# EGD General Instructions

## PRE-PROCEDURE IMPORTANT INFORMATION

**PLEASE BE ADVISED OF THE FOLLOWING:**

It is your responsibility to contact your insurance company to learn whether a specific procedure is covered and if it will be applied to a deductible. Some insurance plans have riders and underwriting on the plan that may or may not cover any or all of the procedure. We want you to be aware and understand the specifics of your insurance coverage. We are happy to provide you with the codes that could be used when submitting your claim to the insurance company.

Depending on the location of your procedure, that locations billing department will verify your insurance benefits and inform you prior to your procedure day if a facility payment is required at the time of service. Anesthesia, pathology, and physician charges will be filed with insurance for determination of additional patient financial responsibility.

****VERY IMPORTANT****
There are two entities involved that will send a bill following your procedure. You may call the phone numbers provided below for a procedure or anesthesia estimate.

If you procedure has been scheduled at the following location please call the listed number below for that location.

Facility:

1. Skyline Endoscopy:
   Procedure 1-901-842-4232 press #3 for TN and then press #2 for Jackson
   Anesthesia: Same as above

2. Jackson Madison County General Hospital – GI Lab
   -Procedure Estimate call 731-541-7000
   -Premier Anesthesia via Ventra Health 1-833-500-9914

**Surgery Center Locations:**
You will report to one of the surgery centers noted below as instructed by your provider/nurse.

Skyline Endoscopy
27B Medical Center Drive
Jackson TN 38301
PH: 731-280-0157
**Located at the backside of Skyline Clinic*

JMCGH – GI Lab
620 Skyline Drive
Jackson TN 38301
PH: 731-541-5000
**Check in at the information desk, then walk directly back to GI Lab waiting area.*

**PROCEDURE DATE:** _____

**ARRIVAL TIME:** _____
**Arrival time is NOT your exact procedure time. These times may vary based on Check In and preparation time**

_____ _____
**Patient Signature** **Date**

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****PLEASE READ AT LEAST 7 DAYS BEFORE YOUR PROCEDURE****

1. The following weight loss / diabetic drugs will need to be stopped seven (7) days prior to your procedure if you are on a weekly dose or the day of your procedure if you are on a daily dose.

    - Liraglutide: Victoza (weekly) and Saxenda (daily)
    - Dulaglutide: Trulicity (weekly)
    - Exenatide: Bydureon (weekly) and Byetta (daily)
    - Semaglutide: Ozempic (weekly), Wegovy (weekly) and Rybelsus (daily)
    - Tirzepatide: Mounjaro (weekly) and Zepbound (weekly)
    - Lixisenatide: Adlyxin (daily)

2. Aspirin type products, including blood thinners, should have been held as instructed by your physician. This includes Plavix, Warfarin, Ticlid, Eliquis, Prasugrel, Xarelto, Brilinta, and Coumadin. Please contact your Skyline Gastroenterology nurse at 731-280-0157 with any questions regarding these medications.

1. DO NOT drink alcohol for 24 hours before or after your procedure. Do not use items such as gum, hard candy, breath mints, smokeless tobacco/ Chewing tobacco, Vaping, or illicit drugs, such as marijuana prior to your procedure.

## Day Of Your Procedure

1. You cannot and will not be allowed to drive following the procedure. You will not be released to any public mode of transportation (i.e. taxi, uber, Lyft). Due to the effects of the medications, you may not remember the instructions given to you after the procedure. **Your driver must stay on the premises while you are having the procedure and be available to speak with the physician and/or staff regarding your post-procedure instructions and findings.**

2. Please leave all your valuables at home except for your photo ID, insurance card, and any copayment you may be required to bring for the procedure.

3. The only medications you should take the day of your procedure should be for blood pressure, heart, or seizure medications (except for any ACE-inhibitors, meds end in -pril) unless otherwise instructed. **Examples of ACE inhibitors include**: Benazepril (Lotensin), Captopril, Enalapril (Vasotec), Fosinopril, Lisinopril (Zestril), Moexipril, Perindopril, Uinapril, Ramipril (Altace), Trandolapril.

4. If you do not follow these directions, your procedure may have to be repeated or rescheduled.