

**What Is Upper Endoscopy?**

Upper Endoscopy (also known as gastroscopy, EGD, or esophagogastroduodenoscopy) is a procedure that enables your surgeon to examine the lining of the esophagus (swallowing tube), stomach and duodenum (first portion of the small intestine). A bendable, lighted tube about the thickness of your little finger is placed through your mouth and into the stomach and duodenum.

**Why Is an Upper Endoscopy Performed?**

Upper endoscopy is performed to evaluate symptoms of persistent upper abdominal pain, nausea, vomiting, difficulty swallowing or heartburn, and before certain surgical procedures. It is an excellent method for finding the cause of bleeding from the upper gastrointestinal tract. It can be used to evaluate the esophagus or stomach before and after major surgery. It is more accurate than X-rays for detecting inflammation, ulcers or tumors of the esophagus, stomach and duodenum. Upper endoscopy can detect early cancer and can distinguish between cancerous and non-cancerous conditions by performing biopsies of suspicious areas. Biopsies are taken by using a specialized instrument to sample tissue. These samples are then sent to the laboratory to be analyzed. A biopsy is taken for many reasons and does not mean that cancer is suspected.

A variety of instruments can be passed through the endoscope that allows the surgeon to treat many abnormalities with little or no discomfort. Your surgeon can stretch narrowed areas, remove polyps, remove swallowed objects, place stents or treat upper gastrointestinal bleeding. Safe and effective control of bleeding has reduced the need for transfusions and surgery in many patients.

**What Preparation Is Required?**

The stomach should be completely empty. You should have nothing to eat or drink for approximately 8 hours before the examination. Your surgeon will be more specific about the time to begin fasting depending on the time of day that your test is scheduled. Medication may need to be adjusted or avoided. It is best to inform your surgeon of ALL your current medications as well as allergies to medications a few days prior to the examination. Most medications can be continued as usual. Medication use such as aspirin, Vitamin E, nonsteroidal anti-inflammatories, blood thinners and insulin should be discussed with your surgeon prior to the examination. It is essential that you alert your surgeon if you require antibiotics prior to undergoing dental procedures, since you may also require antibiotics prior to gastroscopy. Also, if you have any major diseases, such as heart or lung disease that may require special attention during the procedure, discuss this with your surgeon. You will most likely be sedated during the procedure and an arrangement to have someone drive you home afterward is imperative. Sedatives will affect your judgment and reflexes for the rest of the day. You should not drive or operate machinery until the next day.

**What Can Be Expected During the Upper Endoscopy?**

You may have your throat sprayed with a local anesthetic before the test begins and given medication through a vein to help you relax before the examination. After you are sedated, you will be laid on your side or back in a comfortable position as the endoscope is gently passed through your mouth and into your esophagus, stomach and duodenum. Air is introduced into your stomach during the procedure to allow a better view of the stomach lining. The procedure usually lasts 15-60 minutes. The endoscope does not interfere with your breathing. Most patients fall asleep during the procedure; a few find it only slightly uncomfortable.

**What Happens After Your Upper Endoscopy?**

You will be monitored in the endoscopy area for 1-2 hours until the effects of the sedatives have worn off. Your throat may be a little sore for a day or two. You may feel bloated immediately after the procedure because of the air that is introduced into your stomach during the examination. You will be able to resume your diet and take your routine medication after you leave the endoscopy area, unless otherwise instructed. Your surgeon will usually inform you of your test results on the day of the procedure, unless biopsy samples were taken. These results take several days to return. If you do not remember what your surgeon told you about the examination or follow up instructions, call your surgeon's office to find out what you were supposed to do.

**What Complications Can Occur?**

Gastroscopy and biopsy are generally safe when performed by surgeons who have had special training and are experienced in these endoscopic procedures. Complications are rare, however, they can occur. They include bleeding from the site of a biopsy or polypectomy and a tear (perforation) through the lining of the intestinal wall. Blood transfusions are rarely required. A reaction to the sedatives can occur. Irritation to the vein that medications were given is uncommon, but may cause a tender lump lasting a few weeks. Warm, moist towels will help relieve this discomfort.

It is important for you to recognize the early signs of possible complications and to contact your surgeon if you notice symptoms of difficulty swallowing, worsening throat pain, chest pains, severe abdominal pain, fevers, chills or rectal bleeding of more than one-half cup.

EGD Date: \_\_\_\_\_ Time: *You will be notified the week of*

*On the day of your procedure, plan on spending approximately 2 to 3 hours at the hospital. However, unexpected findings or medical problems may arise causing delays. We will do our best to inform you in advance of any delays in the schedule that may affect you. Please provide a telephone number by which we may readily reach you on the date of your procedure. You may also call us to confirm your start time.*

### What to expect:

After you register at the front desk, the nurse will take you to pre-op. EGD requires sedation, so you will also meet with a nurse anesthetist prior to the procedure. He/she will sedate and monitor you during and after the procedure. Once you are sedated, the endoscope is advanced into the mouth, down the throat and into the stomach and duodenum. After the procedure you will be taken to PACU or Post Anesthesia Care Unit for approximately thirty minutes or until you are awake, alert, and able to drink liquids. Because of the sedation you received, do not sign any legal documents or make any major decisions for the remainder of the day.

We recommend you make a follow up appointment to review the findings of your EGD. Though the surgeon will discuss findings with you after the procedure, it is likely you will not remember fully what you may have been told.

### How to Prepare:

- Arrive at least 30 minutes before your scheduled time and bring all your home medications with you.
- Stop all NSAID's** such as: *Advil, Aleve, Anaprox, Arthrotec, Aspirin, Bayer Aspirin, Bextra, Celebrex, Clinopril, Daypro, Dolobid, Ecotrin, Excedrin, Feldene, Ibuprofen, Indomethicin, Lodine, Mobic, Motrin, Naprosyn, Nuprin, Relafen, Rufen, Vioxx, Voltaren, and any other NSAID's – for alternatives speak with the surgeon.* Stop five (5) days before procedure. Stop on: \_\_\_\_\_
- Stop nutritional and herbal supplements** such as *Echinacea, Garlic, Gingko biloba, Goldenseal, Dong quai, Feverfew, Fish Oil (Omega III), Ginseng, Kava, St. John's wort, Valerian root.*
- Stop Metformin** 24 hours before the procedure.
- Prescription **Anticoagulants must be stopped** 7 to 3 days prior to the EGD. Please see **ANTICOAGULANTS (blood thinners) instruction form** for details. You may require an alternate anticoagulant discuss with surgeon - arrangements should already be in place, if not, speak with the surgeon immediately.
- Do not eat or drink anything after MIDNIGHT or at least eight (8) hours before the procedure.**
- Do not take any of oral medications prior to the procedure.
- Wear a two-piece ensemble. You will be required to remove everything from the waist up.
- An adult driver must **pick you up** from the hospital. Please make arrangements as we cannot let you leave in a taxi or with an under aged driver

**Discharge Instructions**

- The doctor may explain the results to you after the procedure, but we recommend that you schedule a follow up visit to discuss the results. Sedation after a colonoscopy can take 24 hours to wear off.
- You should be able to eat normally and resume your normal activities after the procedure.
- We recommend that you take the remainder of the day off.
- Do not drive or operate machinery until the next day, do not make any legal decisions as the sedatives given will impair your reflexes.
- Please do not make any major decisions or sign any legal papers for the next 24 hours. Please allow 24 hours for the sedatives to clear your blood stream.
- You may have some mild abdominal cramping or bloating. This is secondary to the air that was used to inflate your stomach. This should quickly improve once passage of gas occurs.
- Biopsy results take a few days, schedule your follow up appointment in 7 to 10 days, after the procedure.

**Call your doctor** if any of the following occur

- Fever, chills
- Persistent, or worsening abdominal pain
- Persistent nausea and vomiting, or vomiting coffee grounds/red blood.
- Persistent lightheadedness, fainting
- Black, tarry stools or blood per rectum