



612-871-1145 | mngi.com

PREPARATING FOR YOUR SMALL BOWEL ENTEROSCOPY

Cancel or reschedule your appointment:

If you are having flu-like symptoms (such as fever, cough, shortness of breath) within 14 days of your appointment, please call to reschedule. If you develop COVID-19 after you schedule this appointment, please call our office. If you need to cancel or reschedule for any other reason, call 612-871-1145 at least 72 hours prior to your appointment.

Transportation:

You must arrange for a responsible person to escort you to your procedure. Your responsible person will not be allowed to stay in the facility and will be notified when to join you in the recovery room. A taxi ride is not an option unless you are accompanied by a responsible person. If you fail to arrange transportation with a responsible person, your procedure will be canceled and rescheduled.

The night before your procedure:

- Stop eating solid foods and begin clear liquid diet at 11:45pm. Clear liquids include things you can see through.
 - Examples of a clear liquid diet include: water, up to one cup of black coffee or tea (no milk or cream) each day, clear broth or bouillon, Gatorade, Pedialyte or Powerade, carbonated and non-carbonated soft drinks (Sprite, 7-Up, Gingerale), strained fruit juices without pulp (apple, white grape, white cranberry), Jell-O and popsicles.
 - The following are not allowed on a clear liquid diet: red liquids, alcoholic beverages, dairy products, protein shakes, cream broths, juice with pulp and chewing tobacco.

Day of your procedure:

Morning Medications: You may take all of your morning medications including blood pressure medications, blood thinners (if you have not been instructed to stop these by our office), methadone, and anti-seizure medications with sips of water **3 hours prior to your procedure** or earlier. If you have diabetes, contact your monitoring provider for further direction on insulin and/or blood sugar management.

Continue the Clear Liquid Diet up to **3 hours prior to your procedure**, then stop drinking. Avoid red liquids, dairy products, protein shakes, alcoholic beverages, chewing tobacco and illicit drugs. Use of these will result in your procedure being cancelled.

- **3 hours prior:**
 - STOP consuming all liquids.
 - Do not take anything by mouth during this time.

Bring the following to your procedure:

- Bring the completed Health History form included in this packet with you the day of your appointment.
- Insurance Card / Photo ID
- List of Current Medications including over-the-counter medications and supplements
- Bring your rescue inhaler if you currently use one to control asthma
- Bring contact lens supplies as you will be asked to remove contact lenses prior to the start of your procedure
- Advance Directives: If you have an Advance Directive, please bring a copy of your Advance Directive with you to your endoscopy appointment. Advance Directives are not honored at MNGI facilities, and in the event of a life-threatening situation, life support measures will be instituted in every instance and our patients will be transported to a higher level of care facility (i.e., hospital). In the unlikely event that you require an emergency transfer to a higher level of care facility, your Advance Directive should accompany you to that facility.

DESCRIPTION OF SMALL BOWEL ENTEROSCOPY

What is Small Bowel Enteroscopy?

A small bowel enteroscopy is a test performed to evaluate gastrointestinal bleeding, small bowel tumors, polyps, or other small bowel diseases. During the procedure, a doctor uses a thin, flexible tube called an endoscope to examine the lining of your esophagus, stomach, duodenum (first portion of the small bowel) and jejunum (the middle portion of the small bowel). If growths or other abnormalities are found during the procedure, the doctor may remove the abnormal tissue for further examination, or biopsy. A small bowel enteroscopy may also be used to treat various conditions of the upper gastrointestinal (GI) tract, such as abnormal growths or bleeding.

What happens during a small bowel enteroscopy?

Plan to spend up to two hours at the endoscopy center the day of your procedure. The procedure itself takes about 15 minutes to complete.

Before the procedure:

Your medical history will be reviewed with you by your health care team including a nurse, your gastroenterology physician and an anesthesia provider. An IV line will be placed.

During the procedure:

During your procedure, the anesthesia provider will administer medications and monitor vital signs which is a process known as Monitored Anesthesia Care (MAC). While most patients sleep through the procedure, some remain awake and aware. The anesthesiologist and/or certified registered nurse anesthetist (CRNA) will help determine the appropriate type of drug to be used during the procedure to keep you safe and comfortable. The doctor will insert a flexible tube called an endoscope into your mouth and will advance it slowly through the esophagus, stomach, duodenum and jejunum. If abnormal tissue is found, the doctor may remove it through the endoscope for closer examination, or biopsy. Tissue removal is painless.

What happens after the procedure?

The physician will talk with you about the initial results of your procedure and will prepare a full report for the healthcare provider who referred you for your upper endoscopy. You may have some bloating after the procedure which is normal. Your throat may feel sore for a short time. Any tissue samples or polyps removed during the procedure will be sent to a lab for evaluation. It may take 5-7 working days for you to be notified of the results by mail or through the Patient Portal.

You may resume most of your regular activities the day after the procedure. However, medication given during the procedure will prohibit you from driving for the rest of the day. You may resume your normal diet, but alcohol should be avoided until the next day after your procedure.

Are there possible complications from a small bowel enteroscopy?

Although serious complications are rare, any medical procedure has the potential for risks. Risks from an upper endoscopy include perforation, or a tear, of the lining of the stomach or esophagus, stomach or small bowel, bleeding from a biopsy site, reactions to medications, heart and lung problems, dental or eye injuries.