

GASTROENTEROLOGY SPECIALISTS OF FREDERICK, PA

85 THOMAS JOHNSON COURT SUITE B

FREDERICK, MARYLAND 21702

PHONE : (301) 663 – 9440

GENERAL INSTRUCTIONS BEFORE PROCEDURES

1. DRIVING AND OTHER RESTRICTIONS THE DAY OF PROCEDURE

I have been advised that during my upcoming procedure I will receive medication (sedation) that will prevent me from safely operating a vehicle, machinery, signing legal documents, going to work, etc. I understand that this precaution is taken as my judgment and coordination may be impaired. This precaution is only in effect for the day of the procedure. Consequently, I understand that I will NOT be allowed to operate a vehicle to return home and that alternative arrangements MUST be made IN ADVANCE for a responsible adult to take me home. I understand that I can return home by taxi, but I must still have a responsible adult with me and that the taxi driver cannot be the responsible adult. Your driver DOES need to remain in the waiting room until you are discharged, unless alternative arrangements have been made IN ADVANCE with Court Endoscopy Center. To discuss this before your procedure appointment, contact the **Court Endoscopy Center at 301-668-1600.**

2. NOTHING TO EAT OR DRINK 4 HOURS BEFORE PROCEDURE.
3. CONTINUE ALL **BLOOD PRESSURE MEDICINES** ON DAY OF PROCEDURE (Unless instructed of change)
4. DAY OF PROCEDURE, **HOLD DIABETES MEDICINES TAKEN BY MOUTH** (such as metformin, glimepiride, glipizide, glyburide, pioglitazone, rosiglitazone, nateglinide, repaglinide, alogliptin, linagliptin, saxagliptin, sitagliptin, and combination medications, canagliflozin (Invokana), dapagliflozin (Farxiga), etc. **Long- Acting Insulin Analogs** such as Toujeo, Lantus, Tresiba and Levemir should be ***continued without change***. For other insulin products, such as **Regular insulin** and **intermediate- Acting NPH**, ***take ½ dose on day of procedure.***
5. **No need to stop Aspirin or other NSAIDs (ibuprofen, Celebrex, naproxen, etc – NEW RECOMMENDATION)**
6. **Get (or we will) get recommendations from your prescriber at the time of your office visit if you are on the following medications prior to scheduling your procedures. {Anticoagulants – Savaysa (edoxaban), Eliquis (apixaban), Xarelto (rivaroxaban), Pradaxa (dabigatran)} or [Antiplatelet – Zontivity (vorapaxar), Plavix (clopidogrel), Brilinta (ticagrelor), Effient (prasugrel)]**
7. Complete updated Patient Medication Record Form – prior to visit
8. FOLLOW COLONOSCOPY/SIGMOIDOSCOPY PREPARATION INSTRUCTIONS – ***discussed on your initial visit***
9. For EGD/ ERCP/ BRAVO/ SMARTPILL/ CAPSULE ENDOSCOPY/ ReSHAPE BALLOON/ - ***Follow instructions.***

I understand and agree to the driving, restrictions and instructions as noted above.

I understand my procedure time has been reserved exclusively for me and if I cancel or not show, I am potentially precluding another patient from using this time and delaying his or her care. If I cancel OR reschedule my procedure without **5 business days** notification, a cancellation fee of \$100 (which is not covered by my insurance company) will be charged. Same day cancellations WILL be charged a \$100 fee. Pay this fee prior to rescheduling procedure or office visit.

I am scheduled to ARRIVE with my forms completed at _____ am / pm on _____ (for an approximate procedure start time of 30-45 minutes thereafter; this time could change due to unforeseen circumstances). (Initial):

I understand and agree to what I have read and have been advised. I have received a copy of this form.

SIGNATURE & PRINTED NAME

DATE