

Procedure Instruction Sheet for
MIDWEST ENDOSCOPY CENTER, LLC
www.sgihealth.com

DINESH JAIN, M.D.
SCOTT BERGER, M.D.
SUSHAMA GUNDLAPALLI, M.D.
DARREN KASTIN, M.D.
GONZALO PANDOLFI, M.D.
SHIVANI KIRILUK, D.O.
PRAVEEN METTU, M.D.
ADITYA DHOLAKIA, D.O.

1243 RickertDr
Naperville, IL60540

Telephone 630-527-6450
Fax 630-527-6456

EUS (ENDOSCOPIC ULTRASONOGRAPHY) Rectum/Colon

What is EUS?

Endoscopic ultrasonography (EUS) allows your doctor to examine your esophageal and stomach linings as well as the walls of your upper and lower gastrointestinal tract. The upper tract consists of the esophagus, stomach and duodenum; the lower tract includes your colon and rectum. EUS is also used to study other organs that are near the gastrointestinal tract, including the lungs, liver, gall bladder and pancreas.

Endoscopists are highly trained specialists who welcome your questions regarding their credentials, training and experience. Your endoscopist will use a thin, flexible tube called an endoscope that has a built-in miniature ultrasound probe. Your doctor will pass the endoscope through your mouth or anus to the area to be examined. Your doctor then will use the ultrasound to use sound waves to create visual images of the digestive tract.

Why is EUS done?

EUS provides your doctor with more information than other imaging tests by providing detailed images of your digestive tract. Your doctor can use EUS to diagnose certain conditions that may cause abdominal pain or abnormal weight loss.

EUS is also used to evaluate known abnormalities, including lumps or lesions, which were detected at a prior endoscopy or were seen on x-ray tests, such as a computed tomography (CT) scan. EUS provides a detailed image of the lump or lesion, which can help your doctor determine its origin and help treatment decisions. EUS can be used to diagnose diseases of the pancreas, bile duct and gallbladder when other tests are inconclusive or conflicting.

PREP INSTRUCTIONS:

EUS of the rectum or colon: The day before the procedure: start clear liquids at 5:00 pm. At 5:00 pm take an over the counter laxative called Magnesium Citrate. You can purchase this preparation at a local pharmacy. Continue clear liquids until 4 hours prior to procedure. The morning of the test please take two fleets enemas (available over the counter) 15 minutes apart three hours before leaving your house.

**PATIENTS MAY HAVE CLEAR LIQUIDS UP TO
4 HOURS PRIOR TO PROCEDURE.**

Clear liquids mean anything that is clear in consistency: color is not as important as consistency. Drink juices such as apple, white grape or white cranberry. Avoid thick and pulpy juices. Bouillon or clear broth is fine. You can have gelatin without fruit. Avoid anything with red or orange artificial coloring. Soda, coffee and tea are fine. DO NOT drink milk or dairy products.

BEFORE THE EXAM

- Remember to wear loose, comfortable clothes. Women, please avoid high heels.
- Bring your medications with you.
- **All medications you are taking, especially Coumadin or blood thinners, should be reviewed with our office staff prior to your procedure.**
- **Please take all Cardiac, blood pressure, and asthma medications with a small sip of water 2 hours prior to your procedure. 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 do not wear any facial make-up, moisturizers, body lotions or oils the day of your procedure.**

Your procedure time is not a guarantee.

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

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

Date: _____ **Procedure Start Time:** _____

PLEASE ARRIVE 30 MINUTES PRIOR TO YOUR PROCEDURE START TIME. IF YOU ARRIVE EARLIER THAN 30 MINUTES PRIOR, YOU MAY BE WAITING LONGER.

Because you will be sedated, you will need a driver to bring you to and from your appointment. This driver MUST be with you at check in so we may verify you have a responsible adult bringing you home. We will be unable to go forward with your procedure if your driver is not with you at time of check in.

Report to: MIDWEST ENDOSCOPY CENTER, LLC
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Special Instructions:

Verbal Prep Instructions Discussed with Patient/ Inst Given By: _____ Date: _____