



*Stanford University Medical Center
Department of Medicine/Gastroenterology
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Fax: (650) 723-8305*

DOUBLE BALLOON ENTEROSCOPY Oral Approach

INSURANCE

Please be certain that your referring doctor has obtained insurance authorization, and provides our office with a copy. They may fax it to us at (650) 723-8305. Ultimately it is your responsibility to ensure that authorization has been obtained.

IMPORTANT

Have someone drive you or be available to drive you home the day of the procedure. Due to the sedation you will **not** be allowed to drive yourself. Somebody responsible for you can accompany you in a taxi, but no public transport is allowed. This is for your own safety. Your procedure will be canceled if you do not have a ride.

It is recommended that you do not go back to work, do any strenuous exercise, drive or sign any legal documents for 24 hours after the procedure.

If you are taking any anti-coagulant medication (i.e. Coumadin, Heparin) please be sure to notify your physician.

PREPARATION

7 DAYS BEFORE DOUBLE BALLOON ENTEROSCOPY

Stop taking iron, aspirin, aspirin products or Pepto Bismol.

Please note that Tylenol (acetaminophen) does not interfere with the procedure. Please consult your physician if you have any questions about your medication, especially if you have been told not to stop taking these drugs suddenly without medical advice.

5 DAYS BEFORE DOUBLE BALLOON ENTEROSCOPY

Stop taking non-steroidal anti-inflammatories (e.g. Motrin, Advil (ibuprofen), Feldene, Naprosyn, Nuprin, Celebrex and Vioxx).

1 DAY BEFORE DOUBLE BALLON ENTEROSCOPY

Do not eat any solid food after midnight, the night before the procedure.

DAY OF DOUBLE BALLOON ENTEROSCOPY

Nothing to eat or drink at least **8 hours** before the procedure.

Medication can be taken 4 hours before examination with little sips of water. **DO NOT TAKE ANY ANTACIDS OR CARAFATE BEFORE THE PROCEDURE** or any of the medications mentioned above.

Wear loose comfortable clothing. You may keep short sleeve clothing on during the procedure under the gown we provide. The procedure room can be cold so you may wish to bring socks too.

Please arrive in registration at: _____

For your appointment at: _____

with Dr _____.

If you need to change or cancel this appointment please notify us at least one week in advance at (650) 723-8068. This will enable us to schedule another patient for that appointment time.

Your ride can contact the Endoscopy Unit at (650) 725-8117 to find out if you are ready to be picked up on the day of the procedure.