



Instructions for Upper Endoscopy

Dartmouth Hitchcock Manchester Endoscopy Center
100 Hitchcock Way, 3rd Floor
Manchester, NH
(603) 629-8299

Elliot Hospital
1 Elliot Way, Pavilion Entrance- 2nd Floor
Manchester, NH
(603) 663-2170

Upper endoscopy with Bravo: Stop taking acid blocking medication 7 days before your procedure unless specifically instructed to continue it.

Patient Name:	Date:	Provider:
<p>If you're scheduled at D-H, you will receive a call 1 week prior to your procedure from our scheduler to assign your arrival time. Since schedules are subject to change, "myD-H" online often times is not a reliable source for an accurate time to arrive— please rely solely on a call from our scheduler for an accurate arrival time.</p>		

<p>7 DAYS PRIOR</p> <p>CHECK MEDICATIONS:</p> <p><u>Do not stop taking all your medications.</u></p> <p>Call your prescribing physician for instructions on how to take your medications prior to procedure if you take any blood thinning medications, including but not limited to:</p> <table style="width: 100%; border: none;"> <tr> <td style="padding-right: 20px;">Aggrenox</td> <td>Coumadin</td> </tr> <tr> <td>Effient</td> <td>Plavix</td> </tr> <tr> <td>Pradaxa</td> <td>Ticlid</td> </tr> <tr> <td>Xaralto</td> <td>Lovenox</td> </tr> <tr> <td>Jantoven</td> <td></td> </tr> </table> <p style="text-align: center;">*DO NOT STOP TAKING ASPIRIN*</p>	Aggrenox	Coumadin	Effient	Plavix	Pradaxa	Ticlid	Xaralto	Lovenox	Jantoven		<p>Medications: 7 days prior to your procedure, do not take:</p> <table style="width: 100%; border: none;"> <tr> <td>Advil</td> <td>Alka-seltzer</td> <td>Anaprox</td> <td>Ibuprofen</td> </tr> <tr> <td>Arthrotec</td> <td>Vitamin E</td> <td>Iron pills</td> <td>Mobic</td> </tr> <tr> <td>Escorting</td> <td>Feldene</td> <td>Relafen</td> <td>Lodine</td> </tr> <tr> <td>Multivitamins</td> <td>Motrin</td> <td>Narcosis</td> <td>Orudis</td> </tr> <tr> <td>Unpin</td> <td>Aleve</td> <td>Daypro</td> <td>Iodine</td> </tr> <tr> <td>Naproxen</td> <td>Fish oil (Omega 3)</td> <td></td> <td>Piroxicam</td> </tr> </table> <p>You may continue to take:</p> <table style="width: 100%; border: none;"> <tr> <td>Celebrex</td> <td>Maintenance medications</td> </tr> <tr> <td>Methotrexate</td> <td>Plaquenil</td> </tr> <tr> <td>Seizure medications</td> <td>Tylenol</td> </tr> </table>	Advil	Alka-seltzer	Anaprox	Ibuprofen	Arthrotec	Vitamin E	Iron pills	Mobic	Escorting	Feldene	Relafen	Lodine	Multivitamins	Motrin	Narcosis	Orudis	Unpin	Aleve	Daypro	Iodine	Naproxen	Fish oil (Omega 3)		Piroxicam	Celebrex	Maintenance medications	Methotrexate	Plaquenil	Seizure medications	Tylenol
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<p>PROCEDURE DAY</p> <p><u>Take ALL medications with a sip of water as prescribed by your physician for:</u></p> <ul style="list-style-type: none"> · cardiac · anti-hypertensive (blood pressure) · anti-anxiety · respiratory · anti-seizure · gastrointestinal medications <p>* take inhalers as prescribed and bring them with you to your appointment.</p> <p>* do not take diuretic (water pills) medications</p> <p>* drink only allowed clear liquids</p> <p>2 HOURS PRIOR TO ARRIVAL:</p> <ul style="list-style-type: none"> · Nothing by mouth · No smoking · No gum or candy · No water
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FOOD AND DRINK

Nothing to eat after midnight. Clear liquids allowed only up until 2 hours prior to arrival time.

ALLOWED: Clear Liquids Only. <i>We encourage you to drink plenty of the allowed liquids.</i>	NOT ALLOWED
CLEAR fruit juices without pulp : apple, white cranberry, white grape, lemonade (sweeteners are permitted)	
Water, clear broth and bouillon (any flavor)	
Coffee or tea (without milk or nondairy creamers)	
Carbonated soft drinks-regular or diet (Sprite, Ginger Ale, 7-Up, Coke, Pepsi)	
Gatorade, Kool-Aid, Jell-O, or other fruit flavored drinks (<i>avoid red, purple or blue food color</i>)	
Ice Popsicles (<i>avoid red, purple or blue food color</i>), <i>Italian Ice</i>	
	Solid Food
	Alcohol
	Milk or Milk products
	Orange Juice

TRANSPORTATION

You MUST make arrangements for someone to drive you home, if you will be receiving any type of anesthesia or sedation.

This person must be with you at check-in to confirm time for pick up. If you need to take a taxi, you MUST have a responsible person to accompany you in the taxi. **If you do not have a ride, your procedure will be cancelled.**

If you are responsible for small children, make arrangements for their care during your procedure as well as for the remainder of the day.

BILLING

Please note that you will be billed separately from Amoskeag Anesthesia, PLLC for the anesthesia services provided during your procedure. Questions regarding these charges can be directed to (800) 242-1311.

INSURANCE INFORMATION

Please know your insurance guidelines! If your insurance requires a PCP authorization (insurance referral), please be sure our office has received this prior to your procedure. Please do not assume that your primary care physician’s office has taken care of this. This is not necessary if your primary care physician is a Dartmouth-Hitchcock provider. Please note that we do not accept the following Medicare plans: Medicare Humana, Martin’s Point Generation and New England Community Care.

Ask your insurance company: *Am I 100% covered for an upper endoscopy? Have I met my deductible and what can I expect for out of pocket expenses?* Endoscopies are billed as a day surgery.

Notify D-H Gastro Scheduling at 603-629-8299 immediately of any health changes, such as a cold with a fever, within 48 hours of your scheduled procedure, or call if you have any questions.