

# DRS. KANE, MISAWA & NGUYEN, LLC

GASTROENTEROLOGY  
www.mygastrodocs.com

Mary G. Kane, M.D.  
Kyoko Misawa, M.D.  
Phithao J. Nguyen, D.O.

Please complete the attached forms and send back prior to your appointment. Also include a copy of the front and back of your insurance cards.

- Mail: 33 W. Higgins Rd. Suite 820 South Barrington, IL 60010
- Fax: 847-426-0047
- Email

## Medication List

Date: / / Patient Name: \_\_\_\_\_ DOB: / /

This list should include all prescribed medications, aspirin, over the counter medications, herbs and health supplements.

Name	Strength	Frequency	Reason

Phone: 847-426-4355 Fax: 847-426-0047

33. W. Higgins Road  
Suite 820  
S. Barrington, IL 60010

800 W. Biesterfield Road  
Wimmer Plaza, Suite 101  
Elk Grove Village, IL 60007

880 W. Central Road  
Busse Center, Suite 8100  
Arlington Heights, IL 60005

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## PREPARATION FOR UPPER ENDOSCOPY

You will need someone to drive you home. A responsible adult friend or relative must be present to escort you home and accept responsibility for your safety. **You may NOT take public transportation (cab, bus, limo, etc.)** You will need someone to look in on you the night of the test, **preferably to stay with you, and be responsible for your safety** after the sedation. The medicine you will receive will make you too sleepy to drive or work after the test the entire day of your examination. You will be at the hospital about 3-3 ½ hours.

You are scheduled on \_\_\_\_\_ . Arrive at \_\_\_\_\_ AM/PM for your procedure at:

ALEXIAN BROTHERS HOSPITAL – WEST TOWER ENTRANCE 7- REGISTRATION  
GOOD SHEPHERD – WEST PAVILION (Pre registration 847/842-4130)  
NORTHWEST COMMUNITY HOSPITAL – BUSSE CENTER FOR SPECIALTY MEDICINE - 2<sup>ND</sup> FLOOR  
ST. ALEXIUS – BETTENDORF PAVILLION

### **PLEASE CONTACT YOUR INSURANCE COMPANY AND/OR PRIMARY CARE DOCTOR TO OBTAIN PRE-CERTIFICATION OR AN AUTHORIZATION NUMBER.**

- \* If you take **Coumadin, Warfarin, Pradaxa, Xarelto, Arixtra or Eliquis** you usually need to stop it 5 days **before** the test. **Check with your cardiologist before you stop any medications.**
- \* If you are taking iron pills, stop those 3 days before the test.
- \* **If you have any HEART ISSUES or a DEFIBRILLATOR please call the office.**
- \* If you have sleep apnea, use oxygen, call the office to review.
- \* **NO aspirin, Plavix, or Lovenox** on the morning of the test.

### **THE PREP IS NOT TO BE ALTERED IN ANY WAY WITHOUT CONTACTING OUR OFFICE!**

1. Do not eat solid food after midnight the night before the examination. You may, however, have clear liquids up to 5 hours before you need to leave the house, then nothing to drink.
2. These are clear liquids that are allowed: broth, coffee or tea, apple juice, Popsicles, carbonated beverages, Jell-O, Kool-aid, Tang, bouillon, and Gatorade. **NO RED LIQUIDS.**
3. You may take your usual medications with a sip of water up until 5 hours before leaving for the test. No gum chewing, hard candy or mints.
4. If you have any questions, contact the office at (847) 426-4355. In case of an emergency or after office hours call (847) 758-2921.

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Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Sex \_\_\_\_\_ Social Security# \_\_\_\_\_ Marital Status \_\_\_\_\_ Pharmacy name/ph# \_\_\_\_\_

Employer \_\_\_\_\_ Drivers License# \_\_\_\_\_ Language \_\_\_\_\_

Race(please circle) African American Asian Caucasian Hispanic/Latino Other Refused

**PLEASE BRING ALL INSURANCE CARDS & PHOTO ID**

Primary Insurance \_\_\_\_\_ Group# \_\_\_\_\_ I.D.# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Responsible Party \_\_\_\_\_ Relation to you \_\_\_\_\_ Date of Birth \_\_\_\_\_

Responsible Party Social Security# \_\_\_\_\_ Responsible Party Employer \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ Group# \_\_\_\_\_ I.D.# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Responsible Party \_\_\_\_\_ Relation to you \_\_\_\_\_ Date of Birth \_\_\_\_\_

Responsible Party Social Security# \_\_\_\_\_ Responsible Party Employer \_\_\_\_\_

Doctor Who Referred You/ Primary M.D. \_\_\_\_\_ Purpose of Visit \_\_\_\_\_

**ASSIGNMENT OF BENEFITS:** I hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled, including Medicare, private insurance, and any other health plans to: Drs. Kane, Misawa & Nguyen, LLC. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure payment. I am responsible for following my insurance policy protocol and will accept any penalties incurred.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Phone: 847-426-4355 Fax: 847-426-0047**

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## NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have read and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact Drs. Kane, Misawa & Nguyen, LLC to obtain a current copy of the Notice of Private Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but you are bound to abide by such restrictions.

Do we have your permission to leave medical information on your answering machine at Home? \_\_\_\_\_ Work? \_\_\_\_\_

Do we have your permission to discuss personal medical care/information with other individuals?

Name/Names	Relationship	Phone
_____	_____	_____

Our Regular Business Hours are:	Monday thru Thursday	8:30 am to 5:00 pm
	Friday	9:00 am to 12:00 pm

Call during these hours for appointments, medication renewals, and routine symptoms or medical questions. For any medical emergencies after business hours, please call 847-758-2921. The service will take your message and give it to the doctor on call.

- \* After you have any tests done that the doctor ordered, please contact the office staff so we can get the results. Do not assume "no news is good news." Sometimes we do not receive the result; we need your call so we can be certain that we see all test results.
- \* If you decide to decline the recommendations of the doctors, or choose not to have tests or take prescribed medicines, please call the office and inform the office staff so that we can note this in your record.

I have read and received a copy of the above:

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: 847-426-4355 Fax: 847-426-0047

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Consent – Gastroscopy/ Upper GI Endoscopy

You are scheduled to have a gastroscopy, which is a test that is done under sedation so you will need a ride home. We have you not eat anything before coming in for the test. When you come into the hospital the nurses will give you medication to make you sleepy and relaxed. That is usually the last thing that you know until we are done. While you are asleep, we take a long skinny tube with a light on it, and put it down through your mouth into your stomach and look all around. Certain things we would routinely biopsy. Usually we have a good idea of the results as soon as we are done, but any final biopsies will be available in about a week.

This is generally a very safe test, but like any test there are some theoretical risks involved. The first thing that we worry about is an unexpected allergy or oversensitivity to the medicine. That is rare, but we put you on monitors during the test and in a recovery area afterward. If we remove a polyp we can cauterize it, but we cannot put a bandaid on it or stitch in it, so every once in a while there could be some bleeding. Very rarely patients have to come back in to be hospitalized, recauterized, or transfused. The most serious potential problem is that any time we remove a polyp it is theoretically possible that it would tear a hole in the stomach. This would be a big deal because it would require surgery to correct it. However, to keep it in perspective, it is a very very rare occurrence happening in the one in several thousand range. Most of the time you just come in, you go to sleep, and the next thing you know you are going home with a good idea of the results.

Please call the office if you have questions at 847-426-4355.

Please sign and date.

I \_\_\_\_\_ have received an explanation of the risks of the procedure, and have no further questions.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Phone: 847-426-4355 Fax: 847-426-0047**

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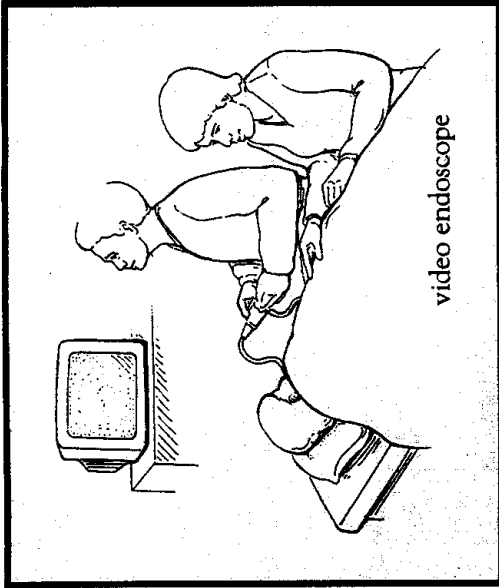
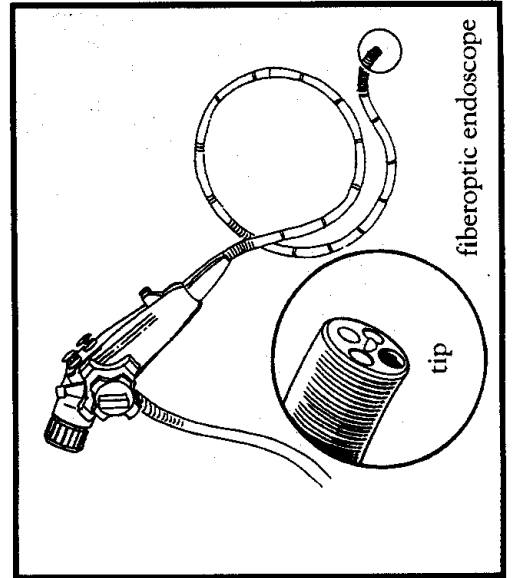
if a polyp is found, it can be removed without a major operation. Other treatments can be given through the endoscope when necessary.

### Alternative Testing

Alternative tests to upper GI endoscopy include a barium x-ray and ultrasound (sonogram) to study the organs in the upper abdomen. Study of the stools, blood and stomach juice can provide indirect information about a gastrointestinal condition. These exams, however, do not allow for a direct viewing of the esophagus, stomach and duodenum, removing of polyps or taking of biopsies.

### Side Effects and Risks

A temporary, mild throat irritation sometimes occurs after the exam. Serious risks with upper GI endoscopy, however, are very uncommon. One such risk is excessive bleeding, especially with removal of a large polyp. In extremely rare instances, a perforation, or tear, in the esophagus or stomach wall can occur. These complications may require hospitalization and, rarely, surgery. Quite uncommonly, a diagnostic error or oversight may occur. Due to the mild sedation, the patient should not drive or operate machinery following the exam. For this reason, someone else should be available to drive the patient home.



### Summary

Upper GI endoscopy is a simple outpatient exam that is often performed with the patient lightly sedated. The procedure provides significant information upon which specific treatment can be given. In certain cases, therapy can be administered directly through the endoscope. Serious complications rarely occur from upper GI endoscopy. The physician can answer any question the patient has.

### SPECIAL INSTRUCTIONS:

This material does not cover all information and is not intended as a substitute for professional medical care.

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U017

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# UPPER GI ENDOSCOPY

## Upper GI Endoscopy

Upper GI endoscopy, sometimes called EGD (esophagogastroduodenoscopy), is a visual examination of the upper intestinal tract using a lighted, flexible fiberoptic or video endoscope. The upper gastrointestinal tract begins with the mouth and continues with the esophagus (food tube) which carries food to the stomach. The J-shaped stomach secretes a potent acid and churns food into small particles. The food then enters the duodenum, or small bowel, where bile from the liver and digestive juices from the pancreas mix with it to help the digestive process.

### Equipment

The flexible endoscope is a remarkable piece of equipment that can be directed and moved around the many bends in the gastrointestinal tract. Endoscopes now come in two types. The original pure fiberoptic instrument has a flexible bundle of glass fibers that collect the lighted image at one end and transfer the image to the eye piece. The newer video endoscopes have a tiny, optically sensitive computer chip at the end. Electronic signals are then transmitted up the scope to the computer which then displays the image on a large video screen. An open channel in these scopes

allows other instruments to be passed through in order to take tissue samples, remove polyps and perform other exams.

### Reasons for the Exam

Due to factors related to diet, environment and heredity, the upper GI tract is the site of numerous disorders. These can develop into a variety of diseases and/or symptoms. Upper GI endoscopy helps in diagnosing and often in treating these conditions:

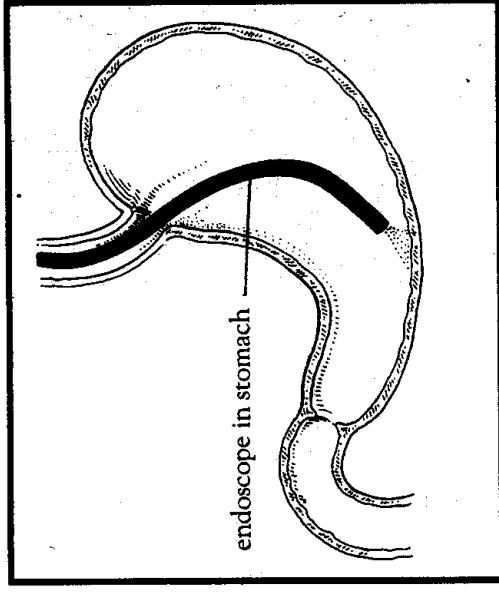
- ulcers—which can develop in the esophagus, stomach, or duodenum; occasionally ulcers can be malignant
- tumors of the stomach or esophagus
- difficulty in swallowing
- upper abdominal pain or indigestion
- intestinal bleeding—hidden or massive bleeding can occur for various reasons
- esophagitis and heartburn—chronic inflammation of the esophagus due to reflux of stomach acid and digestive juices
- gastritis—inflammation of the lining of the stomach

### Preparation

It is important not to eat or drink anything for at least eight hours before the exam. The physician instructs the patient about the use of regular medications, including blood thinners, before the exam.

### The Procedure

Upper GI endoscopy is usually performed on an outpatient basis. The throat is often anesthetized by a spray or liquid. Intravenous sedation is usually given to relax the patient, deaden the gag reflex and cause short-term amnesia. For some individuals who can relax on their own and whose gagging can be controlled, the exam is done without intravenous medications. The endoscope is then gently inserted into the upper esophagus. The patient



can breathe easily throughout the exam. Other instruments can be passed through the endoscope to perform additional procedures if necessary. For example, a biopsy can be done in which a small tissue specimen is obtained for microscopic analysis. A polyp or tumor can be removed using a thin wire snare and electrocautery (electrical heat). The exam takes from 15 to 30 minutes, after which the patient is taken to the recovery area. There is no pain with the procedure and patients seldom remember much about it.

### Results

After the exam, the physician will explain the results to the patient and family. If the effects of the sedatives are prolonged, the physician may suggest an interview at a later date when the results can be fully understood. If a biopsy has been performed or a polyp removed, the results are not available for three to seven days.

### Benefits

An upper GI endoscopy is performed primarily to identify and/or correct a problem in the upper gastrointestinal tract. This means the test enables a diagnosis to be made upon which specific treatment can be given. If a bleeding site is identified, treatment can stop the bleeding, or

