

UPPER G.I. ENDOSCOPY AND GASTROSTOMY (PEG) PLACEMENT

NAME: _____

You are scheduled to have an **UPPER G.I. (gastrointestinal) ENDOSCOPY WITH GASTROSTOMY (PEG)** placement on _____. Your procedure is scheduled for _____ but it will be necessary for you to arrive at _____ to allow for our staff to prepare you for the procedure and administer pre-procedure antibiotics. **Please do not arrive at the GI Center prior to 7:00 AM as the GI Center does not open until 7:00 AM and the doors are locked until that time. The GI Center closes in the late afternoon and patients must be picked up no later than 4:30 PM.**

The Glens Falls Hospital scheduling staff will be calling to pre-register you. If you have not been contacted by the Glens Falls Hospital scheduling staff within 10 days of your scheduled appointment, please call 926-5333.

Patients failing to cancel their upper GI endoscopy and gastrostomy placement appointment at least 7 days in advance will be billed an administrative fee of \$100 by Gastroenterology Associates of Northern N.Y., PC. This fee must be paid in full prior to scheduling future appointments. If you must cancel or reschedule the examination, please call 793-5034 at the earliest possible time. There are often significant delays in rescheduling and if there are any questions regarding the need to cancel due to sickness or other health issues, it is essential that you contact our office or our physician on call (after hours or on weekends).

On the day of your exam, please report directly to the GI Center, located past the emergency room entrance on the left (west) side of the hospital around to the back of the hospital. The parking lot for the GI Center is located on the back (south) side of the hospital immediately adjacent to the entrance of the GI Center. Whenever possible, please leave valuables including personal belongings at home. As well, please remove all jewelry, including piercings, and leave at home.

During the procedure, the doctor will look inside your esophagus (the tube to your stomach), stomach and the first part of your small intestine with a flexible tube which has a bright light on its end. During the procedure, it is anticipated that a feeding gastrostomy button or tube will be placed. The test will be re-explained to you by the admitting nurse prior to the procedure, and you will be given an opportunity to ask questions.

First, the nurse will insert a small needle in your vein, which will be taped in place so that the doctor can administer medication to relax you, both before and during the test. You will be lying on your left side and/or back during the procedure. When you are comfortable, the doctor will place the tip of the small tube in your mouth, toward the back of your tongue and will ask you to swallow. You will be able to breathe normally, and the nurse will suction any extra saliva or mucus from your mouth during the procedure. You may experience some fullness or perhaps the need to belch. This relates to the insufflation of air necessary for a proper examination. You will also feel the doctor placing a small amount of anesthetic under the skin in the upper abdominal area where the feeding gastrostomy will be placed. As the feeding gastrostomy is placed, you may experience some fullness or perhaps the need to belch.

This relates to the insufflation of air necessary for a proper examination. You will also feel the doctor placing a small amount of anesthetic under the skin in the upper abdominal area where the feeding gastrostomy will be placed. As the feeding gastrostomy is placed into position, you may feel a pulling sensation. You will be given additional pain medication as needed, and most patients are comfortable enough to fall asleep during the procedure. If you are not already receiving antibiotics, a single dosage will be given prior to the procedure, to diminish the risk of infection in the area of the gastrostomy device. After the procedure has been completed, you will be taken to a recovery room, where you will rest for a period of time. You will then be brought to a short-term observation room in the hospital where you will continue to recover. When you have fully recovered, you will usually be given a small test feeding or bolus of water through the gastrostomy device and be allowed to eat (if you were doing so without difficulty prior to the procedure). The doctor will talk with you and your family regarding the results of the procedure and you will ordinarily be discharged from the hospital later in the day. Occasionally, you will be observed in the hospital and discharged on the following day.

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PLEASE NOTE:

1. **Do not eat or drink anything or take oral medications after midnight the night before your examination, if scheduled for 10 A.M. or earlier. If scheduled after this time, clear liquids and oral medications may be ingested until 3 hours prior to your scheduled procedure time.**
2. **Our office will provide you with specific instructions if you are taking any of the following medications:**
 - **Insulin**
 - **Anticoagulant medications (blood thinners) such as warfarin (Coumadin, Jantoven), Pradaxa (dabigatran), Xarelto (rivaroxaban), Eliquis (apixaban), Savaysa (edoxaban)**
 - **Antiplatelet medications such as Plavix (clopidogrel), Brilinta (ticagrelor), Effient (prasugrel)**
3. **If you are a diabetic and taking oral diabetic agents, please do not take these medications the day of your procedure.**
4. **If you are taking steroid medications (e.g. prednisone, Decadron, Medrol), please discuss this with our office prior to your procedure.**
5. **All other medications may be continued, including aspirin and nonsteroidal anti-inflammatory drugs (NSAIDs e.g. Celebrex, Bextra, Voltaren, Naprosyn, Motrin, Advil, Aleve). If you have any questions regarding your medications, please contact our office.**
6. **Since you will be given intravenous sedation for this examination, you must have a responsible adult drive you home and accompany you into your residence. As well, you must have a responsible adult stay with you for the next 24 hours. You should plan on limiting your activity and resting at home for the remainder of the day. You must not drive a motor vehicle or operate machinery for the next 24 hours. If there is a problem with these arrangements, please inform our office to allow for rescheduling of your procedure. Sedation for your procedure cannot be administered unless these arrangements are completed.**
7. **If your insurance plan requires a referral from your primary care physician, please confirm that our office has received a referral to cover this procedure. If your insurance plan requires pre-authorization for this procedure, please confirm that our office has obtained the pre-authorization.**
8. **The forwarded green colored Glens Falls Hospital GI Center Interdisciplinary Pre-Admission History & Physical form must be completed prior to presenting for your procedure. Failure to complete this important form may lead to significant delays and/or cancellation of your procedure(s).**
9. **Due to the increasing number of patients with high deductible plans, all deductibles, copays, and coinsurance are due five days prior to your appointment. Payment should be mailed or brought to our office at Five Irongate Center, Glens Falls, New York. If our office does not receive payment within the above timeframe, your procedure will need to be rescheduled.**

**GLENS FALLS HOSPITAL GI CENTER
INTERDISCIPLINARY PRE-ADMISSION
HISTORY & PHYSICAL**

**PLEASE COMPLETE THESE FORMS & BRING
THEM WITH YOU TO YOUR EXAM**

GI Physician: _____

Date: _____

Why are you having this exam? _____

Have you had recent tests, x-rays, MRI's, CT scans, or other tests related to today's procedure? NO YES

If yes, which tests? _____ Where? _____ When? _____

PLEASE CHECK ANY PROBLEMS THAT YOU CURRENTLY HAVE OR HAVE A PERSONAL HISTORY OF:

Gastrointestinal: No Problems

Current / History Of

- Nausea/Vomiting
- Reflux / Heartburn
- Hiatal Hernia
- Difficulty or changes in swallowing
- Ulcer
- Abdominal pain
- Liver disease
- Yellow jaundice
- Hepatitis
- Colon polyps
- Colon cancer
- Rectal bleeding
- Black stools
- Occult (hidden) blood stool
- Excessive gas
- Gallbladder disease
- Irritable bowel syndrome
- Ulcerative Colitis or Crohn's disease
- Family history colon cancer
- Family history colon polyps
- Diverticulosis / itis
- Constipation
- Diarrhea
- Ostomy
- Hemorrhoids
- Hernia: Location _____

Other: _____

Respiratory: No Problems

Current / History Of

- Cough
- Asthma
- Tuberculosis
- Wheezing
- Shortness of Breath
- Pneumonia
- Emphysema/COPD
- Sleep Apnea CPAP device? Yes No

Other: _____

Metabolic / Endocrine: No Problems

Current / History Of

- Diabetes
- Thyroid Disease
- Low Blood Sugar
- Other: _____

Circulatory: No Problems

Current / History Of

- Chest Pain
- Palpitations
- High blood pressure
- Mitral valve prolapse
- Pacemaker/Defibrillator
- Heart valve replacement
- Heart attack
- Stroke (TIA/CVA)
- Irregular heart beat
- Blood Clots (DVT's, Pulmonary emboli)

Other: _____

Neurological: No Problems

Current / History Of

- Seizures / epilepsy
- Migraines
- Chronic Pain

Miscellaneous: No Problems

Current / History Of

- Pain Control Device
- Arthritis
- Kidney disease / Renal failure / Dialysis
- TMJ
- Joint replacement (hip, knee)
- Radiation therapy
- Prolonged bleeding from cut
- Previous blood transfusions

History of cancer: _____

Could you be pregnant? YES NO

Last menstrual period _____

Last prostate exam _____

Appetite: increase/decrease/unchanged

Unintended weight change +/- 10 lbs. YES NO

Medication List
Allergies

(list): _____

Have you ever had complications to anesthesia or sedation? _____

Alert: Please include all vitamins, herbs, over the counter medicines, & prescriptions. Attach additional sheet if necessary.

Medication/Strength	Dose	Frequency	Last Dose	Why do you use this medication?

Do you routinely take:

Aspirin yes no Last Dose: _____
 Non-Steroidals (eg. Ibuprofen) yes no Last Dose: _____
 Anticoagulants (blood thinners, Coumadin, Jantoven, Plavix, Pradaxa, Xarelto, Eliquis, Effient, Ticlid, Lovenox, Brilinta) yes no Last Dose: _____
 Antibiotics (within last 3 weeks) yes no Last Dose: _____
 Were you instructed by your doctor to discontinue any of the above medications? yes no
 Do you have a surgically placed IV line? yes no
 Height: _____ Weight: _____

PLEASE LIST ALL PREVIOUS SURGERIES _____

PLEASE PLACE
 ANTI-COAGULANT DISCHARGE
 INSTRUCTIONS HERE
 OFFICE USE ONLY

FUNCTIONAL ASSESSMENT

LEARNING NEEDS

Preferred modes of communication: verbal sign language written other _____

Preferred Language: English Spanish French Other _____

Is the patient able to read? Yes No

Is the patient able to write? Yes No

SENSORY DEFICITS

Do you have: Dentures Yes No Loose Teeth Yes No Body Piercings Yes No

Glasses or Contacts Yes No Hearing Impairment Yes No Hearing Aids Left Right

Have you had any recent/significant change in caring for yourself, dressing, bathing, or toileting? Yes No

Do you have any difficulty shopping, cooking or feeding yourself? Yes No

ADVANCED CARE DIRECTIVES

Living Will on File Yes No Health Care Proxy on File Yes No Information Given Yes No

PSYCHOSOCIAL:

Are there any spiritual, cultural, special practices or needs that we should be aware of during your stay? Yes No

If yes, describe: _____

Do you:

Drink coffee? No Yes How much? _____

Drink alcohol? No Yes How much? _____

Do you smoke? No Yes How much? _____

DOMESTIC VIOLENCE:

Because violence can be common in our lives, we'd like to provide community resource information to you. If you do not feel safe at home and/or have any questions, please speak directly with your health care professional.

*Warren/Washington County: 518-793-9496

*Saratoga County: 518-583-0280 (Daytime), 518-584-8188 (After Hours)

*NY State Domestic Violence Hotline: 1-800-942-6906, Spanish line: 1-800-942-6908

Would you like to discuss any domestic violence, abuse or neglect concerns with your healthcare provider? Yes No

Authorization for Follow Up Communication

I am aware that I will be contacted after my procedure by the GI Center to follow up on my recovery.

Within 3 days after the procedure I would like to be called at this # _____

If I am unavailable, I give permission to leave a message Yes No

Patient Signature: _____ Date: _____

STATEMENT OF COMPLIANCE

Since you will given a sedative for this examination, you must have a responsible adult take you home and accompany you into your residence. As well, you must have a responsible adult stay with you for the next 24 hours. You should plan on limiting your activity and resting at home for the remainder of the day. You must not drive a motor vehicle or operate machinery for the next 24 hours. If there is a problem with these arrangements, please inform your physician's office to allow for rescheduling of your procedure. Sedation for your procedure cannot be administered and the **PROCEDURE MAY BE CANCELLED** unless these arrangements are complete.

Please state name of the person driving you home: _____

Responsible adult staying with you for the next 24 hours: _____

Patient Signature: _____ Date: _____

There are multiple charges you will incur when having a procedure performed. The physician performing your procedure will have a charge, the facility where you have your procedure performed will have a facility charge and if you have a biopsy taken or polyp removed there will also be a fee for pathology services. Most patients will undergo conscious sedation which is given by our physicians and included in the physician charge, but if you are scheduled for anesthesiologist assisted sedation, there will also be a charge for the anesthesiologist.

The Physicians of Gastroenterology Associates of Northern New York, P.C. participate with the following insurance plans:

Aetna
Blue Shield of Northeastern New York
CDPHP
Emblem Health (GHI)
Empire Blue Cross
Fidelis
Magnacare (Health Republic)
Martins Point
Medicare
MVP
New York State Empire Plan
New York State Medicaid
Shared Health Network

If your insurance plan is not listed above, please call our billing office at 793-5034 to discuss your insurance coverage and financial responsibility.

You will need to contact the facility where you are scheduled for your procedure to discuss whether they participate with your insurance company. They will also be able to answer questions about the pathology services. If you are scheduled for your procedure at Northern GI Endoscopy our billing office can help answer any insurance questions you may have regarding the facility fees or pathology fees.

Our physicians have privileges and perform procedures at Glens Falls Hospital, Saratoga Surgery Center and Northern GI Endoscopy.