Welcome

At Benefis Gastroenterology, our mission is to serve you with comprehensive, personalized, effective gastrointestinal treatment, and to promote your ongoing health and wellness.

This booklet includes important information regarding your upcoming procedure, such as:

- **What to eat and when**
- **Driving arrangements**
- **Preparation instructions**

Your procedure is scheduled for: ____________________.  
**Date**

Please arrive at ________________  a.m. / p.m.  
**Time**

Your provider is ________________________.

Procedure Location:

Benefis Endoscopy  
2nd Floor, North Tower  
Benefis East Campus  
1101 26th Street South  
Great Falls, MT 59405

If you need to cancel or reschedule your procedure, please notify us as soon as possible by calling (406) 731-8384.
Preparing for Your Upper Endoscopy Procedure

One Week Before Your Procedure

Find a responsible adult driver to take you home after your procedure. Your driver does not have to remain in the building during your procedure. If you do not comply with this requirement, your procedure may be canceled.

Contact your insurance company to determine if pre-authorization is required. Do not assume your procedure is automatically covered. You may still be responsible for a deductible or copayment.

If you are taking any of the blood thinning medication listed below, please consult your cardiologist or prescribing provider about stopping your blood thinning medication ahead of time. Please let us know immediately if the timeframes listed below are not acceptable to that provider. You do not have to stop taking your Aggrenox, aspirin, or NSAIDS.

**BRILINTA (TICAGORELOR)**
Stop taking 5 days prior to procedure

**COUMADIN (WARFARIN)**
Stop taking 5 days prior to procedure

**EFFIENT (PRASUGREL)**
Stop taking 7 days prior to procedure

**ELIQUIS (APITABAN)**
Stop taking 2 days prior to procedure
Preparing for Your Upper Endoscopy Procedure
(continued)

- **PLAVIX (CLOPIDOGREL)**
  Stop taking 7 days prior to procedure

- **PRADAXA (DABIGATRAN)**
  Stop taking 5 days prior to procedure

- **SAVAYSA (EDOXABAN)**
  Stop taking 1 day prior to procedure

- **XARELTO (RIVAROXABAN)**
  Stop taking 2 days prior to procedure

### The Day Before Your Procedure

Avoid eating solid food after midnight the night before your procedure. However, you may have clear liquids up to 4 hours before the procedure, then nothing to eat or drink until after your test is complete.

### The Day of Your Procedure

The morning of your procedure, take only essential medications with tiny sips of water. Do not take blood thinners or diabetic medication.

### After Your Procedure

You must arrange to have someone take you home from the hospital; you cannot drive after the procedure due to the IV sedation.

It is preferable that someone stay with you until the next morning. You should avoid operating any machinery, going to work, or signing any legal documents for the rest of the day.

You should be able to return to work the next day.
Upper Endoscopy
Procedure Information

While you are under sedation, a lighted flexible tube is passed through the mouth into the esophagus, stomach, and duodenum (the first part of the small intestine). Biopsies can be taken if necessary but you will not feel this during the procedure.

Additional Resources

Benefis Financial Counselors
(406) 455-3535

Benefis Medical Records
(406) 455-5642

Benefis Native American Welcoming Center
(406) 455-5197
Name: ______________________________ Age:_________
Primary Provider:_______________________Date:_________
Reason for your visit today:_____________________________

**Circle Problems You are Having**

- Weight gain, weight loss, fatigue, fever, night sweats
- Poor vision, eye pain, red eyes
- Hearing loss, sore throat, hoarseness, dentures, loud snoring
- Chest pain, heart murmur, heart valve, ankle swelling
- Shortness of breath, wheezing, coughing, sleep apnea
- Abdominal pain, loss of appetite, trouble swallowing, indigestion, heartburn, liver problem, constipation, diarrhea, change in bowel movements, nausea, vomiting, rectal bleeding, hemorrhoids, bloating, vomited blood
- Painful urination, frequent urination, urination at night, blood in urine, kidney stones
- Arthritis, back pain, artificial joint
- Rash, hives, breast lump
- Headaches, dizziness, weakness, seizures, numbness or tingling, change in speech
- Anxiety, depression, mood change, difficulty sleeping, crying spells, memory loss
- Thyroid trouble, diabetes
- Anemia, increased bleeding/bruising, enlarged glands

**List Operations and Approximate Year**

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________
5. ____________________________________________

**List Other Diseases and Illnesses**

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________
5. ____________________________________________

**List Medications (Include vitamins and supplements.)**

1. ____________________ 3. ___________________
2. ____________________ 4.____________________

Have you recently used aspirin, Anacin, Alka-Seltzer, Bufferin, Excedrin, Vanquish or arthritis medications such as Advil, Motrin, Nuprin, or Aleve?
- Yes ☐
- No ☐

Do you take antibiotics for dental work or because of a heart murmur?
- Yes ☐
- No ☐

**Social History**

- Single ☐ Married ☑ Divorced ☐ Separated ☐ Widowed

Occupation:____________________________________
Employer:_____________________________________
Hobbies:______________________________________
Who lives with you?:______________________________

**Family Health**

| Father: ________________________________ |
| Mother: ________________________________ |
| Brothers: ______________________________ |
| Sisters: ________________________________ |
| Children: ______________________________ |
| Other relatives: ________________________ |

**Family Health (List Illnesses. If no longer living indicate age and cause of death.)**

| Colon Cancer: __________________________ |
| Colon Polyps: __________________________ |
| Gallstones: ____________________________ |
| Pancreatitis: __________________________ |
| Liver Disease: _________________________ |
| Colitis or Chron’s Disease: _____________ |

**Smoking**
- Yes ☐
- No ☐

- Packs/day:___ Years smoked:_____

**Drinking**
- Yes ☐
- No ☐

- Drinks/day:____________

**Last menstrual period (women):______________________**

**Recent travel:________________________________**

**Provider Comments - ROS (Level 3 = 2-9 areas, Level 4/5 = 10+ areas)**

- All other systems negative

Provider Signature: __________________________ Date: __________________________

**Date Reviewed/Updated**

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Medication Tracker - Your List of Medications

Medications can interact with each other and with vitamins and supplements. It’s important for your doctor to know each one you are taking, so they can prevent problems and ensure you’re getting the full effects of your medicines. Use this Medication Tracker to keep track of everything you take.

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<th>Dosage</th>
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