

Endoscopic Ultra Sound Information Sheet

Name: _____

Check in on ____/____/____ (Date) at time: _____ (AM/PM)

NOTHING TO EAT AFTER MIDNIGHT THE NIGHT BEFORE and

NO CLEAR LIQUIDS AFTER _____ (AM/PM) THE DAY OF YOUR PROCEDURE

Alaska Regional Hospital (2801 Debarr Road, Anchorage, AK 99508) (907) 264-1232

Providence Day Surgery (3200 Providence Dr, Anchorage, AK 99508) (907) 212-6013

Arrange For Ride. Due to sedation, you will be unable to drive yourself home. Please make the proper arrangements with an adult you know to drive you home and stay with you. **You may not ride in a taxi/ride share unescorted.** Failure to make arrangements will result in the cancellation of your procedure.

Dr. Villa may prescribe 500mg Cipro twice daily for you to take after your procedure for 5 days.

BLOOD THINNING MEDICATION INSTRUCTIONS:

5 days before your procedure: No COUMADIN, PLAVIX, EFFIENT, BRILINTA, & IRON SUPPLIMENTS

2 days before your procedure: No ELIQUIS, AGGRENOX, PRADAXA, XARELTO or RIVAROXABAN

DIABETICS:

- Hold GLP-1 agonists one week prior to surgery for patients who take the medication weekly.
- Hold GLP-1 agonists on the day of surgery for patients who take the drug daily.
- Consider delaying surgery if the patient is experiencing GI symptoms such as severe nausea/vomiting/retching, abdominal bloating or abdominal pain.

GLP-1 agonists include Ozempic (semaglutide) and Trulicity (dulaglutide). Others include Victoza, Byetta, Bydureon, Saxenda, Tanzeum, Adlyxin, Rybelsus, Wegovy and Mounjaro.

PLEASE READ CAREFULLY

Direct visualization of the digestive tract with lighted instrument is referred to as gastrointestinal endoscopy. Your physician has advised you of your need for this type of examination. The following information is presented to help you understand what will happen and the possible risk of the procedure. Endoscopy gives better information than radiological studies and allows biopsy and minor surgical procedures.

WHAT DOES THE Ultra Sound LOOK LIKE?

A special endoscope uses high-frequency sound waves to produce detailed images of the lining and walls of your digestive tract and chest, nearby organs such as the pancreas and liver, and lymph nodes.

WHAT WILL HAPPEN?

On the morning of the study do not have any food, water, diabetes medicines, or antacids after you get up. When you arrive in the endoscopy room your throat will be sprayed to make it numb so that you will not gag when swallowing the endoscope. A nurse will proceed to start an IV catheter in your hand or arm to administer fluids and medications. These medications will help you to relax but not to put you to sleep, and will also make your mouth dry. Please make sure the doctor and the endoscopy staff are aware of any medical allergies prior to this.

After this preparation, you will be asked to lie on the exam table on your left side. The endoscope is then placed in your mouth, to the back of your throat, and into your esophagus. This will in no way interfere with your breathing and you will still be able to talk although it is difficult because the scope is in your mouth. The entire study will take approximately 15-30 minutes. A biopsy, cautery, or dilation may be done at this time.

After the examination, you will be taken to the recovery room where you can sleep. Please make arrangements for someone to pick you up and drive you home. Do not plan on returning to work, driving, or operating any heavy machinery for the remainder of the day.

WHAT ARE THE RISKS OF THIS STUDY?



1. Injury to the lining of the digestive tract by the instrument which may result in perforation of the wall and leakage into body cavities; if this occurs, surgical operation to close the leak and drained the region is often necessary. This is most common when strictures or weak areas such as ulcers are present.
2. Bleeding if it occurs, usually as a complication of a biopsy. Management of this complication may consist only of careful observation. If severe, a transfusion or surgical intervention may be necessary.
3. Conscious sedation involves the use of tranquilizers and narcotics to induce an intoxicated state. Additional medicines may be used as necessary to safely complete the procedure. There is a risk of allergic reactions which may require treatment during the procedure. The sedation constitutes the bulk of the risk of the procedure and is used in the lightest acceptable dose.

I have read and understand the above explanation. The doctor has discussed the test with me. I understand I may call with any questions, and that this test is important for the diagnosis of my illness. I agree to call, should I decide to cancel, to document my responsibility for failed diagnosis for his legal protection.

Please note that there are separate fees for a colonoscopy procedure. There is a fee for the doctor's services, a fee for the facility, and anesthesiologist fee (if necessary) and finally there is a fee for the Pathologist if biopsies are taken.