



ENDOSCOPIC ULTRASOUND INSTRUCTIONS

- North Florida Regional Medical Center
6500 W. Newberry Rd. 3rd floor
(You must call to pre-register)
(352) 333-4060

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY

1. You are scheduled for an Endoscopic Ultrasound on _____ at approximately _____ am/pm at North Florida Regional Medical Center. You **MUST** arrive at the 3rd floor check in desk at _____ am/pm. You will need to Pre-register at the hospital's Admitting Office located in the front of the hospital or you may call 352-333-4060 to pre-register.
2. If you take a blood thinner called **Coumadin, Warfarin, Or Jantoven**, you must stop this medication **5 days** prior to your procedure. You will need to have your labs drawn the day before you procedure to check you levels.
3. If you are taking iron, Vitamin E, aspirin or aspirin products (i.e.: Buffererin, Anacin, Ecotrin, Excedrin, Alka Seltzer, Goody's Powders, Elmiron, Pletal, or Aggrenox) or anti-inflammatory medications (i.e.: arthritis medications Aleve, Motrin, Advil, Ibuprofen and Arthrotec) **you must stop these Seven (7) days prior to your procedure**, unless otherwise instructed by your doctor. The doctor will inform you after the procedure of when to restart the above medications. Some multivitamins contain a small amount of iron, but are all right to take. **Tylenol and Celebrex are okay to take.**
5. If you are diabetic **DO NOT** take your insulin or oral agent the morning of the procedure. Bring the medication with you so that you can take it when you eat.
6. If your appointment is before noon, **DO NOT** eat or drink anything after midnight except a small amount of water to take your heart, blood pressure, and/or stomach medications. Be sure and take your heart, blood pressure, and/or stomach medicines as you normally do. If you take a respiratory inhaler please take it at your normal scheduled time.
7. If your appointment is in the afternoon you may have a clear liquid breakfast 4 hours prior(_____) to your procedure. After that time, take nothing by mouth-this includes water. If you take a respiratory inhaler please take it at your normal scheduled time.
8. You must have someone to take you home after the procedure. You must not drive for 16 hours after the procedure. If you do not have transportation home, the Endoscopic Ultrasound will be cancelled. You will be ready to go home when your doctor discharges you. Remember you must not drive for 16 hours for your own safety and the safety of others.
9. You have been given a yellow Anesthesia Questionnaire sheet. Please complete this sheet and bring it to the hospital the day of your procedure.
10. Should you have a change in your health (prior to your procedure), please contact your physicians team leader as soon as possible
11. For any questions regarding these instructions, please call 352-331-8902 between 8:00am-5:00 pm, Monday thru Friday. Ask for Procedure Scheduling .

You will receive two separate charges for your procedure, one from your DDA physician and one from the facility that performed the procedure.

If you have any changes in your insurance please contact our insurance department at 352-331-8902.

A minimum of 48-hours advance notice is required if you must cancel or reschedule you appointment. A missed appointment fee of \$75 will be charged for missed appointments without the minimum 48-hour notice.

INFORMATION REGARDING ENDOSCOPIC ULTRASOUND (EUS)

Endoscopic Ultrasound (EUS) uses both endoscopy and ultrasound to gather information about parts of the digestive tract. The two technologies combined provide more accurate, detailed information than provided by either alone.

An ultrasound endoscope can show the inside of the digestive tract but also the surrounding tissues and digestive organs. The combined technology allows the physician to see the esophagus, stomach, small and large intestines and even the heart, lungs, liver, spleen, pancreas, gallbladder, bile ducts and prostate gland.

During your EUS, the physician may withdraw cells or fluid from part of a lymph node or tissue for diagnostic purposes during this procedure. This test may be used to determine the stage of some cancers, to evaluate bumps in the stomach, intestinal wall and problems of the pancreas or abnormalities in the bile ducts.

The risks associated with these procedures include, but are not limited to: There is the possibility of experiencing a rare allergic reaction to the medications used to achieve sedation. This reaction may result in hospitalization or rarely death. The drugs usually used are intravenous Propofol, Fentanyl, or Versed. On occasion, other drugs such as Demerol and/or Benadryl may be used. Patients may also develop phlebitis, an inflammation of the intravenous site, which may require antibiotic therapy and hospitalization. Other complications are perforation, infection and aspiration.

Perforation is a major, but very uncommon complication of EUS. This is a tear through the lining of the gastrointestinal wall that might require surgery for repair.

The possibility of complications increases slightly if a deep needle aspiration is performed during the EUS examination. These risks must be balanced against the potential benefits of the procedure and the risks of alternative approaches to the condition.

All of the above complications are rare. They have been reported to happen with a statistical frequency of about 20 in 1,000 cases.

Bruising or a small tear in the inside of the lip may occur. Crown, carious or loose teeth, and dental appliances may be damaged if you bite down on the plastic airways or mouthpiece that will be placed in your mouth during your procedure. We cannot be held responsible for this type of damage.

Alternative methods for evaluation of the gastrointestinal tract are radiological studies. These involve drinking a contrast agent or introducing a contrast into the rectum. These are less sensitive than Endoscopy for detecting abnormalities. Once an abnormality is noted, it can only be sampled (biopsied) by surgery or Endoscopy.

Benefits of Procedures/Treatments: The benefit of endoscopic evaluation is that EUS is a direct inspection and aspiration biopsy may be performed in the same procedure. This will help establish your diagnosis.

My signature below indicates that I have read and understand the handout "DIGESTIVE DISEASE ASSOCIATES INFORMATION REGARDING GASTROINTESTINAL ENDOSCOPY". I have had the opportunity to ask questions about the procedure and my questions, if any, have been answered to my satisfaction.

My signature below also indicates that if I have a biopsy taken during my procedure, I should hear from the office in about 14 day if not I will call in 14 days (_____) to get my results.

Print Patient's Name

Patient's Signature

Witness Signature

Date

DDA Pt. # _____