

ENDOSCOPIC TRANSORAL OUTLET REDUCTION TORe - PREP INSTRUCTIONS



FOR PATIENTS UNDERGOING GENERAL ANESTHESIA

Scripps Green Hospital

GI Dept – 2nd Floor (2 North)

Check-in: 3rd Floor info desk

10666 N Torrey Pines Rd, La Jolla, CA 92037

Daytime: 858-554-8060

After 4pm: 858-554-9100 to speak with the on-call provider for emergent issues
(please call during daytime hours for non-urgent issues)

What is an endoscopic transoral outlet reduction (TORe)?

TORe is a minimally invasive procedure used to help patients who have regained weight after gastric bypass surgery, by reducing the size of the connection between the stomach and the intestines. By decreasing the size of the gastric outlet, the food will remain in the stomach longer, decreasing the hunger sensation.

Depending on how you're doing after the procedure, you may be admitted to the hospital overnight for observation. Although complications are rare, these include but are not limited to bleeding, which may require blood transfusions; a tear in the gastrointestinal lining, which may require surgery to repair; reactions to the sedation; or missed lesions.

IMPORTANT INSTRUCTIONS

You MUST arrange an ADULT DRIVER, or your exam may be cancelled. NO Uber/Lyft/taxi, unless you are accompanied by a responsible adult (family or friend) to ride with you. If you cannot arrange this, we do have options to give you for medical transport home.

Important Note About Cancellations:

Due to the high volume of referrals and to be fair to all patients, we adhere to a strict attendance policy. If 2 or more cancellations or no-call/no-shows occur, future visits may be forfeited.

Read entire instructions at least 7 days prior to the exam, making note of these key items:

Medications must be reviewed by you at least **7 days prior** to your procedure

- You will be receiving several *prescriptions* to pick up from your pharmacy
- You will also need to pick up a bottle of *Miralax 119g*, and *Simethicone (Gas-X)* 180mg tablets

Diet restrictions see next page for directions

We will need a set of labwork to be drawn within 30 days of procedure, and an EKG within 6 months for patients over the age of 55 or those with cardiac conditions.

**IF YOU SEE A CARDIOLOGIST OR PULMONOLOGIST, WE MAY REQUIRE
CLEARANCE FROM THEM TO PROCEED**

ON THE DAY OF THE EXAM

- Please see diet instructions on page 4: *you will need to stop eating solid food after 9am the day prior to procedure*
- Check-in **1.5 hour** before scheduled procedure time
- Be prepared to spend 2-3 hours at the center for check-in, preparation, and recovery
- Wear loose, comfortable clothing and shoes
- Do not bring valuables or expensive jewelry. Only valid ID and insurance card required
- **NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE YOUR PROCEDURE**

Information about your ANESTHESIA: This procedure will be done under the supervision of an anesthesiologist. They will administer a combination of IV anesthetic medications that will sedate you and keep you asleep throughout the exam, while also monitoring your respiratory status. You will meet your anesthesiologist before the procedure, and they will be able to answer any questions you may have about the process.

Information about your RECOVERY AFTER THE EXAM: Please monitor for any post-procedure issues such as **bleeding, abdominal pain, fevers, or other symptoms**. For any concerns, please call your physician's office (phone numbers listed on Page 1) or if after hours, please call the on-call GI physician (858-554-9100).

- Do NOT **drive, operate machinery, sign legal documents, or make important decisions for 24 hours** after the procedure due to the sedation. Go directly home to rest
- Do NOT drink alcohol or take sleeping or nerve pills for 24 hours
- You may resume a regular diet and all medications unless otherwise instructed
- You may return to work and routine activities after the 24-hour period is over

Sedation Side Effects: It is not uncommon or unexpected to experience the listed side effects below from IV sedation.

- Feeling **drowsy, unsteady**, or experiencing **forgetfulness** the day of your procedure
- **Nausea**, although uncommon, may occur due to the combination of sedatives and analgesics given. We will do everything possible to safely prevent the feeling of nausea
- These effects usually wear off completely within 24 hours

INFORMATION REGARDING MEDICATIONS

Please speak with your PCP and/or pharmacist about providing you with crushable or liquid formulations of your medications, as you will not be able to take pills for two weeks postprocedure.

BLOOD THINNERS

DISCUSS with your prescribing or primary physician **at least 7 days** prior to exam for instructions on:

clopidogrel (Plavix)	ticagrelor (Brilinta)	rivaroxaban (Xarelto)	Aspirin 325mg	prasugrel (Effient)
warfarin (Coumadin)	apixaban (Eliquis)	dabigatran (Pradaxa)	heparin	cilostazol (Pletal)

IF YOU ARE TAKING BABY ASPIRIN (81MG) PLEASE CONTINUE THIS

STOP these medications **7 days** prior to exam:

NSAIDs (Ibuprofen, Motrin, Advil)	Fish oil, Krill Oil	Sulindac (Clinoril)	Nabumetone (Relafen)
Naproxen (Naprosyn, Aleve)	Ferrous sulfate or gluconate (Iron supplements)	Oxaprozin (Daypro)	Indomethacin (Indocin)
COX-2 Inhibitors (Celebrex)	Diclofenac (Voltaren)	Etodolac (Lodine)	

DIABETICS

- **STOP Metformin** the night before and morning of the procedure
- For other **oral diabetes meds**, take 1/2 dose night before and **STOP** on morning of procedure
- **Insulin dependent** patients must **contact their prescribing or primary physician to discuss instructions at least 7 days prior to exam**
- Morning procedure is preferred
- Check blood sugars while on liquid diet
- OK to drink clear juice if your blood sugar gets too low (no red color)

GLP-1 MEDICATIONS

These medications are commonly used for weight loss and blood sugar control and may be taken *once daily or once weekly*.

semaglutide (Ozempic)	dulaglutide (Trulicity)
semaglutide oral (Rybelsus)	liraglutide (Victoza)

- If taking **WEEKLY**: please **hold any doses within the seven days before procedure**
- If taking **DAILY**: please **hold dose the day before procedure**

CONTINUE TO TAKE THESE MEDICATIONS, INCLUDING THE DAY OF PROCEDURE
(with a small sip of water)

Blood pressure	Heart rhythm
Hypothyroidism	Anti-seizure

DIET INSTRUCTIONS

THE DAY BEFORE EXAM

- Eat a low-fiber breakfast **before 9am** (one egg and white bread is recommended, nothing with grains or fiber).
- **After 9am, CLEAR LIQUIDS ONLY.** Examples of acceptable options are water, clear soda (Sprite, 7-Up, ginger ale), clear and pulp-free fruit juices (apple juice, white grape juice), Gatorade, coffee and tea (no milk or cream), gelatin (Jell-O), popsicles, clear hard candy, clear broth or bouillon
- **AVOID** all solid food and opaque fluids (no milk, no cream, no pulp, etc.)

AVOID alcohol and anything with RED color (cranberry juice, red Jell-O, red Gatorade)

- Starting at noon: Please mix the **Miralax 119g** in 32 oz. of your preferred clear liquid and drink over the next hour. This should produce several bowel movements that will clear your intestines for the upcoming procedure
- Stay on a **CLEAR LIQUID** diet throughout the day, until MIDNIGHT. We recommend something like clear chicken broth for dinner.
- Place the prescribed **Scopolamine patch** on clean skin behind your ear at dinnertime.
- Take **Simethicone 360mg** at dinnertime.
- **NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE YOUR PROCEDURE.**

THE DAY OF EXAM

- OK to take essential morning medications (see list above) with sips of water.
- Take one **Emend 80mg** tablet 2 hours prior to your procedure

QUESTIONS?

Please send portal message or call with all questions between **8am-5pm** at your GI physician's office (phone numbers on Page 1 of this handout). For after hour emergencies, you can ask for the on-call doctor after 5pm by calling the operator at 858-554-9100.