



Check One:

- EGD
- EGD/DIL
- EGD Bravo
- Eso Manometry
- Liver Biopsy
- ERCP

GREGORY S. SMITH, M.D.
Board Certified Gastroenterology & Hepatology

Your procedure is scheduled with: (Check one): Gregory S. Smith, M.D. _____

Patient Name: _____ DOB: _____
Procedure Date: _____ Arrival Time: _____ AM/ PM

Plan to be in the endoscopy facility upto 2-5 hours if sedated, depending on your case & recovery, and 1-2 hours if not sedated.
Your procedure will be performed at this facility:

- Athens Endoscopy, LLC
21 Jefferson Place – Suite 2
Athens, GA 30606
706-433-0788
- St. Mary’s Hospital
1230 Baxter Street , Athens, GA 30606
Check in @ Main Entrance across from parking deck
706-389-3000
- Piedmont Athens Regional Medical Center
1199 Prince Avenue , Athens, GA 30606
Check in @ Talmadge Entrance 1, 1st floor, across from garage
706-475-7000

1. Special Instructions: Your medical provider will let you know if you need to hold some medications prior to your procedure.—so please advise your medical provider if you are currently taking any of these:

- ♦ **Metal Allergies:** Advise the medical provider immediately if you have metal allergies!
- ♦ **Diabetic:** Hold morning dose of insulin the day of the procedure, but bring it with you to the hospital. Other instructions: _____
- ♦ **Heart:** If you have an artificial heart valve, or have a previous history of endocarditis, or other specific indication, your doctor may need to prescribe pre-procedure antibiotics. Other instructions: _____
- ♦ **Blood Thinners:** Stop Coumadin, Plavix, LovenoX, Effient, Aggrenox, Pradaxa, and Xarelto _____ days before the procedure.
- ♦ **Please take your heart, blood pressure, thyroid and or seizure medications** the morning of the procedure with a **SMALL sip** of water, just enough water to swallow the pill. See Special Instructions for medications you can and can’t take.
- ♦ **Other Medications:** Stop Aspirin Therapy, anti-inflammatory medications such as ibuprofen (Advil, Aleve, and Motrin) iron, Fish Oil, Alka-Seltzer, NSAIDS, and Herbal Supplements at least _____ days before the procedure.
- ♦ You may take Tylenol or other brands of Acetaminophen are safe to use prior to this procedure.
- ♦ **Asthma:** If you have asthma, please bring your Rescue Inhaler to your procedure as a precaution.
- ♦ **Your Info & All Medications:** Bring your license and insurance cards. Bring an updated list of your prescriptions, over-the-counter medications, vitamins and herbal medications. Include the dosages next to each medication. List allergies to any medications, including conditions that would make you sensitive to sedation.
- ♦ **Additional Instructions:** _____
- ♦ Please make necessary arrangements to keep your scheduled procedure. Out of consideration for other patients who could have had their procedure scheduled sooner, a **\$100 non-refundable fee** will be charged (prior to rescheduling your procedure again) for **cancelled/rescheduled procedures if not canceled/rescheduled within 72 hours**. This fee will be separate from your current balance or any due deductible.

2. Before The Procedure:

- ❖ Please be sure to let your physician know if you have any heart problems/conditions prior to having your procedure done.
- ❖ Have a meal for dinner on the day before the procedure. You may brush your teeth the morning of your procedure.
- ❖ **NOTHING TO EAT OR DRINK AFTER MIDNIGHT** before procedure unless otherwise specified by medical provider.
- ❖ **You must be accompanied by a friend or relative to drive you home or your procedure may be cancelled.** Please ask them to stay with you to speak with the doctor following your procedure. You MAY NOT drive or go home in a taxi or bus. No working, driving or doing anything important for the rest of the procedure day.

After the Procedure:

- ❖ You may resume a normal diet and medications as tolerated unless otherwise instructed by your physician. Start with a light meal to minimize “bloating.”
- ❖ If the IV site is painful or red, place a warm compress on the site until it improves. If it does not improve within 24 hours, please call your physician.
- ❖ A small amount of rectal spotting (stool, mucous, or blood) may occur after the procedure.

Please call the doctor immediately if any of the following occur:

- Severe abdominal pain.
- Oral temperature greater than 100 degrees F.
- Heavy rectal bleeding (not spotting).
- Vomiting blood.

If you had a biopsy or polypectomy, please follow these additional instructions:

- Rest quietly and minimize activity for the first 24 hours.
- Avoid exercising, lifting heavy items for 72 hours.
- Avoid straining with bowel movements.
- Avoid medications containing aspirin for 7 days.
- Check with your physician if you plan to travel out of town for at least one week.
- Avoid coarse or high fat foods for 48 hours.
- You may experience minor discomfort.

***Your physician may change or give additional instructions after the procedure. *Please note that results may take 7-10 business days. *Feel free to contact us through the Patient Portal on our website www.athensgicenter.com, or call our office at 706-548-0058. *A physician may be reached 24 hours a day, 7 days a week, by calling our office at 706-548-0058. After normal business hours, the answering service will take a message and contact the physician on call.**

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