

# INSTRUCTIONS FOR Upper Gastrointestinal Endoscopy (also called EGD: EsophagoGastroDuodenoscopy)

## READ ALL INSTRUCTIONS CAREFULLY

### REPORT TO:

Pacific Gastroenterology Endoscopy Center, 26421 Crown Valley Pkwy. # 140B, Mission Viejo.

*Date* \_\_\_\_\_ *Arrival Time* \_\_\_\_\_ *Procedure Time* \_\_\_\_\_

- 1) If you are taking **blood thinning medicines like Coumadin (Warfarin), Pradaxa, Xarelto or Plavix**, please consult your doctor. You may need to stop these medications for at least 3 days prior to your procedure.
- 2) Do not eat or drink (except for your usually prescribed pills) after midnight on the night before your test and please eat **NO BREAKFAST** on the morning of your examination.
- 3) **MEDICATIONS**
  - (a) **On the evening prior to your examination:** Take your usually prescribed medications.
  - (b) **On the morning of the procedure:** Take your usually prescribed medications with water before 6 AM. If you are a **DIABETIC**, please discuss with your doctor scheduling this test, what you should do with your insulin on the morning of the procedure.
- 4) **Arrive for Endoscopy at your scheduled time.**
- 5) You will probably require some medication by vein for the procedure to relax you. This medication may make you sleepy for a few hours. If you receive this medication you will be required to remain here at the Endoscopy Center for 1 to 2 hours after the procedure is completed for observation.
- 6) If you receive this relaxing medication by vein, you cannot safely drive yourself home after the test. Therefore, plan on having someone bring you to the Endoscopy Center and return you home after the procedure. Likewise, you should not plan on operating any heavy or dangerous machinery until the day after the procedure.
- 7) Wear loose comfortable clothing. Please wear or bring a pair of socks with you.
- 8) The doctor who will be doing your Endoscopy is **Om P. Chaurasia, MD.**



If there are any questions regarding the procedure or its scheduling, please call the Endoscopy Center at (949) 365-8836.

# Upper Endoscopy

Om P. Chaurasia, MD, FACP  
Pacific Gastroenterology Medical Associates, Inc.  
26421 Crown Valley Pkwy, Suite 140A  
Mission Viejo, California 92691



*National Digestive Diseases Information Clearinghouse*

National  
Institute of  
Diabetes and  
Digestive  
and Kidney  
Diseases

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Digestive  
Diseases  
Information  
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E-mail:  
nddic@info.niddk.nih.gov

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## Upper Endoscopy

Upper endoscopy enables the physician to look inside the esophagus, stomach, and duodenum (first part of the small intestine). The procedure might be used to discover the reason for swallowing difficulties, nausea, vomiting, reflux, bleeding, indigestion, abdominal pain, or chest pain. Upper endoscopy is also called EGD, which stands for esophagogastroduodenoscopy (eh-SAH-fuh-goh-GAS-troh-doo-AH-duh-NAH-skuh-pee).

For the procedure you will swallow a thin, flexible, lighted tube called an endoscope (EN-doh-sko-pe). Right before the procedure the physician will spray your throat with a numbing agent that may help prevent gagging. You may also receive pain medicine and a sedative to help you relax during the exam. The endoscope transmits an image of the inside of the esophagus, stomach, and duodenum, so the physician can carefully examine the lining of these organs. The scope also blows air into the stomach; this expands the folds of tissue and makes it easier for the physician to examine the stomach.

The physician can see abnormalities, like ulcers, through the endoscope that don't show up well on x-rays. The physician can also insert instruments into the scope to remove samples of tissue (biopsy) for further tests.

Possible complications of upper endoscopy include bleeding and puncture of the stomach lining. However, such complications are rare. Most people will probably have nothing more than a mild sore throat after the procedure.

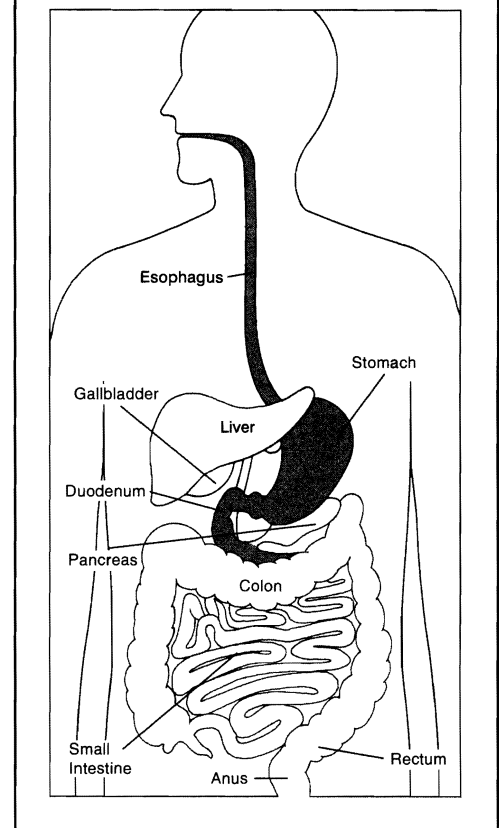
The procedure takes 20 to 30 minutes. Because you will be sedated, you will need to rest at the physician's office for 1 to 2 hours until the medication wears off.

## Preparation

Your stomach and duodenum must be empty for the procedure to be thorough

and safe, so you will not be able to eat or drink anything for at least 6 hours beforehand. Also, you must arrange for someone to take you home—you will not be allowed to drive because of the sedatives. Your physician may give you other special instructions.

**The Digestive System**



**Your physician has fact sheets on other diagnostic tests:**

- Colonoscopy
- ERCP
- Lower GI Series
- Sigmoidoscopy
- Upper GI Series



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## Medical Director



Om P. Chaurasia, MD

Dr. Chaurasia has been in the field of gastroenterology for more than a decade. He has served as the President of the Orange County Gastroenterology Society.

He completed his fellowship training in Gastroenterology and hepatology at the University of California, Irvine. In addition he did an advanced training in therapeutic ERCP at the University of Amsterdam, Holland, an internationally renowned center for pancreatico-biliary endoscopy. His board certification includes American subspecialty board of gastroenterology. He serves on the clinical faculty at the University of California, Irvine.

## About the Endoscopy Center

Pacific Gastroenterology Endoscopy Center is a state-of-the-art Ambulatory Endoscopy Center.

### **Our Center Offers:**

- ◆ Outpatient care allowing you to return home the same day
- ◆ Modern, state-of-the-art equipment
- ◆ Highly qualified personnel
- ◆ Efficient personal care in a warm and caring atmosphere

### **The Endoscopic Procedures Performed at the Center Include:**

- ◆ Upper Gastrointestinal Endoscopy
- ◆ Colonoscopy

These procedures are performed to both diagnose and/or treat various digestive diseases including heartburn/gastroesophageal reflux, ulcer, colitis, diverticulosis, gastrointestinal bleeding, colon polyp, and colon cancer.

## Before Procedure

- ◆ Follow carefully all instructions for the procedure given to you by your gastroenterologist.
- ◆ Please make sure that you take all doses of laxatives as directed for your colonoscopy. If you have any problems with the laxative, please notify your physician.
- ◆ If you are taking any blood thinning medications like coumadin, aspirin, or plavix, please contact your physician. You may need to stop these medications for a few days prior to the procedure.
- ◆ Notify your physician if you develop any change in your health status such as fever, cough or cold prior to the procedure.
- ◆ Bring a list of all medications you may be taking.
- ◆ Wear loose comfortable clothing.
- ◆ Leave jewelry and contact lens at home.
- ◆ Do not bring any valuables.
- ◆ You **MUST** have someone who will be responsible for transporting you home.
- ◆ Arrive at the Center one hour prior to the procedure scheduled time.
- ◆ Before any sedative is given, you will be asked to sign an informed consent for the procedure.



**Recovery room**

## After Procedure

- ◆ After the procedure, you will spend some time in the recovery room. Our team of nurses and staff will ensure a nurturing and comforting environment during your recovery.
- ◆ It is common to have some amnesia due to sedative, and therefore you may not remember talking to your physician after the procedure. For this reason, your physician may desire to discuss the findings of the procedures or any special after care instructions with your companion or a family member.
- ◆ You will be given written discharge instructions and any necessary prescriptions before you leave. Please be sure to follow these instructions carefully.
- ◆ You will be discharged home in the care of a family member or a friend who is **PRE-ARRANGED** to drive you home. You will **NOT** be permitted to drive yourself home or take a bus or a taxi.
- ◆ You may feel a little dizzy and sleepy for several hours after the procedure. It is therefore advisable that you stay home, and take things easy for rest of the day.
- ◆ Wait until the day following the procedure to drive a motor vehicle, operate any heavy equipment or sign any important documents.
- ◆ Do not drink any alcoholic beverage until the day after the procedure.
- ◆ After the upper endoscopy, you may experience some minor throat irritation.
- ◆ After biopsy or polyp removal during a colonoscopy, you may have some minor rectal bleeding.
- ◆ If you develop persistent nausea, vomiting, persistent red maroon or black bowel movement or vomiting of blood, persistent abdominal pain, or fever, please contact your gastroenterologist immediately. In case of an emergency, please call 911.
- ◆ You will be advised to follow up with your physician to discuss the findings of the procedure and the biopsy results as applicable.

## Financial Information

### Fees for the Procedure

Ambulatory outpatient setting allows the procedures to be performed at a reduced cost.

The center charges a single fee called "Facility fee" which covers:

- ◆ Use of the facility
- ◆ Equipment and supplies
- ◆ Medications and sedation used for the procedure
- ◆ Nursing services
- ◆ Recovery room services

The facility fee does not cover:

- ◆ Physician's professional fee
- ◆ Lab or Pathology fees

### Insurance and Billing

Our business office will contact you prior to the procedure to discuss your financial responsibilities.

- ◆ We accept PPOs, Medicare and other insurance plans.
- ◆ Please bring your insurance card(s).
- ◆ You will be asked to sign a financial agreement indicating your responsibility for the bill.
- ◆ The Endoscopy Center will bill your insurance. You will be responsible for any remaining balance.
- ◆ We accept Visa and Mastercard.

### Co-payment and deductibles

- ◆ Co-payments and deductibles are due prior to the procedure.

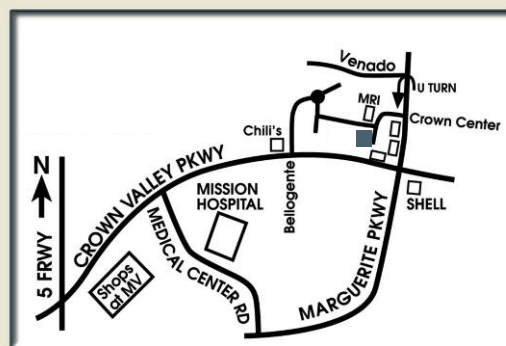
### Cash Pay/No Insurance

- ◆ If you do not have health insurance, you will be required to pay the full amount of the "facility fee" prior to the procedure.
- ◆ The physician fee is to be paid separately to your doctor.
- ◆ You may also incur a pathology fee if any biopsies are taken.

If you have any questions regarding your insurance coverage or our fees, please call us at (949) 365-8836.

### Directions

Freeway 5 → Exit Crown Valley Parkway → Turn left if coming from Freeway 5 South or turn right if coming from Freeway 5 North → Go east on Crown Valley Parkway for about a mile → Turn left on to Marguerite Parkway → Stay in the Left lane → Drive about 200 yards → Take the first legal U turn → Take the first Right in to the Crown Center → Turn Left, Our Building (26421 Crown Valley Pkwy) is left to the MRI Building. Please note that the Office buildings in the Crown Center look like "condominiums".



Parking is FREE.

There is no designated parking area. Park anywhere in the Crown Center.

26421 Crown Valley Parkway  
Suite 140B  
Mission Viejo, CA 92691

(949) 365-8836  
www.PacificGastro.com



## Pacific Gastroenterology Endoscopy Center



A State-of-the-Art  
Ambulatory Endoscopy Center

MEDICARE CERTIFIED

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# Pacific Gastroenterology Endoscopy Center

## Ownership Disclosure/Patient Grievances/Advance Directives

- WHAT WE ARE:** is an outpatient ambulatory endoscopy center licensed in the State of California.
- WHO WE ARE:** is owned by Om P. Chaurasia, MD. The center was developed to provide a safe and comfortable medical facility that would provide efficient and effective services to patients.
- WHY WE WERE OPENED:** Outpatient care has been proven to increase patient comfort through personalized care while delivering quality services.
- YOUR RIGHTS AS A PATIENT:** You have the right to choose the provider and the facility for your health care services. You will not be treated differently by your physician if you obtain health care services at another facility.
- PATIENT GRIEVANCES:** If patients have complaints or concerns in regard to your care at Pacific Gastroenterology Endoscopy Center, they are encouraged to fill out a grievance form, which is available upon request at the front desk. Contact numbers are available below.
- ADVANCE DIRECTIVES:** Even if you have an advance directive or living will, the Center will still transfer you to the closest hospital which will make decisions about following any advance directive or living will. You have a right to have your living will present in our medical record at the Center and to be informed of the Center's policy prior to the date of admission. State information and forms to prepare an advance directive, if you decide to have one, can be found at the following web site:  
<http://www.dhcs.ca.org/formsandpubs/pages/mmcdaplsbjctlistings.aspx>

### Consumer Complaints can be made at:

**Endo Center** Pacific Gastroenterology Endoscopy Center  
Attn: Nursing Director  
26421 Crown Valley Parkway, Suite 140B  
Mission Viejo, CA 92691  
Tel: (949) 365-8836

**CDPH** California Department of Public Health (CDPH), District Administrator,  
Orange County District Office, Tel: (949) 456-0630

**DHHS** Michael Kruley, Regional Manager  
Office of Civil Rights  
U.S. Department of Health and Human Services (DHHS)  
90 7<sup>th</sup> Street, Suite 4-100  
San Francisco, CA 94103  
Voice phone (415) 437-8329  
Fax (415) 437-8239  
TDD (415) 437-8311, <http://www.OCRMail@hhs.gov> or [www.OCRComplaint@hhs.gov](http://www.OCRComplaint@hhs.gov)

**Medicare** Office of the Medicare Ombudsman at [www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)

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### The following investors have a financial interest in the Pacific Gastroenterology Endoscopy Center

Om P. Chaurasia, MD

# Pacific Gastroenterology Endoscopy Center

## PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

The staff of this health care facility recognizes you have rights while a patient receiving medical care. In return, there are responsibilities for certain behavior on your part as the patient. These rights and responsibilities include:

### **The patient has the *right* to:**

1. Treatment without regard to sex, or cultural, economic, educational, or religious background or the source of payment for his care.
2. Considerate and respectful care.
3. The knowledge of the name of the physician who has primary responsibility for coordinating his care and the names and professional relationships of other physicians who will see him and the credentials of health care professionals involved in his care.
4. Receive information from his physician about his illness, his course of treatment, and his prospects for recovery in terms he can understand. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
5. Receive the necessary information about any proposed treatment or procedure to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, alternate course of treatment or non-treatment and the risks involved in each, and the name of the person who would carry out the treatment or procedure.
6. Participate actively in decisions regarding his medical care. To the extent permitted by law, this includes the right to refuse treatment.
7. Full consideration of privacy concerning his medical care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.
8. Confidential treatment of all communications and records pertaining to his care. His written permission shall be obtained before his medical records are made available to anyone not concerned with his care.
9. Reasonable responses to any reasonable request he makes for services.
10. Reasonable continuity of care and to know in advance the time and location of appointments as well as the physician providing the care.
11. Be advised if physician proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.
12. Be informed by his physician or designee of his continuing health care requirements.
13. Examine and receive an explanation of his bill regardless of source of payment.
14. Have all patient's rights explained to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient.
15. Express any grievances or suggestions verbally or in writing to the Pacific Gastroenterology Endoscopy Center Management at (949) 365-8836 and/or California Department of Public Health at (949) 456-0630 or Office of the Medicare Beneficiary Ombudsman at 800-MEDICARE (800-633-4227) or online at <http://www.cms.hhs.gov/center/ombudsman.asp>

### **Patient *Responsibilities*:**

1. Good communication is essential to a successful physician-patient relationship. To the extent possible, patients have a responsibility to be truthful and to express their concerns clearly to their physicians.
2. Patients have a responsibility to provide a complete medical history, to the extent possible, including information about past illnesses, medications, hospitalizations, family history of illness, and other matters relating to present health.
3. Patients have a responsibility to request information or clarification about their health status or treatment when they do not fully understand what has been described.
4. Once patients and physicians agree upon the goals of therapy, patients have a responsibility to cooperate with the treatment plan. Compliance with physician instructions is often essential to public and individual safety. Patients also have a responsibility to disclose whether previously agreed upon treatments are being followed and to indicate when they would like to reconsider the treatment plan.
6. Patients generally have a responsibility to meet their financial obligations with regard to medical care or to discuss financial hardships with their physicians. Patients should discuss end-of-life decisions with their physicians and make their wishes known. Such a discussion might also include writing an advanced directive.
7. Patients should also have an active interest in the effects of their conduct on others and refrain from behavior that unreasonably places the health of others at risk. Patients should inquire as to the means and likelihood of infectious disease transmission and act upon that information which can best prevent further transmission.