



A Division of Wake Internal Medicine Consultants, Inc.

3100 BLUE RIDGE ROAD, SUITE 300
RALEIGH, N.C. 27612
(919) 781-7500 FAX (919) 714-6010

Patient's Name: Doctor: Barish Ender Kaplan Herschelmann

Procedure Date: Procedure Time: Arrival Time:

YOU MUST CANCEL OR RESCHEDULE AT LEAST 3 BUSINESS DAYS PRIOR TO YOUR APPOINTMENT TIME OR THERE WILL BE A \$250.00 CHARGE. (This includes cancelling the morning of your procedure)

PLEASE CALL ENDO SCHEDULING AT (919) 781-7500 EXT 1281 OR EXT 1278.

Location:

Table with 3 columns: Wake Internal Medicine, Raleigh Endoscopy Center, Raleigh Endoscopy Center North. Includes addresses and phone numbers for each location.

Information:

We have scheduled you for an upper endoscopy, which is an examination of your esophagus, stomach and/or duodenum with modern fiber-optic flexible instruments. We attempt to numb your mouth and throat to relax you. You will be pleased at how easily this is accomplished, and we make every effort to keep you from being nervous or apprehensive. Your breathing passages will not be obstructed, and with the use of our pre-medications, you will be relaxed and not even remember the procedure.

If you experience any problems after the procedure, do not hesitate to call (919) 781-7500.

INSTRUCTIONS:

- 1. It is very critical that you not eat or drink anything after midnight. Do not take medications the morning of the procedure except for blood pressure & heart medications with a small sip of water. Any intake of liquid or food the morning of the exam will result in the delay or possible cancellation of your procedure.
2. You may brush your teeth and rinse, but DO NOT SWALLOW liquid!
3. You will be mildly sedated and will need someone to drive you home. Your driver must remain at our office during the procedure.
4. Please remove nail polish and/or artificial nail, preferably from an index finger.
5. Dress simply for the procedure. Do not wear jewelry.
6. Expect a mild sore throat lasting up to 24 hours.
7. NO ASPIRIN and/or NON-STEROIDAL ANTI-INFLAMMATORY MEDICATIONS (Ibuprofen, Nuprin, Advil, Aleve, Motrin, etc.) MEDICATIONS 5 DAYS PRIOR TO PROCEDURE---TYLENOL IS ACCEPTABLE
8. IF YOU TAKE COUMADIN, PLEASE LET THE SCHEDULER KNOW, AT LEAST FIVE (5) DAYS IN ADVANCE. Your procedure may not be able to be done as scheduled if you fail to let us know at least (5) five days in advance.
9. You will need current insurance information the day of your procedure and your insurance card.
10. MEDICARE PATIENTS WILL BE ASKED TO SIGN A WAIVER ACCEPTING RESPONSIBILITY FOR PAYMENT OF THE PROCEDURE IF MEDICARE FAILS TO PAY.

You will need someone to drive you home after the procedure (If you are scheduled at an REC location your driver MUST also remain on site)

ALL COLONOSCOPY-SIGMOIDOSCOPY-GASTROSCOPY PATIENTS

PRIOR INSURANCE APPROVAL

Some insurance companies require prior approval for these procedures done in the office. It is your responsibility to check with your insurance company for prior approval. If they require authorization, please call our office, (919) 781-7500 Ext 1247 with all pertinent information and we will obtain the authorization. Some insurance companies may not cover screening procedures. If your doctor has requested your procedure because you have reached the age where these procedures are recommended, your insurance company considers this a screening procedure. It is your responsibility to see how your insurance company will cover the procedure. For some outpatient procedures, insurance companies will cover at the percentage or co pay different than they would for an office visit.

WAKE INTERNAL MEDICINE PAYMENT POLICY

PAYMENT IS DUE AT TIME OF SERVICE

Wake Internal Medicine Consultants does require patients with Medicare and non-contracted insurances to pay your estimated cost of the procedure in full one week prior to services being rendered. This is an estimated cost only and is subject to change in response to the physician's findings and subsequent treatment. If you have Medicare your estimated cost will be based upon the current Medicare Limiting Allowable, for all other plans your estimated cost will be based upon our current fee schedule. Our office will submit a claim to your insurance company on your behalf. Your insurance company will then remit their payment directly to you, the insured.

If you are having a procedure at Wake Internal Medicine Consultants, you will be contacted one week prior to the scheduled date after our office verifies benefits and receives your estimated cost for the procedure. This is an estimated cost and is subject to change in response to the physician's findings and subsequent treatment. Wake Internal Medicine Consultants does require patients to pay estimated cost prior to services being rendered.

If you are having a procedure at Raleigh Endoscopy Center, you will be contacted by Raleigh Endoscopy Center for any required prepayment.

We thank you for your patience and cooperation through the billing process and greatly appreciate you choosing Wake Internal Medicine for your medical care. If you have any questions regarding your fees please call (919) 781-7500 ext 1324.

ALL COLONOSCOPY – UPPER ENDOSCOPY PATIENTS

Because of the medication you receive, you may not remember the procedure or speaking with the doctor afterwards. We encourage you to ask questions prior to the procedure and to call our office afterward, should you have any questions. The doctor will discuss his findings with you after the procedure. If biopsies or polyps were removed during the procedure, you should receive a phone call regarding the findings within 5-7 business days. If you have not heard from our office about the pathology results within 7 to 10 days, please call.

UPPER GI ENDOSCOPY*

Upper GI Endoscopy

Upper GI endoscopy, sometimes called EGD (esophagogastroduodenoscopy), is a visual examination of the upper intestinal tract using a lighted, flexible fiberoptic or video endoscope. The upper gastrointestinal tract begins with the mouth and continues with the esophagus (food pipe) which carries food to the stomach. The J-shaped stomach secretes a potent acid and churns food into small particles. The food then enters the duodenum, or small bowel, where bile from the liver and digestive juices from the pancreas mix with it to help the digestive process.

Equipment

The flexible endoscope is a remarkable piece of equipment that can be directed and moved around the many bends in the gastrointestinal tract. Endoscopes now come in two types. The original pure fiberoptic instrument has a flexible bundle of glass fibers that collect the lighted image at one end and transfer the image to the eye piece. The newer video endoscopes have a tiny, optically sensitive computer chip at the end. Electronic signals are then transmitted up the scope to the computer which then displays the image on a large video screen. An open channel in the scope allows other instruments to be passed through it in order to take tissue samples, remove polyps and perform other exams.

Reason for the Exam

Due to factors related to diet, environment and heredity, the upper GI tract is the site of numerous disorders. These can develop into a variety of disease and/or symptoms. Upper GI endoscopy helps in diagnosis and often in treating these conditions.

- Ulcers –which can develop in the esophagus, stomach or duodenum and occasionally can be malignant
- Tumors of the stomach or esophagus
- Difficulty in swallowing
- Upper abdominal pain or indigestion
- Intestinal bleeding—hidden or massive bleeding can occur for various reasons
- Esophagitis (and heartburn)—chronic inflammation of the esophagus due to a back up of stomach acid and digestive juices
- Gastritis—inflammation of the lining of the stomach

Preparation

It is important not to eat or drink anything for at least eight hours prior to the exam. The physician instructs the patient about the use of regular medications, including blood thinners, before the exam.

The Procedure

Upper GI endoscopy is usually performed on an outpatient basis. The throat is often anesthetized by a spray or liquid. Intravenous sedation is usually given to relax the patient, deaden the gag reflex and even cause short term amnesia. For some individuals who can relax on their own and whose gagging can be controlled, the exam is done without intravenous medications. The endoscope is then gently inserted into the upper esophagus. The patient can breathe easily throughout the exam. Other instruments can be passed through the scope to perform additional procedure if necessary. For example, a biopsy can be done in which a small tissue specimen is obtained for microscopic analysis. A polyp or tumor can be removed using a thin wire snare and electrocautery (electrical heat). The exam takes from 15 to 30 minutes, after which the patient is taken to the recovery area. There is no real pain with the procedure and patients seldom remember much about it.

Results

After the exam, the physician will explain the results to the patient and family. IF the effects of the sedatives are prolonged, the physician may suggest an interview at a later date when the results can be fully understood. If a biopsy has been performed or a polyp removed, the results are not available for three to seven days.

Benefits

An upper GI endoscopy is performed primarily to identify and/or correct a problem in the upper gastrointestinal tract. This means the test enables a diagnosis to be made upon which specific treatment can be given. If a bleeding site is identified, treatment can stop the bleeding, or if a polyp is found, it can be removed without a major operation. Other treatments can be given through the endoscope when necessary.

Alternative Testing

Alternative tests to upper GI endoscopy include a barium x-ray and ultrasound (sonogram) to study the organs in the upper abdomen. These exams, however, do not allow for a direct viewing of the esophagus, stomach and duodenum, removing the polyps or taking of biopsies. In addition, study of the stools, blood and stomach juice can provide indirect information about a gastrointestinal condition.

Side Effects and Risks

A temporary, mild sore throat sometimes occurs after the exam. Serious risks with upper GI endoscopy, however, are very uncommon. One such risk is excessive bleeding, especially with removal of a polyp. In extremely rare instances, a perforation, or tear, in the esophagus wall can occur. These complications may require hospitalization and, rarely, surgery. Uncommonly, a diagnostic error or oversight may occur. Due to the mild sedation, the patient should not drive or operate machinery following the exam. For this reason, a driver should be available.

In Summary

Upper GI endoscopy is a simple out patient exam that is often performed with the patient lightly sedated. The procedure provides significant information upon which specific treatment can be given. In certain cases, therapy can be administered directly through the endoscope. Serious complications rarely occur from upper GI endoscopy. The physician can answer any question the patient has.

SPECIAL INSTRUCTIONS: