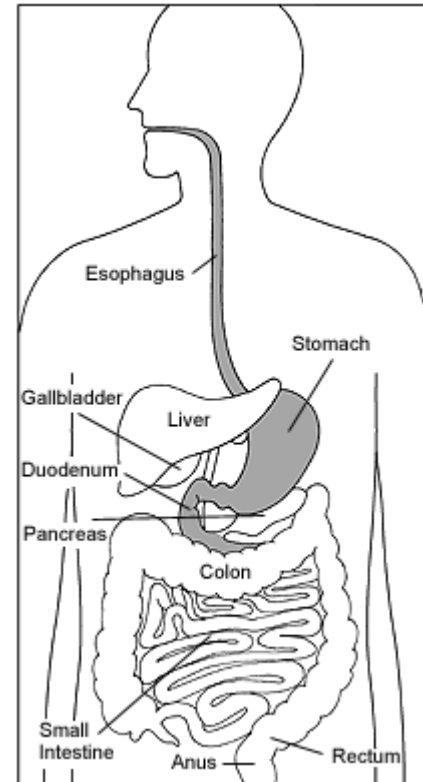


## Upper Endoscopy

Upper endoscopy enables the physician to look inside the **esophagus, stomach, and duodenum** (first part of the small intestine). The procedure might be used to discover the reason for swallowing difficulties, nausea, vomiting, reflux, bleeding, indigestion, abdominal pain, or chest pain. Upper endoscopy is also called **EGD**, which stands for **esophagogastro-duodenoscopy**.

For the procedure, you will lie on your left side on the examining table. A needle for intravenous (IV) medicines will be placed in your arm vein before the procedure. Right before the procedure the physician may spray your throat with a numbing agent that may help prevent gagging. You will then be given a mild sedative through the IV to keep you comfortable and to help you relax during the exam.

Once you are sedated, the physician will insert a thin, flexible, lighted tube called an **endoscope** into your mouth. The endoscope is guided slowly down and transmits an image of the inside of the esophagus, stomach, and duodenum, so the physician can carefully examine the lining of these organs. The scope also puffs air into the stomach; this expands the folds of tissue and makes it easier for the physician to examine the stomach.



The digestive system

The physician can see abnormalities like inflammation, bleeding, ulcers or tumors through the endoscope that don't show up well on x-rays. The physician can also insert instruments into the scope to treat bleeding abnormalities or remove samples of tissue (**biopsy**) for further tests.

Endoscopy with biopsy is associated with a **low risk of complications** when performed by a physician who has been specially trained and is experienced in the procedure. However, there are risks associated with any endoscopic examination, such as: a medication reaction, lack of awareness lasting a few hours, or swelling of an arm vein following medication injection. More serious complications can also occur, such as: bleeding after a biopsy or removal of an intestinal growth, infection, or a perforation of the intestine which may require immediate surgery. Surgery or hospitalization may also be required for any unforeseen complication. Overall, such complications are rare. Most people will probably have nothing more than a mild sore throat after the procedure.

Upper endoscopy takes 20 to 30 minutes. Because you will be sedated, you will need to rest at the endoscopy facility for a short time until the medication wears off.

### **Preparation – Please see other side for full instructions:**

Your stomach and duodenum must be completely empty for the procedure to be thorough and safe, **so you will not be able to eat or drink after midnight** the night before your procedure. If you take medications in the morning, you may take them with a **small sip** of water. Also, **you must arrange for someone to take you home**—you will not be allowed to drive for the rest of the day because of the sedatives. Your physician may give you other special instructions.

Inform your physician of any medical conditions or medications that you take before your endoscopy.

### **INSTRUCTIONS FOR UPPER ENDOSCOPY**

- ❖ **Do not have anything to eat or drink after midnight** the night before your procedure.
- ❖ If you take medications in the morning, you may take them with a **small sip** of water.

On the day of your appointment, **someone must accompany you to the office or hospital.** Plan to be with us for a total of one to two hours. When you arrive, you will need to complete your paperwork and then change into a patient gown. If you are a woman under the age of 50, you will be asked to give urine sample. The nursing staff will take you into the procedure room, perform a brief assessment, and place an I.V. You will be then sedated and undergo the endoscopy. The endoscopy itself takes about 15-30 minutes.

After the endoscopy, you will rest in the recovery area while the sedative wears off. Due to the sedation, you may not remember your conversation with the doctor after the endoscopy. Please have a family member or friend stay with you that can speak with the doctor and nurses after the procedure. ***By law, you cannot drive the rest of the day of the endoscopy.*** We advise you to take the entire day off work.

***It is important for you to bring a list of all prescription medications and non-prescription products (over-the-counter, anti-inflammatory, herbal, vitamins, etc) you are taking and a list of any medications you are allergic to.***

### **SPECIAL CONSIDERATIONS:**

- ❖ Stop **ASPIRIN, ADVIL, MOTRIN, ALEVE, IBUPROFEN** or any other anti-inflammatory drugs nine days before your procedure. You may take **TYLENOL** only.
- ❖ Stop individual **Vitamin E** or **Gingko biloba** supplements nine days before your procedure.
- ❖ If you take **COUMADIN, PLAVIX** or any other **BLOOD THINNERS**, **please inform us.** A blood test may need to be performed before your procedure. We recommend that you speak with your cardiologist or primary physician regarding stopping your blood thinners.
- ❖ Take your **BLOOD PRESSURE** or **HEART MEDICATIONS** without interruption, including the morning of your procedure. You may take them with a small sip of water.
- ❖ If you are **DIABETIC**, check with your primary physician regarding taking your insulin or oral diabetic medications.