

Date/Time: \_\_\_\_\_

Physician: \_\_\_\_\_

**Guthrie**  
**Instructions for Upper Endoscopy (EGD)**

*Guthrie Ithaca City Harbor*

*720 Willow Ave. Ithaca, NY*

*(607) 219-4600*

**If you cannot make this appointment, please contact our office 72 hours prior to your appointment.**

**Please read these instructions carefully, at least ONE WEEK prior to your upper endoscopy**

*If you use C-Pap, oxygen, or weigh over 300 pounds, please contact the Ithaca Department of Gastroenterology at 607-219-4600.*

**For questions/concerns during non-office hours please call 1-800-300-5858 and ask to speak with the Gastroenterologist on call.**

**Medications:**

**Coumadin (Warfarin)** – If you use a blood thinner named Coumadin, Warfarin, or Jantoven you will need special instructions about stopping this drug before the procedure. **Timing of this is very important.** Please contact the Ithaca Coumadin Clinic **ASAP** at 607-330-0426 for instructions before stopping, to see if they prefer that you use an alternative anticoagulant.

**Xarelto, Eliquis or Pradaxa:** Most patients need to stop this medication 24 hours prior to the procedure. Please speak with your prescribing physician before stopping this medicine.

**Plavix (Clopidogrel)** – Most patients need to stop taking Plavix (Clopidogrel) 5 days prior to procedure. Please speak with your prescribing physician before stopping this medication.

**Aspirin** - Does **NOT** need to be stopped prior to procedure.

**Inhalers** – If you have asthma and are on inhalers, take as prescribed and bring your inhaler with you.

**Blood Pressure**– should **not** be taken the morning of the procedure, however **please** bring them with you. If you take a Betablocker continue to take this as you usually do – see attached list)

**Pain Medications**- please contact this office if you take routine medications for pain.

**Breast Feeding:**

Contact your Pediatrician for recommendations d/t medications used during your procedure

**If you have diabetes –**

- if you take a pill to lower your sugar, **do not take it** on the day of your procedure.
- if you are taking regular Insulin® or (NPH), **do not take it** on the day of your procedure.
- if you are taking any other insulin preparation such as Lantus, Humalog, or 70/30 insulin. It is recommended you take a ½ dose the evening prior to your procedure, and no dose the day of your procedure.

*You will need a blend of products with and without sugar on hand to keep your blood glucose in balance during the preparation period (see clear liquids list)*



# Upper Endoscopy

1 day prior to upper endoscopy	The day of your upper endoscopy	After your upper endoscopy
<b>Do not eat after midnight.</b>	Do not eat. You may consume clear liquids up to 2 hours prior to your appointment time.	You may need to rest for 1-2 hours after the procedure until your sedation has worn off. You cannot go back to work or drive the same day as your procedure.
	Please bring your insurance card and a list of your current medications	You may resume a normal diet.
	<p><b>Your driver should anticipate remaining on the premises throughout the procedure and be present for discharge</b></p> <p><b>Instructions (1 -2 hrs)</b></p> <p>You may not take a taxi or public transportation unless you have someone with you. This person must be 18 years or older.</p>	Your examination results and instructions will be reviewed upon discharge.
	Due to the medications you will be receiving, it is advisable to have someone stay with you the evening of your procedure.	On the day following the procedure, you may resume normal activity.

## Clear Liquid Diet

- Water
- Clear Broth: beef or chicken
- Juices: apple juice, white grape juice, Tang, Kool-Aid, strained lemonade (any juice you can see through and has no pulp is acceptable)
- Gatorade, Crystal Light
- Clear soda: Ginger Ale, Sprite, 7up
- Tea
- Coffee (without cream)
- Jell-O
- Popsicles
- Italian Ices

## **Beta-Blockers Include:**

- **Acebutolol (Sectral)**
- **Atenolol (Tenormin)**
- **Betaxolol (Kerlone)**
- **Bisoprolol (Zebeta,Ziac)**
- **Carteolol (Cartrol)**
- **Carvedilol (Coreg)**
- **Labetolol (Normodyne, Trandate)**
- **Metoprolol (Lopressor, Toprol-XL)**
- **Nadolol (Corgard)**
- **Nebivolol (Bystolic)**
- **Penbutolol (Levatol)**
- **Propranolol (Inderal)**
- **Sotalol (Betapace)**
- **Timolol (Blocadren)**

# Insurance Information for Colonoscopy Patients

Under the Affordable Care Act, several preventive services such as colonoscopies are covered at no cost to the patient. Guidelines are now available about which colonoscopies are defined as a preventive service (screening).

Guthrie has created this document to sort through some of the confusion. Here is what you need to know about colonoscopies that are considered preventative:

## **Colonoscopy Categories**

### **Preventive Colonoscopy Screening (CPT® 45378, G0121)**

Patient is asymptomatic (no gastrointestinal symptoms either past or present); is 50 years of age or over; has no personal or family history of gastrointestinal disease, colon polyps and/or cancer. The patient has not undergone a colonoscopy within the last 10 years.

### **Diagnostic/therapeutic colonoscopy (CPT® 45378)**

Patient has gastrointestinal symptoms such as change in bowel habits, diarrhea, constipation, rectal bleeding or gastrointestinal disease.

### **Surveillance/ High Risk Screening Colonoscopy (CPT® 45378, G0105)**

Patient is asymptomatic (no gastrointestinal symptoms either past or present); has a personal history of gastrointestinal disease, colon polyps and/or cancer. Patients in this category may undergo colonoscopy surveillance at shortened intervals (e.g. every 2-5 years).

If a screening colonoscopy results in the biopsy or removal of a lesion or growth during the procedure, the procedure is then considered diagnostic and you may have to pay a coinsurance or copayment.

We recommend that our patients contact their insurance carrier to verify colonoscopy coverage. Your insurance plan may not consider surveillance colonoscopies as a screening benefit. The correct coding of a procedure is driven by your medical history and the physician's documentation. It is not appropriate to change coding to enhance insurance benefit coverage.

Thank you for choosing Guthrie for your healthcare needs. While you are here, our team will do our best to make your visit a comfortable one. At Guthrie, we strive to make the patient and visitor experience as stress-free and comfortable as possible.

Learn more about preparing for a hospital stay, billing and financial services, and support programs by visiting [Guthrie.org](http://Guthrie.org).

