

PREPARATION FOR EGD (UPPER ENDOSCOPY)

Date of Procedure: _____ Time: _____ Arrival Time: _____

THE DAY BEFORE

**You can eat and drink as usual
After 12 Midnight NOTHING to eat or drink**

DAY OF THE EXAM:

Take your blood pressure pills with only SIPS of water.
DO NOT take diabetic medicines, morning of the procedure (ONLY).
If you have asthma, please bring your inhaler with you.

You will be sedated (sleeping) in order to minimize any discomfort you might experience during the procedure.

DO NOT TAKE ASPIRIN OR MEDICATIONS THAT HAVE ASPIRIN IN IT, STARTING 10 DAYS BEFORE THE PROCEDURE. (YOU MAY TAKE TYLENOL)

IF YOU ARE ON BLOOD THINNERS, IT IS EXTREMELY IMPORTANT YOU TELL US.

What is an upper endoscopy?

Upper endoscopy lets your doctor examine the lining of the upper part of your gastrointestinal tract, which includes the esophagus, stomach and duodenum (first portion of the small intestine). Your doctor will use a thin, flexible tube called an endoscope, which has its own lens and light source, and will view the images on a video monitor. You might hear your doctor or other medical staff refer to upper endoscopy as upper GI endoscopy, esophagogastroduodenoscopy (EGD) or panendoscopy. If your doctor has recommended upper endoscopy, this brochure will give you a basic understanding of the procedure - how it's performed, how it can help, and what side effects you might experience. It can't answer all of your questions, since a lot depends on the individual patient and the doctor. Please ask your doctor about anything you don't understand.

A RESPONSIBLE PARTY HAS TO ACCOMPANY YOU FOR THE PROCEDURE OTHERWISE THE PROCEDURE CANNOT BE PERFORMED. YOU CANNOT DRIVE FOR THE ENTIRE DAY AFTER GETTING ANESTHESIA

Why is upper endoscopy done?

Upper endoscopy helps your doctor evaluate symptoms of persistent upper abdominal pain, nausea, vomiting or difficulty swallowing. It's an excellent test for finding the cause of bleeding from the upper gastrointestinal tract. It's also more accurate than X-ray films for detecting inflammation, ulcers and tumors of the esophagus, stomach and duodenum.

Your doctor might use upper endoscopy to obtain a biopsy (small tissue samples). A biopsy helps your doctor distinguish between benign and malignant (cancerous) tissues. Remember, biopsies are taken for many reasons, and your doctor might order one even if he or she does not suspect cancer. For example, your doctor might use a biopsy to test for *Helicobacter pylori*, bacterium that causes ulcers.

Upper endoscopy is also used to treat conditions of the upper gastrointestinal tract. Your doctor can pass instruments through the endoscope to directly treat many abnormalities with little or no discomfort. For example, your doctor might stretch a narrowed area, remove polyps (usually benign growths) or treat bleeding.

What can I expect during upper endoscopy?

Your doctor might start by spraying your throat with a local anesthetic or by giving you a sedative to help you relax. You'll then lie on your side, and your doctor will pass the endoscope through your mouth and into the esophagus, stomach and duodenum. The endoscope doesn't interfere with your breathing. Most patients consider the test only slightly uncomfortable, and many patients fall asleep during the procedure.

What happens after upper endoscopy?

You will be monitored until most of the effects of the medication have worn off. Your throat might be a little sore, and you might feel bloated because of the air introduced into your stomach during the test. You will be able to eat after you leave unless your doctor instructs you otherwise.

Your doctor generally can tell you your test results on the day of the procedure; however, the results of some tests might take several days.

If you received sedatives, you won't be allowed to drive after the procedure even though you might not feel tired. You should arrange for someone to accompany you home because the sedatives might affect your judgment and reflexes for the rest of the day.

What are the possible complications of upper endoscopy?

Although complications can occur, they are rare when doctors who are specially trained and experienced in this procedure perform the test. Bleeding can occur at a biopsy site or where a polyp was removed, but it's usually minimal and rarely requires follow-up. Other potential risks include a reaction to the sedative used, complications from heart or lung diseases, and perforation (a tear in the gastrointestinal tract lining). It's important to recognize early signs of possible complications. If you have a fever after the test, trouble swallowing or increasing throat, chest or abdominal pain, tell your doctor immediately.

IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CALL OUR OFFICE.