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NAME: _____

DATE: _____ TIME: _____ ARRIVE: _____

**Procedure Performed At
Newton Medical Center
175 High St. Newton, NJ 07860
Phone: (973) 579-8570**

You have been scheduled for an endoscopic examination of the upper digestive tract. It is important to carefully follow the instructions outlined below. This will minimize the time required to do the procedure and ensure a thorough and adequate examination. Do not be apprehensive. You will be given ample opportunity to discuss any questions you may have before we begin. You will be given adequate sedation for the test.

- **One Week prior to the procedure:** Stop all supplements (including iron, multivitamins, and fish oil) and blood thinners. These medications include Aspirin or Aspirin-like products (Aleve, Naprosyn, Advil, Motrin and Ibuprofen, Plavix, Coumadin and Percodan). Tylenol/Acetaminophen is safe to take prior to procedure. If you are a diabetic, please inform the doctor of any medication you are on or if you are insulin dependent. You may continue your regular medications unless instructed otherwise.
- **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE.**

***Please arrange for someone to accompany you. You will be given sedating medication and will not be allowed to go home on your own.**

******FOLLOWUP IN OFFICE TWO WEEKS AFTER THE PROCEDURE.
RESULTS ARE NOT GIVEN OVER THE PHONE******



Atlantic
Health System



DT1200

CONSENT FOR PROCEDURE/TREATMENT

TO THE PATIENT: You have been given information about your condition and the recommended surgical, medical, dental or diagnostic procedure(s) to be used. This consent form is designed to provide a written confirmation of such discussions by recording some of the more significant medical information given to you. It is intended to make you better informed so that you may give or withhold your consent to the proposed procedure(s).

1. Condition:	Dr. <u>Madane</u> has explained to me that the following medical/dental condition(s) exist in my case: (Explain in lay terms): _____
2. Proposed Procedure(s)/Treatment:	I understand that the procedure(s)/treatment proposed for evaluating and treating my condition is(are): <u>Upper Endoscopy with possible biopsy, control of bleeding, Band ligation, PEG TUBE PLACEMENT</u> And will be performed by: <u>Dr. Madane</u>
3. Risks/Benefits, Alternatives of Proposed Procedure(s)/Treatment:	Just as there may be benefits to the procedure(s)/treatment proposed, I also understand that surgical, medical and dental procedures as well as the administration of anesthetic agents involve risks. These risks include allergic reactions, bleeding, blood clots, infection, adverse side effects of drugs, and even loss of bodily function or life. Other risks include: <u>Perforation, infection, Bleeding.</u> I understand that some of the available alternatives and their risks/benefits include, but are not limited to: <input type="checkbox"/> Medical Management <input type="checkbox"/> No performance of procedure <input type="checkbox"/> Other: _____ The potential benefits and risks of the proposed procedure(s)/treatment, the above alternatives and the likely result without such treatment have been explained to me. I understand what has been discussed with me as well as the contents of this consent form, and have been given the opportunity to ask questions and have received satisfactory answers.
4. Complications, Unforeseen Conditions, Results:	I am aware that in the practice of medicine, dentistry and surgery, other unexpected risks or complications not discussed may occur. I also understand that during the course of the proposed procedure(s)/treatment, unforeseen conditions may be revealed requiring the performance of additional procedures, and I authorize such procedures to be performed. I further acknowledge that no guarantees or promises have been made to me concerning the results of any procedure or treatment.
5. Ambulatory Procedures	For AMBULATORY procedures requiring anything other than straight local anesthesia, I understand that I may not leave without someone to accompany me, that someone should be available to assist me at home for 12 hours, and that I should not drive for 24 hours after anesthesia. In addition, I further realize that my postoperative condition may require inpatient admission if my physician(s) considers it necessary for my safety.
6. Consent to Procedure(s) & Treatments <input type="checkbox"/> Moderate Sedation	Having read this form and talked with my physician or dentist, my signature below acknowledges that I voluntarily give my authorization and consent to the performance of the procedure(s)/treatment described above (including examination and/or disposal of tissue) by my physician, dentist and/or such assistants as may be selected by him/her. I understand that it may be necessary for my healthcare provider(s) to take photographs, film, record and/or take other like images during the procedure described above for medical treatment, education and/or continuity of care purposes. ✓ _____ ✓ _____ ✓ _____ Patient (or Person Authorized to Sign for patient) Relationship to Patient Date Time ✓ _____ Witness
7. Physician's Attestation:	I have described the procedure and informed the patient of the risks, benefits, alternatives, and consequences of treatment, non-treatment and alternatives. I have answered all the patient's questions to the best of my abilities. <u>Mad</u> ✓ _____ ✓ _____ ✓ _____ Physician Date Time

Upper GI Endoscopy: Before Your Procedure

What is an upper GI endoscopy?

An upper gastrointestinal (or GI) endoscopy is a test that allows your doctor to look at the inside of your esophagus, stomach, and the first part of your small intestine, called the duodenum. The esophagus is the tube that carries food to your stomach. The doctor uses a thin, lighted tube that bends. It is called an endoscope, or scope.

The doctor puts the tip of the scope in your mouth and gently moves it down your throat. The scope is a flexible video camera. The doctor looks at a monitor (like a TV set or a computer screen) as he or she moves the scope. A doctor may do this test, which is also called a procedure, to look for ulcers, tumors, infection, or bleeding. It also can be used to look for signs of acid backing up into your esophagus. This is called gastroesophageal reflux disease, or GERD. The doctor can use the scope to take a sample of tissue for study (a biopsy). The doctor also can use the scope to take out growths or stop bleeding.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

What happens before the procedure?

Preparing for the procedure



- Understand exactly what procedure is planned, along with the risks, benefits, and other options.
- Tell your doctors ALL the medicines, vitamins, supplements, and herbal remedies you take. Some of these can increase the risk of bleeding or interact with anesthesia.
- If you take blood thinners, such as warfarin (Coumadin), clopidogrel (Plavix), or aspirin, be sure to talk to your doctor. He or she will tell you if you should stop taking these medicines before your procedure. Make sure that you understand exactly what your doctor wants you to do.
- Your doctor will tell you which medicines to take or stop before your procedure. You may need to stop taking certain medicines a week or more before the procedure. So talk to your doctor as soon as you can.
- If you have an advance directive, let your doctor know. It may include a living will and a durable power of attorney for health care. Bring a copy to the hospital. If you don't have one, you may want to prepare one. It lets your doctor and loved ones know your health care wishes. Doctors advise that everyone prepare these papers before any type of surgery or procedure.

Procedures can be stressful. This information will help you understand what you can expect. And it will help you safely prepare for your procedure.

What happens on the day of the procedure?



- Follow the instructions exactly about when to stop eating and drinking. If you don't, your procedure may be canceled. If your doctor told you to take your medicines on the day of the procedure, take them with only a sip of water.
- Take a bath or shower before you come in for your procedure. Do not apply lotions, perfumes, deodorants, or nail polish.
- Take off all jewelry and piercings. And take out contact lenses, if you wear them.

At the hospital or surgery center



- Bring a picture ID.
- The test may take 15 to 30 minutes.
- The doctor may spray medicine on the back of your throat to numb it. You also will get medicine to prevent pain and to relax you.
- You will lie on your left side. The doctor will put the scope in your mouth and toward the back of your throat. The doctor will tell you when to swallow. This helps the scope move down your throat. You will be able to breathe normally. The doctor will move the scope down your esophagus into your stomach. The doctor also may look at the duodenum.
- If your doctor wants to take a sample of tissue for a biopsy, he or she may use small surgical tools, which are put into the scope, to cut off some tissue. You will not feel a biopsy, if one is taken. The doctor also can use the tools to stop bleeding or to do other treatments, if needed.
- You will stay at the hospital or surgery center for 1 to 2 hours until the medicine you were given wears off.

Going home



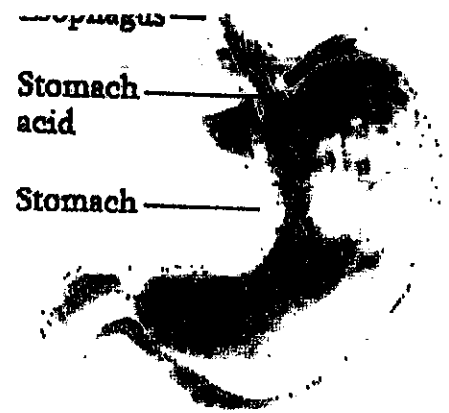
- Be sure you have someone to drive you home. Anesthesia and pain medicine make it unsafe for you to drive.
- You will be given more specific instructions about recovering from your procedure. They will cover things like diet, wound care, follow-up care, driving, and getting back to your normal routine.

When should you call your doctor?



- You have questions or concerns.
- You don't understand how to prepare for your procedure.
- You become ill before the procedure (such as fever, flu, or a cold).
- You need to reschedule or have changed your mind about having the procedure.

Gastroesophageal Reflux Disease (GERD): Care Instructions



Your Care Instructions

Gastroesophageal reflux disease (GERD) is the backward flow of stomach acid into the esophagus. The esophagus is the tube that leads from your throat to your stomach. A one-way valve prevents the stomach acid from moving up into this tube. When you have GERD, this valve does not close tightly enough.

If you have mild GERD symptoms including heartburn, you may be able to control the problem with antacids or over-the-counter medicine. Changing your diet, losing weight, and making other lifestyle changes can also help reduce symptoms.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

- Take your medicines exactly as prescribed. Call your doctor if you think you are having a problem with your medicine.
- Your doctor may recommend over-the-counter medicine. For mild or occasional indigestion, antacids, such as Tums, Gaviscon, Mylanta, or Maalox, may help. Your doctor also may recommend over-the-counter acid reducers, such as Pepcid AC, Tagamet HB, Zantac 75, or Prilosec. Read and follow all instructions on the label. If you use these medicines often, talk with your doctor.
- Change your eating habits.
 - It's best to eat several small meals instead of two or three large meals.
 - After you eat, wait 2 to 3 hours before you lie down.
 - Chocolate, mint, and alcohol can make GERD worse.
 - Spicy foods, foods that have a lot of acid (like tomatoes and oranges), and coffee can make GERD symptoms worse in some people. If your symptoms are worse after you eat a certain food, you may want to stop eating that food to see if your symptoms get better.
- Do not smoke or chew tobacco. Smoking can make GERD worse. If you need help quitting, talk to your doctor about stop-smoking programs and medicines. These can increase your chances of quitting for good.
- If you have GERD symptoms at night, raise the head of your bed 6 to 8 inches by putting the frame on blocks or placing a foam wedge under the head of your mattress. (Adding extra pillows does not work.)
- Do not wear tight clothing around your middle.
- Lose weight if you need to. Losing just 5 to 10 pounds can help.

When should you call for help?



Call your doctor now or seek immediate medical care if:

- You have new or different belly pain.
- Your stools are black and tarlike or have streaks of blood.

Watch closely for changes in your health, and be sure to contact your doctor if:

- Your symptoms have not improved after 2 days.
- Food seems to catch in your throat or chest.

ANTI-REFLUX DIET

Your healthcare provider has advised you to begin an anti-reflux diet. This type of diet is actually easy to follow, requiring you to cut out just a few foods and beverages that either relax the lower part of the esophagus or increase the amount of acid in the stomach. These include:

Caffeinated drinks, carbonated drinks, greasy or fatty foods, spicy food, citrus fruits and juices, tomatoes or anything tomato based, onions, peppermint, chocolate, alcohol, nicotine (cigarettes, cigars, chewing tobacco).

Here are some dietary suggestions:

Food type	Foods to eat	Foods to avoid
Beverages	Water, fruit juices (except citrus juice), decaffeinated tea or coffee (use carefully, since some people are also sensitive to decaffeinated beverages)	Mint tea, regular coffee or tea, citrus juices, cocoa, alcohol in any form, carbonated drinks with and without caffeine
Dairy products	Skim milk, low fat milk, low-fat yogurt, low fat or fat-free sour cream and cream cheese, low fat cottage cheese	Whole milk, butter, chocolate milk, full fat sour cream, cream cheese, ice cream, high fat cheeses, such as cheddar, full fat dips
Vegetables	Any plain raw, backed, broiled or steamed vegetable, except onions and tomatoes	Fried, creamed or spicy vegetable dishes, onions, tomatoes
Fruits	Any plain raw, broiled or baked fruit	Oranges, tangerines, tangelos, grapefruit, lemons, limes, any fried fruit, any creamy fruit dishes
Meats	Any plain baked, broiled, steamed lean beef, pork, chicken, poultry or fish	Luncheon meat, hot dogs, sausage, bacon, fat back, salt pork, heavily marbled beef, any fried, breaded or pan fried meat, poultry, fish, shellfish or pork, any dish with gravy or sauce, chili, pizza, tacos, anything marinated in spicy, tomato or barbequed sauces
Breads and cereals	Any low fat bread or cereal, plain rice, plain pasta	Any high fat bread/cereal, any bread made with milk, creamy or cheesy rice dishes, past with tomato sauce
Desserts	Low fat baked goods(look for less than 3 grams of fat per serving), low fat or fat free puddings, fruit pops, except citrus pops	Chocolate desserts, creamy desserts, high fat desserts, such as cheesecake, pie, ice cream
Soups	Any fat free or low fat soup without tomatoes or onions	Full fat soups, tomato, onion, or french onion soup, creamy soups

In addition to dietary changes, some other tips to help reduce heartburn and reflux include:

Avoid eating and then bending over, lying down, reclining or going to sleep for two to four hours. Eat small meals instead of large meals, if you are still hungry simply eat more often. Raise the head of your bed 6-8 inches, this can be done by placing the head of the bed on blocks 6-8 inches high or by sleeping on wedge. Do not sleep on several pillows, since this will not help. Avoid tight fitting clothing. Lose weight if you are overweight. Avoid fast food, since it is usually very high in fat.