

Midwest Endoscopy Center, LLC

www.sgihealth.com

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ABOUT YOUR GASTROSCOPY

Your doctor has ordered a Gastroscopy which is an examination of the esophagus, stomach and duodenum.

This procedure is done on an out-patient basis in the G.I. lab by the doctor. It generally takes about 15 to 30 minutes. A flexible fiberoptic gastroscope is passed through the mouth down into the small intestine enabling the doctor to visualize the gastro-intestinal lining. The design of the gastro scope allows the doctor to take small tissue samples (biopsies), to photograph any abnormal findings, or to remove polyps, growths, or foreign bodies from the esophagus or stomach. All of these maneuvers are painless.

It will be necessary to sign a consent form for the examination. If you have any questions about the consent form or the procedure, ask your doctor or nurse.

BECAUSE YOU WILL BE SEDATED, YOU MUST HAVE SOMEONE AVAILABLE TO TAKE YOU HOME. YOU MAY NOT TAKE A TAXI HOME UNLESS YOU HAVE SOMEONE (other than taxi driver) TO BE YOUR RESPONSIBLE ADULT.

IMPORTANT:

-If polyps are removed from your colon (or if biopsies are taken) you may be told not to perform strenuous physical activities for up to 2 weeks.

If polyps are removed (or if biopsies are taken) you should not travel by airplane for 1 week. You should not travel overseas for 2 weeks.

DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT.

IF YOU ARE TAKING BLOOD THINNERS SUCH AS COUMADIN OR THE EQUIVALENT, OR DIABETIC MEDICATIONS, PLEASE INFORM THE DOCTOR, AS YOU WILL NEED SPECIAL INSTRUCTIONS.

If you are taking medicine for high blood pressure, asthma, or heart disease you will want to take these as usual with a sip of water. All medications must be taken at least 2 hours prior to your procedure. All other medications must be reviewed with the doctor.

Should you consume more than just a sip of water with your medications the day of your procedure there will be a possibility of your procedure being cancelled.

Please call the office (630) 527-6450 if you have any questions regarding the instructions.

Procedures scheduled at MIDWEST ENDOSCOPY CENTER, LLC will commence approximately 1 hour after the Arrival Time of your procedure.

Your procedure time is not a guarantee; we will make every effort to keep you informed regarding the start time of your procedure.

Patients requiring special antibiotics prior to the procedure will have an additional waiting time before procedure will commence.

Patient Name: _____ **DOB:** ____/____/____ is scheduled for a
Endoscopy on:

Date: _____ **Arrival Time:** _____

Report to: MIDWEST ENDOSCOPY CENTER, LLC
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Special Instructions:

Inst Given By: _____ **Date:** _____