services
- To obtain information as to any relationship of this Facility to any other healthcare institution
- To refuse treatment and be informed of the consequences of this refusal
- To privacy concerning his or her medical treatment
- To refuse to participate in experimental research
- To receive an itemized copy of his or her account statement upon request regardless of source of payment
- To approve or refuse the release or disclosure of the contents of his or her medical record

- To know which Facility rules and regulations apply to his or her conduct
- To express complaints about the care and services provided, voice grievances and recommend changes in policies and services to the center's staff or nurse manager, please call 859-341-3575 without fear of reprisal. Patients will receive follow up via phone or written communication. Patients may also contact the Kentucky Board of Medical Licensure or visit: [https://link.edgepilot.com/s/e962721d/G3lpilUq\\_kiLy\\_c1pj9UIA?u=http://www.medicare.gov/Ombudsman/activities.asp](https://link.edgepilot.com/s/e962721d/G3lpilUq_kiLy_c1pj9UIA?u=http://www.medicare.gov/Ombudsman/activities.asp). Patients may also contact the Office of Inspector General at 859-246-2301 or submit in grievance in writing to:
  - Office of Inspector General - 3470 Blazer Parkway, Suite 300 - Lexington, KY40509

### **Patient responsibilities:**

- Provide information regarding health history including but not limited to: medications (including over the counter and diet supplements, allergies and sensitivities) and update changes as they occur. If any changes in your medical status arise between the time of scheduling the procedure and the procedure date, we ask that you notify our office.
- Show consideration to others by being respectful to our healthcare professionals, staff, and other patients
- Cooperate with their physicians and the facility staff, following policies and procedures
- Understand and follow the course of treatment directed and participate in care.
- Inform staff how they feel and their needs
- Discuss additional consultation
- Provide the facility with complete and updated insurance and financial information
- To provide a responsible adult (aged 18 or older) to accompany them home after sedation
- To be responsible for keeping appointments and notifying if unable to do so