



**Intermountain<sup>®</sup>  
Avenues Specialty Clinic**

324 E 10th Ave Suite 200  
Salt Lake City, UT 84103  
801.408.8399  
801.408.5152 (fax)

**Gastroenterology**

Darcie Gorman, MD  
Melvin Kuwahara, MD  
Joseph T. Merrill, MD  
Dan A. Collins, MD

## UPPER ENDOSCOPY

**Thank you for choosing us to perform your procedure. Please carefully read the following packet of information. If you have questions, please contact our office at (801) 408-7500, option 3 and ask to speak to our nurse, or your doctor's medical assistant. If you need to cancel or reschedule we require a 48hrs notice.**

Your procedure is scheduled on \_\_\_\_\_ at \_\_\_\_\_ with Dr. Darcie Gorman, Dr. Melvin Kuwahara, Dr. Joseph Merrill, or Dr. Dan Collins

Please arrive at LDS Hospital at \_\_\_\_\_ for check-in. You need to check in ONE HOUR before your procedure time.

## QUESTIONS ABOUT YOUR UPPER ENDOSCOPY

### **Will my insurance company pay for my Upper Endoscopy?**

- It is your responsibility to check with your insurance provider regarding coverage and any pre-authorization that may be needed. **MAKE SURE YOU CALL YOUR INSURANCE COMPANY TO CONFIRM THEY PARTICIPATE WITH THE DOCTOR AND LDS HOSPITAL.** (Some insurance companies such as Blue Cross Blue Shield, Regence and Cigna as well as others, depending on your policy, **DO NOT** cover the LDS hospital, which would make you financially responsible.)

### **Where is my Upper Endoscopy going to be done?**

- LDS Hospital (8th Avenue and C Street in Salt Lake City, Utah)
- You may park in the garage across the street to the west or there is also free valet parking between the Physicians Tower and LDS Hospital on 9th Avenue.
- Enter through the main doors on C Street go to the Patient Check-in (Registration) Desk, after you check in they will show you where the Endoscopy Reception is located. (Please understand that all procedure times are approximate: as often situations arise in the hospital which are beyond our control.)

### **Do I need someone to bring and pick me up from the Hospital?**

- **YES!** You will be receiving sedation so you **MUST** have someone there to drive you home. They do not have to stay while you are having your procedure, but the Endoscopy Center will need to have a phone number where they can be reached when your procedure is completed.

### **Is there anything I need to let Endoscopy know when I check in?**

Please let them know, when you check in, if you are on any blood thinning medications, have a pacemaker, have diabetes, have problems with any of your heart valves, have a heart murmur, or have artificial valves or joints.

**What is the preparation for my Upper Endoscopy?**

- Nothing to eat or drink for 8hrs prior to start time.

**Things to Do:**

- 1) PLEASE CALL PRE-REGISTRATION AT LEAST 2 DAYS PRIOR TO YOUR PROCEDURE AT 801-442-8600 OR 1-800-269-8674.
- 2) Check with your insurance company to be sure that your physician and LDS hospital are participating on your insurance plan. Be sure to ask what your benefits cover for your procedure.
- 3) If you must cancel your appointment, please do so 3 days before your procedure. We have many patients waiting for an appointment. You may cancel by calling the office at (801) 408-8399, or LDS Hospital endoscopy at (801) 408-1057.
- 4) Complete the forms you have received in this packet and bring them with you to your procedure.
- 5) Arrange for someone to drive you home. Because you will receive medications to keep you asleep during the procedure, you will be considered legally impaired for 12 hours after the procedure.
- 6) Please check the list of blood thinning medications below. If you are taking any of them, please contact our office for directions about when to stop taking them.

**Things to Bring:**

- 1) Photo ID
- 2) Insurance card, voucher
- 3) Completed health history and medication forms
- 4) Someone to take you home
- 5) Cash or credit card for co-pay (if required)
- 6) Copy of advanced directives
- 7) Something to do or read while you are waiting. Cell phone use is permitted in the waiting area, and we have free Wi-Fi throughout LDS hospital.

**On the day of your Exam**

- You may take essential morning medications with a sip of water. Please check with the office if you are diabetic and require insulin or oral diabetes medications. Please check your blood sugar before coming into the hospital for check in.

### **Medication Precautions**

This is a list of medications that may affect bleeding. If you are taking any of these, please check with the doctor who prescribes them for you and our office so we can determine when it is safe for you to stop the medication (s) before your procedure. If you are unsure if it is safe to continue of your home medications, please contact our office at least one week prior to your procedure.

- Lovenox
- Coumadin (Jantoven)
- Aspirin
- Eliquis (Apixaban)
- Pradaxa (Dabigatran)
- Advil
- Celebrex
- Ibuprofen
- Fish oil
- Heparin
- Warfarin
- Plavix (Clopidogrel)
- Xarelto (Rivaroxaban)
- Savaysa (Edoxaban)
- Naproxen
- Aleve
- Excedrin

### **Products you CAN use prior to colonoscopy:**

- Tylenol
- Acetaminophen

# Upper Endoscopy (EGD)

## What is it?

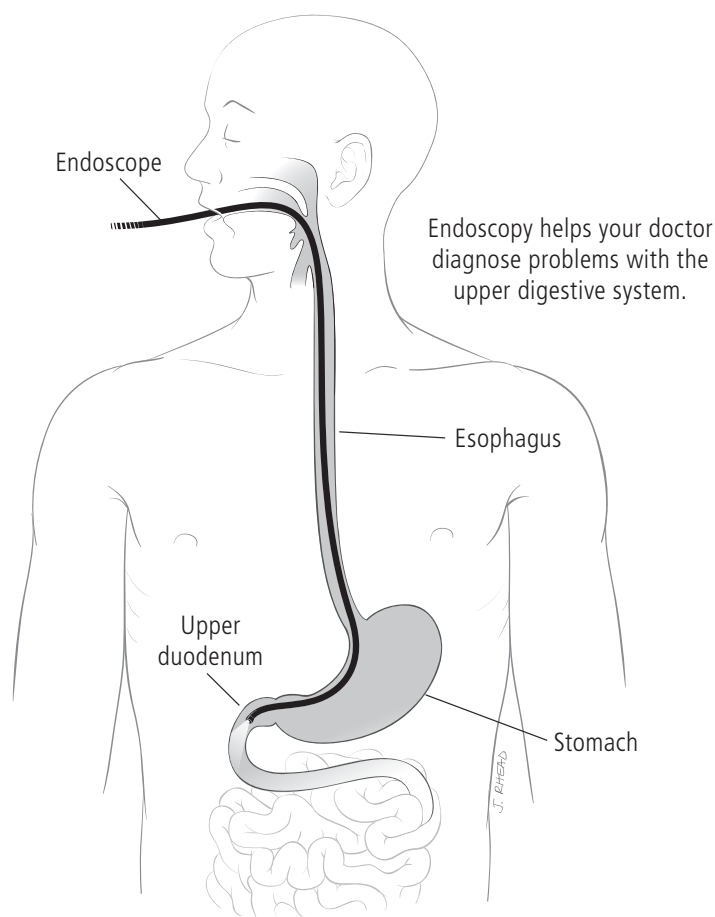
Upper endoscopy, or EGD for short, is a procedure that allows your doctor to look inside your upper digestive system. This includes your esophagus, stomach, and upper duodenum (the first part of the small intestine). Using a long, flexible tube with a tiny camera at one end (an endoscope), your doctor can investigate problems such as pain, difficulty swallowing, ulcers, and bleeding.

## Why do I need it?

EGD allows the doctor to diagnose and sometimes treat problems with your digestive system. These may include:

- Swallowing difficulties
- Nausea or vomiting
- Ulcers or gastric bleeding
- Reflux, heartburn, or indigestion
- Abdominal pain

The doctor can also identify and sometimes remove abnormal growths and polyps.



Benefits	Risks and complications	Alternatives
<ul style="list-style-type: none"> <li>• The doctor can see things that don't show up well on x-rays.</li> <li>• Some problems can be treated during the procedure.</li> <li>• Tissue samples can be taken for biopsy.</li> </ul>	<ul style="list-style-type: none"> <li>• The air used to inflate the stomach and small intestine during the procedure may cause mild discomfort.</li> <li>• If your stomach is not completely empty, undigested food or fluid may come back up the esophagus and enter your airway, causing coughing or breathing difficulty.</li> <li>• If your stomach is not completely empty, the procedure may not detect some problems. This is also possible if your anatomy has been altered, as with gastric surgery.</li> <li>• Though very rare, there is potential for the endoscope to injure the stomach or intestine wall. This may cause infection or bleeding, and possibly require surgery to repair.</li> <li>• As with any medicine, there's a slight chance you may have a reaction to sedatives or numbing anesthetics.</li> <li>• Biopsies, dilations or other procedures may cause bleeding and possibly require surgery to repair.</li> </ul>	<p>In some cases, depending on the conditions being investigated, there may be alternatives, including:</p> <ul style="list-style-type: none"> <li>• Barium swallow x-ray</li> <li>• Ultrasound</li> <li>• CT scan</li> <li>• MRI</li> </ul>

## What happens before?

- In most cases, you'll be given a **sedative** to help you relax. The sedative is given through an intravenous line (IV) inserted into a vein in your arm.
- Your doctor may also spray your throat with a **local anesthetic** to suppress your need to cough or gag when the endoscope is inserted. A mouth guard is used to protect your teeth and the endoscope.

## What happens during?

- You'll lie on your left side while the doctor **inserts the endoscope** through your mouth and into your esophagus, stomach, and duodenum. (The endoscope is thinner than most food you swallow, so you should be able to breathe normally.)
- The camera at the tip of the endoscope **sends images** of these organs to a monitor. The scope puts air into these organs to inflate them, creating a better view.
- The doctor can also **insert instruments** through the scope to treat bleeding abnormalities, remove tissue samples (biopsies) for further tests, or help widen openings. You won't be able to feel the biopsies.

## What happens after?

- You'll stay at the facility until you are partially recovered from the sedative. This usually takes about an hour.
- The sedative can take several hours (up to a full day) to wear off completely. Since you'll still be sleepy, you'll need to arrange for a responsible person to drive you home.
- If throat spray is used, it can take up to 45 minutes to wear off. You will not be able to drink anything before it does.
- You may have a sore throat for a day or two.
- Depending on the quality and findings of this exam, you may need follow-up procedures. Talk with your doctor.

TODAY'S DATE      .      /      /

PATIENT NAME:	<input type="checkbox"/> M <input type="checkbox"/> F	PREFERRED NAME:	PHONE # H                      W                      C	AGE/ DOB
REASON FOR ADMISSION / NAME OF PROCEDURE		PROCEDURE DATE	SURGEON / DOCTOR	PRIMARY CARE PHYSICIAN <input type="checkbox"/> NONE
<b>ALLERGIES/ REACTION</b>	<input type="checkbox"/> NONE <input type="checkbox"/> MEDICATIONS <input type="checkbox"/> FOODS <input type="checkbox"/> LATEX <input type="checkbox"/> TAPE <input type="checkbox"/> OTHER			HT.
	LIST ITEM & REACTION			WT.

PREVIOUS HOSPITALIZATION(S) OR OPERATIONS  
(INDICATE APPROXIMATE YEAR)

HAVE YOU HAD A BAD REACTION TO ANESTHESIA? <input type="checkbox"/> YES <input type="checkbox"/> NO	(Malignant Hyperthermia, Dark Colored Urine, Unexplained High Fever, Muscle Weakness after Procedure, Complications)
HAS A BLOOD RELATIVE HAD A BAD REACTION TO ANESTHESIA? <input type="checkbox"/> YES <input type="checkbox"/> NO	

HEALTH HISTORY	YES	NO	Have You Ever Had:	YES	NO
			<b>Diabetes</b> Controlled by: <input type="checkbox"/> Diet <input type="checkbox"/> Pills <input type="checkbox"/> Insulin		
			<b>Hypoglycemia</b> (Low Blood Sugar)		
			<b>Thyroid Problems</b>		
			<b>Heart Problems</b> (Rheumatic Fever, Murmur, Chest Pain, Heart Attack, Irregular Heartbeat, Angina, Ankle Swelling, Valve Replacement, Pacemaker, Heart Failure, etc.)		
			<b>Blood Clots, Transfusion Problems, Or Bleeding Tendency</b> (Hemophilia, Anemia, Sickle Cell Anemia, etc.)		
			<b>High Blood Pressure</b>		
			<b>Stroke</b> (Weakness/Numbness on one side, Difficulty Speaking, Loss of Vision, etc.)		
			<b>Seizures</b> (Epilepsy, Convulsions, Blackouts, etc.)		
			<b>Neurological Problems</b> (Loss of Sensation, Numbness, Tingling, etc.)		
			<b>Severe Headaches</b>		
			<b>Glaucoma</b> (Have you ever had or are you receiving treatment for)		
			<b>Lung Problems</b> (Asthma, Chronic Cough, Pneumonia, Wheezing, Shortness of Breath, Emphysema, Abnormal Chest X-ray, Oxygen, Tracheostomy, Ventilator, etc.)		
			<b>Tuberculosis / TB</b>		
			<b>Sleep Apnea</b> (Breathing Interruption During Sleep, etc.)		
			<b>Liver Problems</b> (Jaundice, Hepatitis, etc.)		
			<b>Kidney, Bladder Or Prostate Problems</b> (Infections, etc.)		
			<b>Stomach Problems</b> (Ulcer, Hiatal Hernia, Reflux, Heartburn, Nausea/Vomiting, etc.)		
			<b>Bowel Problems</b> (Irritable Bowel, Diverticulosis, Diarrhea, etc.)		
			<b>Back Trouble</b> (Strain, Disc Problems, Numbness/Tingling of Hands or Feet, etc.)		
		<b>Broken Bones Of Head, Neck Or Spine, Restrictions In Movement Or Difficulty Opening Mouth</b> (TMJ, etc.)			
		<b>Arthritis</b>			
		<b>Muscle Disorders</b> (MD, Myasthenia Gravis, Myositis, MS, etc.)	YES	NO	
		<b>Cancer</b> (History or current treatment)			
		<b>Mental Health / Phobias</b> (Anxiety, Depression, Psychosis, etc.)			
		<b>Mental Disability</b> (Confusion, Memory Loss, Downs Syndrome, etc.)			
		<b>Skin Problems</b> (Eczema, Fragile, Skin Breakdown, etc.)			
		<b>Pain In The Past Several Weeks Or That Limits Daily Activity</b>			
		<b>Chronic Infection</b> (MRSA, VRSA, VRE, etc.)			
		<b>Other Medical Problems</b>			
		<b>Nutrition Problems</b> (Eating Disorders, Special Diet, TPN, etc.)			
		<b>Any Recent Illness, Cold, Cough or Fever?</b> (Pneumonia, Flu, RSV, Strep)			
		<b>Recent Exposure To Any Communicable Diseases?</b>			
		<input type="checkbox"/> Influenza Vaccine (Last 12 Mo) <input type="checkbox"/> Pneumonia Vaccine			
YES	NO	<b>Do you have any of the following types of advance directives? (If you mark YES to any, we need a copy to honor your wishes.)</b>			
		A Physician's Order (POLST, Life with Dignity Order, POST or an order from another state)			
		An Advance Health Care Directive			
		A Living Will			
		A Durable Power of Attorney for Healthcare			
		A Medical Treatment Plan			
		If YES to any, was a copy requested?			
		If YES to any, does this document still reflect your/patient's wishes?			
		Would you like more information or assistance? <input type="checkbox"/> Info Given			
ADVANCE DIRECTIVES			Do You Currently Use Or Have A History Of Using Tobacco?		
			No. Of Yrs Used      Packs/Day      Date Quit		
			Tobacco Cessation Booklet <input type="checkbox"/> Given <input type="checkbox"/> Declined		
			Does Anyone In Your Household Smoke?		
			Do You Drink Alcoholic Beverages?		
			How Often      How Much		
			Do You Have A History Of Substance Abuse Or Addiction?		
			Do You Have Any Of The Following:		
			<input type="checkbox"/> False Teeth <input type="checkbox"/> Chipped Teeth <input type="checkbox"/> Braces <input type="checkbox"/> Bridges <input type="checkbox"/> Contact Lenses		
			<input type="checkbox"/> Loose Teeth <input type="checkbox"/> Caps/Crowns <input type="checkbox"/> Retainers <input type="checkbox"/> Body Piercing <input type="checkbox"/> Hearing Aids		
		Do you have any special needs / concerns?			
		<input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Speech			
		<input type="checkbox"/> Language <input type="checkbox"/> Translator Requested			
		<input type="checkbox"/> Learning Needs <input type="checkbox"/> Physical Limitations			
		<input type="checkbox"/> Environmental Concerns (room temperature, lighting, etc.)			
		<input type="checkbox"/>			
		Do You Currently Need Assistance To Get Around The House, Do Errands, And Take Care Of Your Personal Needs?			
		Would You Like To Discuss Any Concerns, Fears Or Special Requests?			
		Do you use any of the following?			
		<input type="checkbox"/> Oxygen <input type="checkbox"/> CPAP <input type="checkbox"/> BiPAP <input type="checkbox"/> Other			
		Do you have any problems sleeping? <input type="checkbox"/> Breathing difficulties			
		<input type="checkbox"/> Snoring <input type="checkbox"/> Pain <input type="checkbox"/> Insomnia <input type="checkbox"/> Need sleep aids			
		<input type="checkbox"/> Up at night to use bathroom <input type="checkbox"/> Do not feel refreshed upon waking			
		<input type="checkbox"/> Have been told breathing has stopped for short periods of time while sleeping			
		<b>Women: Is There A Possibility You Are Pregnant?</b>			
		Last Menstrual Period:			
		<b>Women: Are You Breastfeeding?</b>			
		<b>IF THE PATIENT IS A CHILD: (17 &amp; under)</b>			
		Was The Child Premature? Gestational Age:			
		Any Birth Defects Or Developmental Problems?			
		Any Immunization Problems Or Delays?			
		Any History Of Breath Holding, Breathing Problems, Croup or BPD?			
		RSV-Date Resolved			
		THIS FACILITY WILL NOT BE RESPONSIBLE FOR PERSONAL BELONGINGS AND VALUABLES. AS MANY BELONGINGS AND VALUABLES AS POSSIBLE SHOULD BE TAKEN HOME BY FAMILY MEMBERS.			
		X			
		PATIENT'S OR SIGNIFICANT OTHERS SIGNATURE			

Complete form within 24 hours of admission (see instructions on back of form)

<input type="checkbox"/> Source of Medication List: _____ <input type="checkbox"/> NO HOME MEDICATIONS <input type="checkbox"/> Unable to obtain medication history [give reason and follow-up plan (i.e. family bringing in)]: _____	<input type="checkbox"/> NO KNOWN ALLERGIES DESCRIBE REACTION or ALLERGY: _____ ALLERGIES (medications, food, vaccines, latex, dyes, etc.): _____
Primary Care Physician: _____	
Patient's Home Pharmacy: _____	

### CURRENT MEDICATIONS ON ADMISSION

Include all prescriptions, over-the-counter medications, patches, inhalers, vitamins, teas, herbal, dietary, supplements

Medication [Include dosage form if indicated (EC, XL, SR, etc.)]	Dose (amount)	Route (oral, topical, inject, etc.)	Frequency (how often taken, if taken regularly or only when needed)	ADMIT ONLY		DISCHARGE ONLY	
				When Last Taken: Date	Time	When Next Dose Due: Date	Time

History obtained/reviewed by: _____	Date: _____	Time: _____
History obtained/reviewed by: _____	Date: _____	Time: _____

### NEW MEDICATIONS TO BE CONTINUED AT HOME

### HOME SCHEDULE

COMPLETE LIST INCLUDES YOUR CURRENT MEDICATIONS ABOVE AND NEW MEDICATIONS ADDED BELOW				MORNING	NOON	EVENING	BEDTIME	Crossed-out drugs on list should not be taken until you check with your Ordering Physician	Next Dose Due:	
Medication	Dose	Route	Frequency						Date	Time

LIP/RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Patient given a copy and instructed to keep a complete list of medications with them and to give to other healthcare provide

LIP/RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Stamp plate or Patient Name



## Medication History and Discharge Form





## EMERGENCY ROOM

Enter On East Side ..... L1

## AVENUES SURGICAL CENTER

## CENTRAL TOWER

Access through main entrance

Pulmonary ..... C6

Sleep Services ..... C5

## NORTH ENTRANCE /NORTH WING

Infusion ..... N3

Behavioral Health ... N5 & N6

Radiation Therapy ..... N1

MEDICAL OFFICES

HUNTSMAN  
EDUCATION CENTER

PHYSICIAN OFFICE  
BUILDING

**V Valet Service**  
6 a.m. to 2 p.m.  
FREE (No tipping please)

## MAIN ENTRANCE / MAIN PATIENT TOWER

Bone Marrow Transplant ... E8  
EKG, Echo ..... E7  
Peripheral Vascular ..... E7  
Intensive Care Unit ..... E6  
Wound Care ..... E6  
Hyperbaric Medicine ..... E6

Same Day Surgery ..... W3  
Surgical Unit ..... W6  
Orthopedic Unit ..... W7  
Joint Center ..... W7  
Medical, Surgical Unit ... W8  
Maternal Fetal Medicine ... 4th

Labor & Delivery ..... 4th  
Maternity ..... 4th  
Emergency Department ... 1st  
Endoscopy ..... 1st  
Imaging Registration ..... 1st  
MRI, CT, Mammography,  
Ultrasound, Angiography,  
Nuclear Medicine ..... 1st

**Intermountain<sup>SM</sup>  
LDS Hospital**

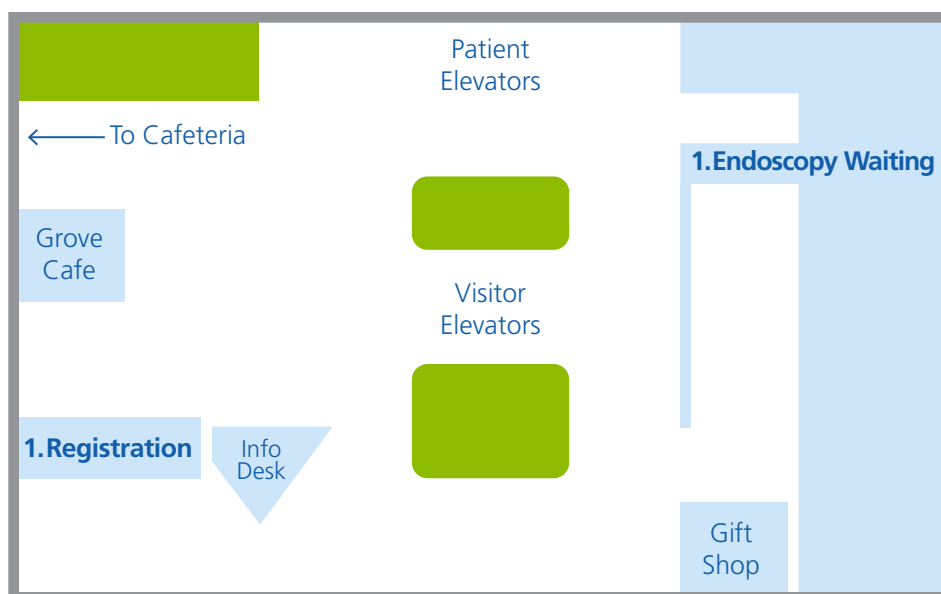
8th Avenue and C Street  
SLC, Utah 84143 • 801-408-1100

**NORTH**



## LDS HOSPITAL ENDOSCOPY

1. Check in at Registration
2. Check in at Endoscopy waiting area with receptionist



C STREET - MAIN ENTRANCE

PATIENT PARKING