Understanding Upper Endoscopy

***What is 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 gastroscopy. 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.

***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 tumor’s 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 that 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, or biopsy for celiac disease, the allergy to gluten.

Upper endoscopy can 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, often referred to as dilation, or remove polyps (usually benign growths) or treat bleeding.

***What can I expect during upper endoscopy?*** You will lie on your left side then you will be sedated. 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 do not feel any discomfort and are usually not aware of the procedure being done.

***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 biopsies may take several days, and sometimes a week or more.

***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.

***You will not be allowed to drive after the procedure even though you might not feel tired. You must arrange for someone to accompany you home because the sedatives might affect your judgment and reflexes for the rest of the day***.

**Upper Endoscopy Preparation**

Because education is an important part of comprehensive medical care, you have been provided with this information to prepare you for this procedure. If you have questions about your endoscopy, alternative tests, the cost of the procedure, methods of billing, or insurance coverage, do not hesitate to speak to your doctor or your office staff. Most endoscopists are highly trained specialists and welcome your questions regarding their credentials and training. If you have questions that have not been answered, please discuss them with the endoscopy nurse or your physician before the examination begins. You can also schedule a video conference appointment with your physician to discuss the procedure if you wish.

My Upper Endoscopy, EGD, is scheduled for:

Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arrival Time:\_\_\_\_\_\_\_\_\_\_\_\_ Procedure Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

"If you intend to cancel, please notify us immediately. If you do not notify us within 48 hours of the procedure, you may be charged a $200.00 cancellation fee

***What can I eat before the procedure?***

***Day* before *the procedure:*** Unless you are having a colonoscopy at the same time you can eat and drink normally.

**If your endoscopy is scheduled for 12 noon or before:** You may only have sips of water with medication by 7AM AND NO LATER.. DO NOT EAT SOLID FOOD OR DRINK ANY OTHER LIQUIDS ON THE DAY OF THE PROCEDURE. IF YOU ARE DIABETIC, YOU HAVE MAY APPLE JUICE AT LEAST TWO HOURS BEFORE THE PROCEDURE.

**If your endoscopy is scheduled after 12 noon**: You may have a very light clear liquid breakfast **before** 8 AM. NO SOLID FOOD ON THE DAY OF THE PROCEDURE. IF YOU ARE DIABETIC, YOU HAVE MAY APPLE JUICE AT LEAST TWO HOURS BEFORE THE PROCEDURE.

***Can I take my current medications?*** Most medications can be continued as usual, but some medications can interfere with the preparation or the examination. Inform your doctor about medications **Please take all blood pressure medications on the morning of the procedure, unless told otherwise.**

**Weight loss medicatons: if you are taking Ozempic, Mounjaro, Wegovy or similar weight loss/diabetes medication YOU MUST HOLD THESE SPECIFIC MEDICATIONS FOR ONE WEEK BEFORE THE PROCEDURE OR THE PROCEDURE WILL BE CANCELLED. THIS IS VERY IMPORTANT TO UNDERSTAND.**

Insulin: Take half your usual dose the night before and none on the morning of the procedure.

Oral diabetic medications: Do not take any the night before or the morning of the procedures.

Coumadin or Warfarin: Stop 5 days before ONLY IF APPROVED BY THE DOCTOR WHO PRESCRIBES COUMADIN. Sometimes the Coumadin clinic or your prescribing physician may want you to take a different blood thinner, such as Lovenox, during this time. You SHOULD schedule an office visit with us if you have questions about Coumadin or warfarin.

Plavix (Clopidogrel), Brilinta (Ticagrelor**)** or similar: Continue taking it unless we have discussed dilation of the esophagus.

Xarelto (Rivaroxaban): Stop 2 days before.

Aspirin: Continue taking this. Please let us know if you have continued this when you come in the day of the procedure.

Iron supplements, herbals, Vitamin E, fish oil, Fiber supplements: Stop 5 days before.

Even if you have to take antibiotics for a dental procedure, they are no longer recommended prior to an endoscopy.

Please bring a list of all of your medications and allergies, and let us know if you are allergic to Latex.