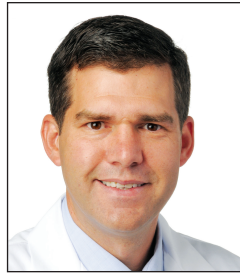


Endoscopic Ultrasound (EUS)

Eric R. Frizzell, M.D., a Pinehurst Medical Clinic interventional gastroenterologist specializing in Endoscopic Ultrasound (EUS) at FirstHealth Moore Regional Hospital, uses endoscopy to place an ultrasound transducer in the GI tract, allowing for detailed imaging of the mediastinum, digestive tract and other adjacent areas. This endoscopic procedure, which is performed under sedation, allows imaging and tissue samples to be obtained without the need for open or laparoscopic surgery.



Eric R. Frizzell, M.D.
Pinehurst Medical Clinic provider

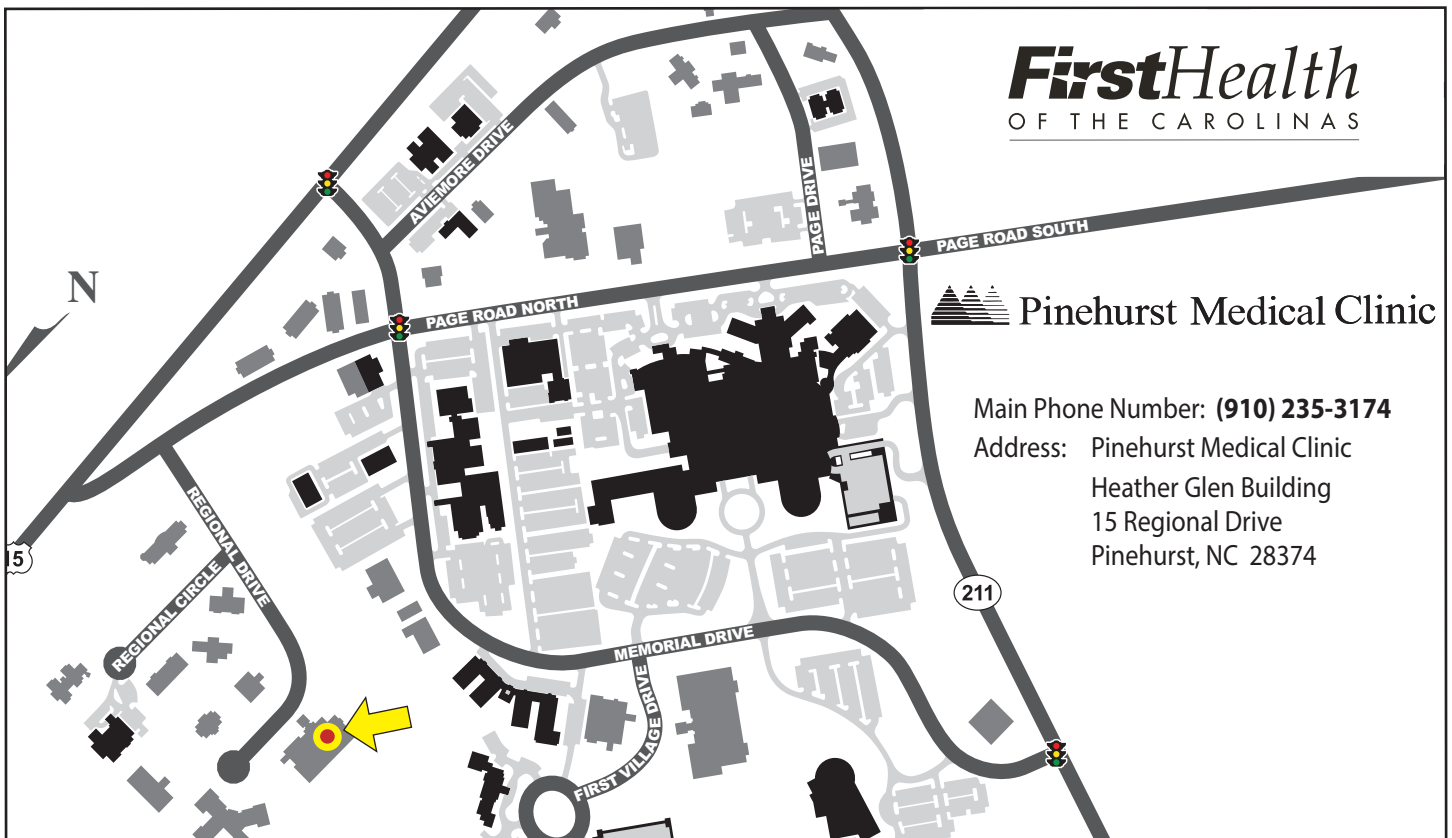
Primarily used to stage and diagnose malignancies, EUS is the most accurate method for staging the depth of invasion (T staging) of pancreatic, esophageal, gastric and rectal cancers. It also allows sampling of regional lymph nodes, allowing for pre-operative N staging.

The tissue sampling and intra-procedure pathologic assessment of EUS can speed diagnosis and staging, thereby allowing appropriate treatment to begin more quickly.

EUS, as well as PET/CT and Endobronchial Ultrasound (EBUS), which are also offered at Moore Regional, also allows nonsurgical staging of lung cancers, including the sampling of adrenal lesions.

Other uses for EUS include the diagnosis of choledocholithiasis and microlithiasis as well as early chronic pancreatitis. EUS with fine needle aspiration (FNA) can differentiate benign from non-benign pancreatic cysts, allowing for appropriate treatment and follow-up. It can also be used to evaluate submucosal lesions in the GI tract, differentiating benign lesions such as lipomas or pancreatic rests from higher risk lesions such as GI stromal tumors (GISTs) and carcinoid tumors. In some cases, EUS allows endoscopic treatment of these lesions during the same procedure.

To refer patients, or for any questions regarding EUS or other interventional GI procedures including pseudocyst drainage, ERCP and Endoscopic Mucosal Resection (EMR), please contact the GI Scheduler at Pinehurst Medical Clinic at (910) 235-3174.



Endoscopic Ultrasound (EUS)

Requested G.I. physician: **Eric Frizzell, M.D.** Please select either a consultation or open access endoscopy.

Consultation / Clinic visit

Diagnosis or problem(s): _____

Previous tests done pertinent to the problem:

CT Scans Yes No Labs*: CBC _____ EKG*: Yes No

Ultrasounds Yes No CMP _____

X-rays Yes No INR _____

*Labs and EKG **must** be within 30 days of procedure.*

Open Access Endoscopy - Procedure Requested & Indication

EGD

Indications: Dysphagia Reflux or heartburn Barrett's Abnormal radiology study
 Upper abdominal pain/dyspepsia associated with weight loss, NSAID use, anorexia
 Upper abdominal pain new onset & age 50+ Other _____

Please complete the following. Answering yes to any of the questions will require a pre-procedure appointment. This is necessary to ensure delivery of the highest quality care possible.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient is on a blood thinning medication such as, but not limited to, Coumadin, Plavix, Efflent or Pradaxa	<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient has had coronary stent in the last year
<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient is on dialysis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient has had diverticulitis in the last month
<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient is on oxygen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient has had colonoscopy within the last 10 years
<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient has Hemophillia		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient has had recent M.I.		

If you have requested a procedure, it is important that we know the following information. Answering yes to any of the questions will result in scheduling the procedure at FirstHealth Moore Regional Hospital.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient weighs > 350 pounds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient needs assistance walking
<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient is under age 8		

Date of Birth _____

Patient's Name _____ Insurance Information _____

Patient's Daytime Phone _____ Referring Physician _____

Patient's Address _____ Referring Phone No. _____

Referring Fax No. _____

IMPORTANT: Please fax relevant office notes and test results from tests indicated above to (910) 235-3432 or (910) 235-3438. We must have these records prior to scheduling the appointment.