MASSACHUSETTS GENERAL HOSPITAL
GASTROENTEROLOGY

Preparing for your Lower Endoscopic Ultrasound

Thank you for choosing the Gastroenterology Associates at Mass General Hospital for your procedure. We want to make sure your procedure goes as smoothly as possible. **Please read all the instructions in this packet at least 1 week before your procedure.** All instructions must be followed or your procedure may be cancelled. If you have any other questions, call us at 617-726-7663.

MGH Gastroenterologist name and phone number:

Patient name:

Scheduled procedure:

Procedure location:

--Select a Location--

--Select an Address--

Please Note: There is more than one location for MGH endoscopy procedures. Your location is listed here.

Date and arrival time:

Please note: Your arrival time is different than the start time for your endoscopy so you have time to get ready for your procedure.

- **Most patients are ready for discharge within 3 hours of the scheduled arrival time but occasionally unforeseen events occur that result in delays. You will be informed of any potential delays when you arrive.**
- **Your escort should be available to meet you within 30 minutes after we call.**

Plan ahead

☐ Update your MGH registration information by calling 866-211-6588.

☐ If you have questions about the coverage for your procedures, please call and verify with your insurance company directly.

☐ Sign up for a Partners HealthCare Patient Gateway account if you do not have one. It will help with communicating with us. You will be able to see your test results in Patient Gateway within 2 weeks of the procedure.

☐ Arrange for an adult escort to take you home after your procedure.

☐ Please make sure to log into your Patient Gateway account to complete your Pre-Procedure Evaluation (PPE) Questionnaire at least 3 days prior to your procedure.

☐ Read the information about the day of your procedure in this packet. It will tell you what to bring.

☐ Please note that MGH policy requires that women, ages 11-55 years old have a pregnancy test prior to having any endoscopic procedure. When you arrive for your procedure, a registered nurse will screen you for the test and if needed, request that you provide a urine sample.

It is very important that you keep this appointment. **If you must cancel, please call us at least 5 business days before your appointment** by calling 617-726-7663. Calling ahead allows us to reschedule your appointment and give that slot to another patient. **If you cancel late, we may not be able to reschedule your appointment.**

For driving directions, please visit the MGH Parking and Visitor Information website at www.massgeneral.org/visit. If you are using GPS, please make sure to use the correct zip code.

For more information and frequently asked questions, please visit our website www.massgeneral.org/endoscopy.

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Shopping List and Diet

These instructions tell you what you will need to do to clean your bowels so that your doctor can see polyps or other problems inside your colon. If your bowels are not clean, you may have to reschedule your test. If you have questions about this colonoscopy prep, call your MGH gastroenterologist.

NuLYTELY™, GoLYTELY™, CoLyte™ or TriLyte™ (all are equivalent)

- ❑ **Prescription laxative**
  Do not mix it with water until the afternoon before your procedure. Some prescription laxatives will come with a flavor packet. You can use that if you want. Or you can buy Lemon Flavored Crystal LightTM and add it to flavor the laxative

- ❑ **Simethicone anti-gas pills**
  Any brand is fine. Examples include Gas-X Mylanta Gas, or Maalox Anti-Gas.

- ❑ **Clear liquids that are not colored red, purple or orange.**
  Clear liquid is any liquid that you can see through. Examples include water, tea, black coffee, clear broth, apple juice, white grape juice, sodas, sports drinks like Gatorade, and Jell-O.

- ❑ **Products to help with anal irritation**
  Including baby wipes and Vaseline. If you have hemorrhoids you can use cream or Tucks pads.

- ❑ **Milk of magnesia**
  If you move your bowels 2 times a week or less or if you use a laxative more than 2 times a month, buy milk of magnesia.

Medications

- If you have diabetes, ask your primary care practitioner about changes in your diabetes medicine dose. If you take insulin, we usually recommend that you take ½ your normal dose on the day of the procedure.
- If you take blood thinners (Coumadin, Plavix, Pradaxa, Lovenox, etc.), we recommend you continue unless you have specifically been asked to stop by the GI physician performing your exam.

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LEU Bowel Preparation Instructions

Five (5) days before your procedure:

If you take vitamins, iron pills, or liquid antacids, stop taking them 5 days before your procedure.

Two (2) days before your procedure:

- Don't eat popcorn, seeds, nuts, salad, corn, beans, peas, whole grain or whole wheat breads, raw fruits or raw vegetables: well-cooked fruits and vegetable are acceptable.
- If you move your bowels 2 times a week or less or if you use a laxative more than 2 times a month, at **bedtime,** take 4 tablespoons of milk of magnesia.

One (1) day before your procedure:

- **Follow a clear liquid diet only.**
  Clear liquid is any liquid that you can see through. Do not drink any red, purple or orange liquids. Examples of clear liquids include: Water, tea, black coffee, clear broth, apple juice, white grape juice, sodas, sports drinks like Gatorade, and Jell-O.
- **Remember! The day before your exam, don't drink or eat:**
  - solid foods
  - dairy products
  - alcoholic drinks

Remain well-hydrated by drinking at least 8 ounces (one cup) of clear liquid every hour between 10 am and 5 pm

- **6 pm (the day before your procedure)**
  - Drink half of the laxative. Save other half for tomorrow.
  - Start by drinking 8 ounces which is 1 cup of the laxative.
  - Repeat this drink every 10 minutes until you have had about ½ of the total container of laxative.
  - Keep drinking the laxative on schedule even though you may not start moving your bowels for 2 to 3 hours.
- **9pm (the day before your procedure)**
  - Take 2 gas pills with 8 ounces of clear liquid.
- **10 pm (the day before your procedure)**
  - Take 2 gas pills with 8 ounces of clear liquid

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LEU Bowel Preparation Instructions

Day of your procedure:

If your arrival time is early in the morning, you will need to finish drinking the laxative in the early morning hours even if this means you will not get much sleep. Take your morning pills with clear liquids. If you stopped taking vitamins, iron pills, or liquid antacids, do not take them today.

6 hours before your scheduled arrival time:

- Drink the last half of the laxative.
- Drink 8 ounces which is 1 cup of the laxative.
- Repeat this drink every 10 minutes until the laxative is gone.
- You must drink ALL the laxative 4 hours before your arrival time.

2 hours before your scheduled arrival time:

- Stop drinking all liquids.
- Do not chew gum or eat any food.
- If you drink liquids, chew gum, eat hard candy or eat food within 2 hours of your procedure, it will be postponed or cancelled.

Comfort tips

- If you feel sick to your stomach, wait 30 minutes then start drinking smaller amounts.
- Try drinking the laxative through a straw.
- If you don't like the taste of the laxative, try chewing gum or sucking on hard candy in between drinks.
- Use baby wipes, Vaseline, or hemorrhoid cream if you get sore from moving your bowels.
- The gas pills help with the bubbles forming in your colon. This also helps the doctor see better.

If you have questions about these colonoscopy preparation instructions, call your MGH gastroenterologist.

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The Day of Your LEU Procedure

Bring these things with you to your procedure

- ❑ Your photo identification
- ❑ The name and phone number of your escort.
- ❑ You may wear your wedding rings but no other jewelry.

The day of your procedure

- The time for your appointment is earlier than the time your procedure will start so you can get ready.
- Before the procedure, we will review the procedure with you and ask you to sign a consent form. (see last page)
- Most procedures take about 3 hours. We make every effort to keep on time, but sometimes there are delays.
- We will call your escort 30 minutes before you are ready to leave.

After the procedure

- Most people need to rest at home for the remainder of the day. Don't drive or operate any machines on the day of your procedure. Avoid making any important decisions. Avoid drinking alcohol.
- You can go back to eating as you normally do right away.
- You will get a letter in the mail with your test results within 2 weeks after your procedure. If you have a Partners HealthCare Patient Gateway account, you can also see your results there.

Remember

- You cannot drive after your procedure.
- We will have to cancel your procedure if you do not have an adult escort to meet you in the endoscopy unit and bring you home.
- Your escort should be able to pick you up 30 minutes after we call them.

For any questions about this information call 617-726-7663.

MASSACHUSETTS GENERAL HOSPITAL

PATIENT IDENTIFICATION AREA

PATIENT CONSENT TO PROCEDURE

PATIENT:

UNIT NO:

PROCEDURE: LOWER GI ENDOSCOPIC ULTRASOUND (LOWER EUS)

☐ Right ☐ Left ☐ Both Sides ☑ Not applicable

My doctor has told me and I understand what procedure/surgery I am having done. I understand why I need it, the possible risks (like drug reactions, bleeding, infection, and complications from receiving blood or blood components), and that there is no guarantee of results. My doctor has also explained what might happen to me if I don't have this procedure, other choices I can make instead of having this done, (including choosing no treatment) and what can happen to me if I choose to do something else. I understand that with any procedure, problems could come up that we did not expect. My provider explained to me how he/she prevents infections related to my health. The following additional risks or issues were explained to me:

An examination of the lower colon with ultrasound is performed with an endoscope that uses an ultrasound transducer or camera. The procedure requires careful preparation in order to clean the colon. The purpose of the procedure is to examine a lesion in the colon. Ultrasound images will be obtained in order to identify the lesion and guide a biopsy in some instances. Anesthesia care might be used to provide sedation during the procedure. Lower EUS is considered a rather safe procedure. However, you might feel cold water being instilled into your rectum and cramps from the passage of the scope. The procedure, biopsies, and/or polyp removal could result in bleeding or a perforation to the colon. A perforation (hole in the colon) would require emergency surgery in order to repair the colon.

If procedural sedation will be used during this procedure to control my pain, I understand that this method of pain control has risks. These risks include difficulty breathing that may require breathing support and decreased blood pressure. The most common side effects are nausea and vomiting. In rare cases, there can be allergic reactions or cardiac arrest (stopping of the heart). Lastly, I may have pain, even after using these medications.

My doctor _____ and/or his/her associates on the _____ Service will perform my procedure/surgery. I understand that Massachusetts General Hospital (MGH) is a teaching hospital. This means that resident doctors, doctors in a medical fellowship (fellows) and students in medical, nursing and related health care professions receive training here, and may take part in my procedure/surgery. A team of medical professionals will work together to perform my procedure/surgery. My doctor or an attending designee will be present for all the critical parts of the procedure/surgery, although other medical professionals may perform some aspects of the procedure as my doctor or the attending designee deems appropriate.

I understand that this procedure/surgery may have educational or scientific value. The hospital may photograph, videotape, or record my procedure/surgery for educational, research, quality and other healthcare operations purposes. Any information used for these purposes will not identify me.

I understand that blood or other samples removed during this procedure may later be thrown away by MGH. These materials also may be used by MGH, its partners, or affiliates for research, education and other activities that support MGH's mission.

I have had the chance to ask questions about the risks, benefits and alternatives to this procedure/surgery. I am happy with the answers I received. I consent to this procedure/surgery.

Date _____ Time _____ AM/PM _____

Signature (patient/health care agent/guardian/family member) (If patient's consent cannot be obtained, indicate reason above.)

I attest that I discussed all relevant aspects of this procedure/surgery, including the indications, risks, and benefits, as compared with alternative approaches, with the patient, and answered his/her questions.

Date _____ Time _____ AM/PM _____

Signature (Physician/Licensed Practitioner)