

## UPPER ENDOSCOPY (EGD) WITH FLEXIBLE SIGMOIDOSCOPY PREP

**Purchase the following supplies at your local pharmacy:**

### **2 – FLEET Saline Enemas**

For your safety, **STOP** consuming all liquids and nothing by mouth 3 hours prior to your procedure or your procedure will be cancelled and rescheduled. Please follow detailed instructions below.

**Important, please review this section if you take a medication called a GLP-1 agonist** (such as Ozempic, Weygovy, Trulicity, Rybelsus, Saxenda, Byetta or others) or an SGLT-2 Inhibitor (Invokana, Farxiga, Jardiance, Steglatro) for weight loss or diabetes.

If you take these medications, then you should hold your medication according to the following guidelines:

GLP-1 Agonists (Ozempic, Weygovy, Trulicity, Rybelsus, Saxenda, Byetta or others):

- For once or twice daily injectables (example Byetta, Victoza, Saxenda), hold the day before and day of the procedure.
- For once weekly injectables (example: Trulicity, Ozempic, Weygovy, Bydureon, Mounjaro), hold for 7 days before the procedure.
- For oral, daily dosing (example: Rybelsus), hold for 7 days before the procedure.

SGLT-2 Inhibitors (Invokana, Farxiga, Jardiance, Steglatro): Hold for 4 days before the procedure

**If you take these medications for diabetes, then you need to contact your primary care team or endocrinologist for glucose management instructions.**

**If you are having an EGD (upper endoscopy) and take these medications**, then you should start a clear liquid diet **24 hours** before your procedure. This will be different from your instructions that say to start a clear liquid diet at 11:45 PM the night before. For example, if your procedure is at 8:00 AM, then you should start a clear liquid diet at 8:00 AM the day before. Make sure to follow the NPO instructions (nothing by mouth 3 hours before your procedure). Holding these medications and staying on the clear liquid is important for us to safely complete your procedure.

### **Cancel or Reschedule Your Appointment:**

If you are having flu-like symptoms (such as fever, cough, shortness of breath) within 14 days of your appointment please call to reschedule. If you have any newly diagnosed medical condition (like diverticulitis, heart problems, breathing problems), please call our office. If you need to cancel or reschedule for any other reason, call 612-871-1145 at least 72 hours prior to your appointment.

**Responsible Person:**

Please remember a responsible person needs to check in with you on your procedure day, go with you after discharge, drive you home after your procedure and assist you with follow up care. This takes approximately 2 hours from check-in to discharge. You will not be able to drive a car, operate machinery, or go to work until the following day. Failure to bring a responsible person may result in your appointment being rescheduled.

Some patients may experience temporary memory loss after the procedure due to use of monitored anesthesia care. You may wish to have a responsible person present during your discharge to take notes on your behalf and ask questions related to your follow up care.

If the patient is a minor or requires a legal guardian, the legal guardian must be present to check in the patient on the procedure day. If the legal guardian is not able to be present at check in, they will need to be available by phone for the duration of the procedure and through patient discharge.

**The night before your procedure:**

- Stop eating solid foods and begin clear liquid diet at **11:45pm**. Clear liquids include things you can see through.
  - Examples of a clear liquid diet include: water, clear broth or bouillon (gluten free options available), Gatorade, Pedialyte or Powerade, carbonated and non-carbonated soft drinks (Sprite, 7-Up, Gingerale), strained fruit juices without pulp (apple, white grape, white cranberry), Jell-O, popsicles, and up to one cup of black coffee or tea (no milk or cream) each day.
  - The following are not allowed on a clear liquid diet: red liquids, alcoholic beverages, dairy products, protein shakes, cream broths, juice with pulp, products containing oil and chewing tobacco.
  - For additional details on following a clear liquid diet, please see <https://www.mngi.com/conditions/clear-liquid-diet>

**Day of your test:**

Continue the Clear Liquid Diet up to **3 hours prior to your procedure**, then stop drinking. As a reminder, continue to avoid red liquids, alcoholic beverages, dairy products, protein shakes, cream broths, juice with pulp, products containing oil, chewing tobacco and illicit drugs. Use of these will result in your procedure being cancelled.

Morning Medications: You may take all of your morning medications including blood pressure medications, blood thinners (if you have not been instructed to stop these by our office), methadone, and anti-seizure medications with sips of water **3 hours prior to your procedure** or earlier. Do not take any chewable vitamins or supplements. To avoid cancellation, do not use marijuana/THC the day of your procedure. If you have diabetes, contact your monitoring provider for further direction on insulin and/or blood sugar management.

- **3 hours prior to your procedure time** (Example: 4:30am for a 7:30am procedure):

- STOP consuming all clear liquids.
- Do not take anything by mouth during this time.
- **1 ½ hours before leaving for your procedure:**
  - Rectally administer the 1<sup>st</sup> Fleet enema
- **1 hour before leaving for your procedure:**
  - Rectally administer the 2<sup>nd</sup> Fleet enema

**Bring the following to your procedure:**

- Insurance Card / Photo ID
- List of Current Medications including over-the-counter medications and supplements
- Bring your rescue inhaler if you currently use one to control asthma
- Bring contact lens supplies as you will be asked to remove contact lenses prior to the start of your procedure
- Advance Directives: If you have an Advance Directive, please bring a copy of your Advance Directive with you to your endoscopy appointment. Advance Directives are not honored at MNGI facilities, and in the event of a life-threatening situation, life support measures will be instituted in every instance and our patients will be transported to a higher level of care facility (i.e., hospital). In the unlikely event that you require an emergency transfer to a higher level of care facility, your Advance Directive should accompany you to that facility.

**DESCRIPTION OF UPPER ENDOSCOPY**

**What is an upper endoscopy?**

An upper endoscopy is a procedure performed to evaluate symptoms of upper abdominal pain, bleeding, nausea, vomiting or difficulty swallowing. During the procedure, the physician examines the lining of your esophagus, stomach and the first part of your small intestine through a thin, flexible tube called an endoscope. If growths or other abnormalities are found, the physician may remove the abnormal tissue for further examination, or biopsy. If you have difficulty swallowing, it may be possible for the area to be expanded during the procedure.

**What happens during an upper endoscopy?**

Plan to spend up to 2 hours at the endoscopy center the day of your procedure. The procedure itself takes about 15 minutes to complete.

**Before the procedure:**

Your medical history will be reviewed with you by your health care team including a nurse, your gastroenterology physician and an anesthesia provider. An IV line will be placed.

**During the procedure:**

During your procedure, the anesthesia provider will administer medications and monitor vital signs which is a process known as Monitored Anesthesia Care (MAC). While most patients sleep through the procedure, some remain awake and aware. The anesthesiologist and/or certified registered nurse anesthetist (CRNA) will help determine the appropriate type of drug to be used during the procedure to keep you safe and comfortable.

**What happens after the procedure?**

The physician will talk with you about the initial results of your procedure and will prepare a full report for the healthcare provider who referred you for your upper endoscopy. You may have some bloating after the procedure which is normal. Your throat may feel sore for a short time. Any tissue samples or polyps removed during the procedure will be sent to a lab for evaluation. It may take 5-7 working days for you to be notified of the results by mail or through the Patient Portal.

You may resume most of your regular activities the day after the procedure. However, medication given during the procedure will prohibit you from driving for the rest of the day. You may resume your normal diet, but alcohol should be avoided until the next day after your procedure.

**Are there possible complications from an upper endoscopy?**

Although serious complications are rare, any medical procedure has the potential for risks. Risks from an upper endoscopy include perforation, or a tear, of the lining of the stomach or esophagus, bleeding from a biopsy site, reactions to medications, heart and lung problems, and dental or eye injuries.

**DESCRIPTION OF FLEXIBLE SIGMOIDOSCOPY WITH SEDATION****What is flexible sigmoidoscopy?**

Flexible sigmoidoscopy is a procedure that allows your physician to examine the lining of the rectum and a portion of the colon for abnormal growths or tissue. During this procedure, the doctor inserts a flexible, hollow tube called a sigmoidoscope into the anus and advances it slowly into the rectum and lower colon. If abnormal tissue is found, the doctor may remove a sample for further examination or biopsy.

**What should I expect during a flexible sigmoidoscopy?**

Plan to spend up to 1½ hours at the endoscopy center the day of your procedure. The procedure itself takes from 5 to 15 minutes to complete.

**Before the Procedure:**

Your medical history will be reviewed with you by your health care team including a nurse, your gastroenterology physician and an anesthesia provider. An IV line will be placed.

**During the Procedure:**

During your procedure the anesthesia provider will administer medications (if you chose to be sedated) and monitor vital signs which is a process known as Monitored Anesthesia Care (MAC). While most patients sleep through the procedure, some remain awake and aware. The anesthesiologist and/or certified registered nurse anesthetist (CRNA) will help determine the appropriate type of drug to be used during the procedure to keep you safe and comfortable. If abnormal tissue or polyps are found, the physician may remove them through the scope for closer examination or biopsy.

**What should I expect after a flexible sigmoidoscopy?**

The physician will talk with you about the initial results of your procedure and will prepare a full report for the healthcare provider who referred you for the procedure. You may have some cramping or bloating after the procedure which is normal and should disappear quickly by passing gas. Any tissue samples or polyps removed during the procedure will be sent to a lab for evaluation.

It may take 5-7 working days for you to be notified of the results by mail or through the Patient Portal.

**What are the possible complications with flexible sigmoidoscopy?**

Although serious complications are rare, any medical procedure has the potential for risks. Risks from the procedure include perforation, or a tear through the lining of the colon, bleeding from a biopsy site, reaction to medications, heart and lung problems, and eye injuries.