

# What happens after the procedure?

- You will be taken to the recovery room for observation.
- Once your blood pressure, pulse, and breathing are stable and you are awake and alert, you may be discharged to your home in case of day care procedure. If you are going home, someone must drive you.
- You will not be allowed to eat or drink anything until your gag reflex returns. This is to prevent you from choking. You may have a sore throat and pain for a few days when you swallow. This is normal.
- You may feel gassy after the procedure.
- You may go back to your normal diet and activities, unless you have other instructions.



## Are there any risks?

An UGI endoscopy is a safe examination for most people and serious complications are very uncommon. The Endoscopy team is trained to detect and treat any complications that may happen. The possible risks are

- A tear (perforation) is rare (1 in 10,000 patients) and may need surgery
- Bleeding may occur at the site of biopsy; this usually stops on its own.
- Breathing difficulty due to the sedation or accidentally inhaling saliva

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## Get In Touch With Us



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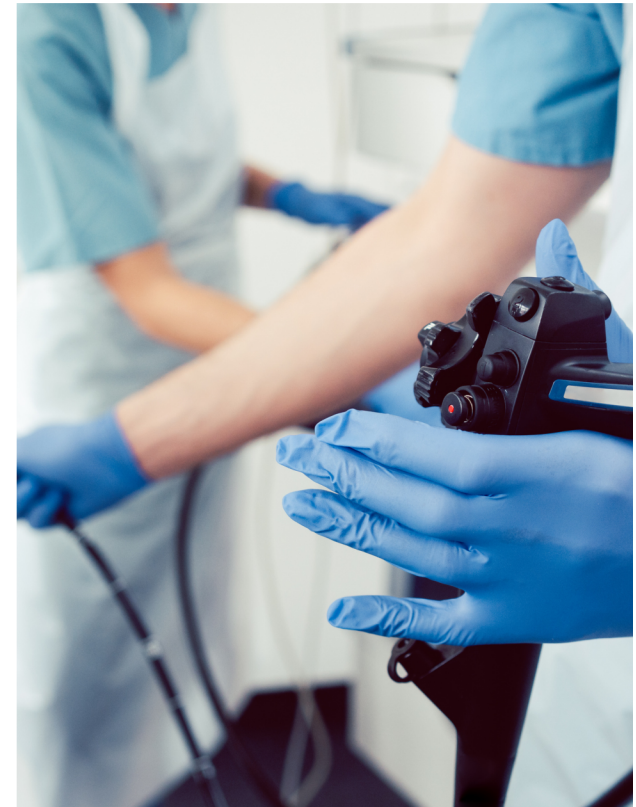
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# UPPER GI ENDOSCOPY

Diagnostic and Therapeutic

# What is UGI Endoscopy

An upper GI endoscopy or EGD (esophagogastroduodenoscopy) is a procedure to diagnose and treat problems in your upper GI (gastrointestinal) tract. The upper GI tract includes your food pipe (esophagus), stomach, and the first part of your small intestine (the duodenum). This procedure is done using a long, flexible tube called an endoscope. The tube has a tiny light and video camera on one end. The tube is put into your mouth and throat. Then it is slowly pushed through your esophagus and stomach, and into your duodenum. Video images from the tube are seen on a monitor.

## Who needs an UGI endoscopy

UGI scopy is necessary for the diagnosis and treatment of ulcers, inflammations, erosions, cancers, stricture, bleeding, etc in the upper GI tract. You may need an UGI scopy if you have

- Dyspepsia, acidity
- Difficulty in swallowing and regurgitation
- Blood vomit or black stools (GI bleeding)
- Unexplained upper abdominal pain and weight loss
- Persistent vomiting & weight loss
- Abnormal or suspicious findings on barium studies, CT or US scanning
- Surveillance and follow up of patients with coeliac disease, Barrett's oesophagus, gastric dysplasia or in patients with a strong family history of gastric carcinoma, familial polyps, varices in cirrhotics, etc



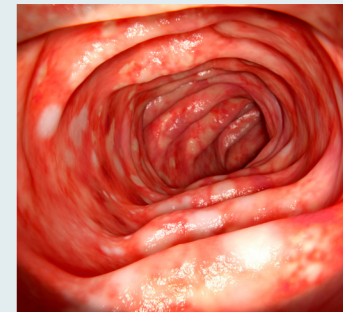
## Preparing for an UGI scopy

- An overnight fasting (at least 6 to 8 hrs) is required.
- A relative needs to accompany the patient.
- A written informed consent will be taken.
- Patient needs to inform doctor regarding medical conditions, current medications and allergies if any.

## What happens during an UGI scopy

- You will be asked to wear hospital gown, remove jewellery or other objects that may interfere with the procedure. If you wear false teeth (dentures), you will be asked to remove them until the test is over.
- Numbing medicine may be sprayed into the back of your throat. This will stop you from gagging as the tube is passed down your throat into your stomach. The spray may have a bitter taste to it. Holding your breath while your provider sprays your throat may decrease the taste.

- An IV (intravenous) line may be placed in your arm or hand. A medicine to relax you (a sedative) will be injected into the IV.
- Your heart rate, blood pressure, respiratory rate, and oxygen level will be checked during the procedure.
- You will lie on your left side on the OT table with your head bent forward.
- A mouth guard will be placed in your mouth. This will keep you from biting down on the tube. It will also protect your teeth.
- Once your throat is numbed and the sedative has relaxed you, your provider will put the tube in your mouth and throat. He or she will guide the tube down your esophagus, through your stomach, and into your duodenum. You may feel some pressure or swelling as the tube moves along.
- Small tools may also be inserted into the endoscope. These tools can be
  - a. Take tissue samples for a biopsy
  - b. Remove things such as food that may be stuck in the upper GI tract
  - c. Inject air or fluid
  - d. Stop bleeding
  - e. Do procedures such as endoscopic surgery, laser therapy, or open (dilate) a narrowed area, inserting metal stents, etc.
- The procedure may take 15 to 30 mins on an average, which may differ depending on indication.
- After the exam and procedures are done, the tube will be taken out.



Endoscopic image of the esophagus