

ENDOSCOPY PROCEDURE PACKET

Thank you for choosing Gastrointestinal Associates for your digestive health needs. Your physician has recommended a procedure, which has been scheduled for the date and time below. It is imperative that you thoroughly read this packet and follow the instructions therein. We provide direction on medications, supplements, herbals, and food / liquid intake restrictions which may need to be implemented up to 2 weeks prior to your procedure. Failure to follow these restrictions could mean the cancellation of your procedure. If you have any questions about the instructions, please contact our office.

Patient Name: _____

Arrival Time: _____

Procedure Date: _____

Procedure Time: _____

YOUR PROCEDURE IS SCHEDULED AT:

**ABINGTON HOSPITAL
INTERVENTIONAL PROCEDURE UNIT (IPU)
Abington, PA 19001**

Report to Radiology/MRI/Horace Avenue Entrance
Arrive 1 hour before procedure time
Valet Parking/Self Pay Garage Available

**HOLY REDEEMER HOSPITAL,
Meadowbrook, PA 19046**

Report to Same Day Surgery/Third Floor
Arrive 1 hour before procedure time
Valet Parking/Self Pay Garage Available

**AMH ENDOSCOPY CENTER,
1235 Old York Road,
Levy Medical Plaza, Suite G23
Abington, PA 19001**

Arrive 45 minutes before procedure time
Parking avail in the back of the Levy Medical Plaza

**HOLY REDEEMER ASC
821 Huntingdon Pike, Suite 100
Huntingdon Valley, PA 19006**

Arrive 1 hour before procedure time
Parking available front and side of building

**JEFFERSON LANSDALE HOSPITAL
Same Day Surgery
100 Medical Campus Drive
Lansdale, PA 19446**

Report to ground floor of the main entrance
to patient registration
Arrive 1 hour before procedure time
Parking available
You will need to call 215-361-4520 the business
day prior to your procedure between 2PM-4PM

**GASTROINTESTINAL ENDOSCOPY CTR (GIEC)
1600 Horizon Drive, Suite 107
Chalfont, PA 18914**

Arrive 45 minutes before procedure time
Parking available

INSTRUCTIONS

MEDICATIONS:

- **Diabetes:** Call your primary physician for instructions on how to take these medications on the day before your procedure and on the day of the procedure.
- **Diabetes/Weight Loss:** Diabetes and weight loss treatments called GLP-1 agonists must be held before the procedure to minimize anesthesia-related risk. Weekly injections should be stopped 7 days prior to the procedure; injections or oral meds taken daily should be stopped 1 day prior to the procedure. This drug class includes (but is not limited to) Ozempic, Wegovy, Zepbound, Rybelsus, Mounjaro, Trulicity, Byetta and Saxenda. Please confirm with your prescribing provider if you are taking a GLP-1 agonist.
- **Blood Thinners (with permission from your prescribing provider):**
 - 5 full days prior, hold Plavix (Clopidogrel), Coumadin (Warfarin), Brilinta (ticagrelor)
 - 2 full days prior, hold Pradaxa (Dabigatran), Xarelto (Rivaroxaban), Eliquis (Apixaban)
 - Any other blood thinners or antiplatelet agents, please ask your prescribing provider
 - You may continue to take aspirin daily until the day of procedure
- **Avastin:** if you are on this chemotherapy agent, it is critical that you inform your gastroenterologist
- **Other medicines/behavior:**
 - Hold iron and fiber supplements one week before your procedure
 - Anesthesia requires that patients do not smoke, vape, consume alcohol, smoke marijuana or use other illicit drugs for 24 hours prior to procedure
- Necessary morning medications may be taken with a sip (2 teaspoons) of water on day of procedure
- If you have any medication changes prior to the procedure, it is important to let our office know!

DIET (see reverse for more details):

- Starting **@ midnight the night before procedure:** no solid foods, milk or milk products; you may have clear liquids only
- Starting **four (4) hours prior to procedure:** Nothing by mouth within 4 hours of procedure including solid food, gum, mints, hard candy or water or your procedure will be rescheduled (except necessary morning meds with a sip of water)

Transportation

- You must arrange for an adult driver (over 18) to accompany you to and from the procedure unit. The unit will check that you have a driver and will cancel the procedure if you do not have one. Your driver must wait in the procedure unit waiting room until you are discharged; they may not leave the premises, or your procedure will be cancelled.
- If you are taking a taxi or public transportation, you must have an adult (over 18) with you. You cannot drive for 12 hours following your procedure; therefore, you must have a driver.
- Procedure times are sometimes adjusted a day or two in advance, please ensure your driver is available should your procedure time need to be changed.

Other important items

- On the day of your procedure, please remove all jewelry, including facial / nose piercings, prior to arrival at the procedure unit.
- Let us know of any medication changes prior to your procedure.
- Let us know of any insurance changes prior to your procedure.
- Bring your insurance cards and make sure that your referral (if required) is in order for the doctor's charge and the facility's charge. You are responsible for any copays.

DIETARY GUIDELINES:

What is a clear liquid diet? A “clear liquid” has the consistency of water at room temperature and is transparent

- Avoid
 - Clear liquids that are red, orange or purple in color
 - Alcohol and dairy products
 - Tomato juices and pulpy juices are not clear liquids
- Beverages you may have:
 - Water
 - Juices: apple, white grape
 - Coffee (black), tea (iced or hot)
 - Gatorade, Vitamin Water, PowerAde and other electrolyte drinks (not red, orange or purple)
- Other clear liquids to enjoy:
 - Clear vegetable, chicken or beef broth (broth only - no noodles, vegetables, potatoes, etc.)
 - Jell-o, popsicles, fruit ice or slush (not red, orange or purple)
 - Sugar or sweeteners dissolved in any of the above

Remember: Nothing by mouth (except necessary morning meds with a sip of water) within 4 hours of procedure including solid food, gum, mints, hard candy or water or your procedure will be rescheduled!

INSURANCE & REFERRAL INFORMATION

When having a procedure, typically there will be 3 separate charges: one each for the physician, the anesthesiologist, and the facility. If specimens are taken, there may also be a bill from the lab which processes them.

- It is your responsibility to understand the financial responsibility you may have, such as co-pays, co-insurance or deductibles.
- GIA strongly recommends that you contact your insurance carrier to determine what your out-of-pocket expense will be for the procedure. The question to ask is:
 - “What will be my total out-of-pocket expense to have my procedure done at this facility?” Include the facility tax ID (see reverse) and the name of the procedure. The charge will differ depending on the licensing of the unit where you are scheduled.
 - Additionally, it is important for you to check with your insurance carrier regarding your policy’s coverage pertaining to anesthesia.

Referrals

- If your insurance requires a referral from your primary doctor, please call for that at least one week prior to your appointment so that your doctor’s office has time to process the referral. They may need our practice NPI number. Your primary doctor may require a minimum of 48-72 hours to issue a referral.
- **Aetna** and **Keystone** require two (2) active referrals: 1.) referral made out to Jefferson Community Physicians/ Gastrointestinal Associates with code #99499 (evaluate and treat) or a specific procedure code; and 2.) referral made out to the facility where the procedure is being performed.
- **Cigna** requires a written script from your primary doctor for office visits and/or procedures.
- If your insurance requires that you have a referral, an incorrect referral or no referral may mean that your procedure cannot be performed and will have to be rescheduled.
- Please note a referral is not a requirement of Gastrointestinal Associates, Inc. but of your insurance carrier
- Referrals must be submitted to our office prior to your procedure.
- You are personally responsible for any fees not covered by your insurance and you will be billed by our office.

Billing Questions

If you have questions regarding any bill, it is important that you call the phone number noted on the bill itself. The facility, lab and anesthesiologist are not part of GIA, and we would not be able to assist with these concerns. For questions regarding our physician charges, our billing company may be reached at 267.620.1100, option 6.

PLEASE BE SURE THAT YOU UNDERSTAND YOUR FINANCIAL RESPONSIBILITY PRIOR TO THE PROCEDURE.

IF YOUR INSURANCE CHANGES, YOU MUST INFORM OUR OFFICE IMMEDIATELY.

PROCEDURE & FACILITY CODES

It is your responsibility to check with your insurance carrier regarding your coverage and your potential financial responsibility.

Gastrointestinal Associates Provider Numbers:

NPI: 1013436542

Tax ID: 232678055

Procedure Codes:

Anoscopy: 46600

Bravo: 91035 and 43235 (both)

Capsule Endoscopy: 91110

Colonoscopy: 45378

Colonoscopy (Screening): G0121

Colonoscopy (High Risk): G0105

Colonoscopy with EMR: 45390

Colonoscopy with EUS: 45391

CT Scan: 76360

Endoscopy: 43235

Endoscopy with EUS: 43259

ERCP: 43260

Flexible Sigmoidoscopy: 45330

Ligation of Hemorrhoid by rubber band: 46221

Liver Biopsy: 47000

Motility: 91010

Paracentesis: 49080

PEG (Feeding Tube): 43246

Proctoscopy: 45300

Remicade: J1745

Procedure Facilities:

Gastrointestinal Endo. Ctr (GIEC)

Fax: 215-997-3282

NPI: 1740785096

Tax ID: 82-208-1770

Jefferson Abington Hospital

Fax: 215-481-3305

NPI: 1811992084

Tax ID: 23-135-2152

Holy Redeemer Hospital

Fax: 215-938-2812

NPI: 1750371522

Tax ID: 23-153-4300

Jefferson Abington Hosp. Endo. Ctr (Levy G23)

Fax# 267-635-1206

NPI: 1811992084

Tax ID: 23-135-2152

Holy Redeemer ASC (821)

Fax: 215-214-0566

NPI: 1467442657

Tax ID: 23-302-0527

Jefferson Lansdale Hosp

NPI: 1386896306

Tax ID: 26-335-9979

PERORAL "UPPER" ENDOSCOPY INFORMATION SHEET

This information is provided to help you understand peroral endoscopy. If you still have questions after reading this form, please do not hesitate to ask them. Upon your arrival at the facility where you will have your procedure, you will be asked to sign a consent form.

What is Peroral Endoscopy

- Peroral Endoscopy: an examination of the esophagus, stomach and duodenum, using a thin flexible scope with a video chip at its end that is swallowed. Various additional procedures may be done at the time of peroral endoscopy. These could include but are not limited to the following:
 - Biopsy: the removal of a small amount of tissue, smaller than a grain of rice, for microscopic examination. It is painless and is done through the scope.
 - Dilatation: the stretching open of a narrowed portion of the digestive tract.
 - Fulguration & Sclerotherapy: methods used to clot blood vessels that can cause problems with bleeding. These methods can also be used to destroy small tumors.

Reason for doing Peroral Endoscopy

- Peroral endoscopy is performed to evaluate the upper digestive system for causes of such problems as abdominal pain, difficulty swallowing, internal bleeding, weight loss or abnormal x-ray findings. Peroral endoscopy is usually more accurate than x-ray examination. Bleeding may be successfully treated during peroral endoscopy.

Likelihood of success

- Peroral endoscopy can usually be accomplished with adequate patient relaxation and if the stomach is empty. Some areas in the stomach and the duodenum are very sharply curved and may not be completely visualized.
- Dilatation is usually successful. Narrowed portions of the digestive tract do however have a tendency to scar down again and dilatation usually has to be periodically repeated.
- Sclerotherapy or cautery to stop severe, life-threatening bleeding is successful in most cases. If the bleeding is coming from a very large blood vessel, it is less likely to work and surgery will usually be required to stop bleeding.

Risks of Peroral Endoscopy and associated procedures

- Peroral endoscopy, biopsy, dilatation and fulguration of small lesions are considered to be relatively safe procedures. About 1 in 1,000 patients will experience a serious complication. To put that number into perspective, your chance of having a fatal automobile accident each year of your life is 1 in 5,000.
- The significant complications most likely to occur from peroral endoscopy and biopsy are perforation or infection of the throat or esophagus (the swallowing tube). Serious cardiac complications can occur, but they are rare. Vomiting and then breathing in some stomach contents may occur occasionally. This may cause pneumonia.
- The risk of fulguration or cautery of bleeding blood vessels or ulcers is higher because patients having these procedures are already very seriously ill. Increased bleeding or perforation can occur because of these problems.
- An irritation of the vein where medication is injected occurs in some patients. On rare occasions, this irritation may last for months but it eventually goes away without causing serious problems.
- Peroral endoscopy can miss ulcers or tumors on occasion. Other complications have been reported but they are extremely rare.
- Bleeding and/or perforation may require surgery.
- If you have capped teeth, fragile teeth or teeth which are in disrepair, there is a potential risk for injury or loss of a tooth or dental apparatus during upper endoscopy.

Alternatives to Peroral Endoscopy

- The alternative to a diagnostic peroral endoscopy is Upper GI X-ray examination. The alternative to dilatation would be either surgery, which is much more risky than dilatation, or living with the difficulties associated with the narrowed portion of the digestive tract.
- The alternatives to sclerotherapy or cautery of bleeding points or to polypectomy would be to do nothing or to operate. Either of these two options is usually more risky than endoscopic treatment.