

> UPPER ENDOSCOPY

What is Upper Endoscopy?

Upper endoscopy enables the doctor to examine the upper portion of your gastrointestinal tract including the esophagus, stomach, and duodenum (the first part of the small intestine). Your physician will use a thin, flexible tube called an endoscope (EN-doh-scope), which has its own lens and light source that transmits images to a video monitor.

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 esophagogastroduodenoscopy (eh-SAH-fuh-goh-GAS-troh-doo-AH-duh-NAH-skuh-pee).

What Preparation is Required for the Procedure?

Your stomach and duodenum must be empty for the procedure to be thorough and safe, so you will not be able to eat or drink anything for at least 6 hours beforehand. Your physician will tell you when to start fasting. The medical staff will also want to know if you have heart disease, lung disease, or any medical condition that may need special attention. You must also arrange for someone to take you home afterward, because you will not be allowed to drive after being sedated. Generally, you will be able to resume your diet and medications. As always, it is important to follow your physician's instructions very carefully.

What Can I Expect During an Upper Endoscopy?

Right before the procedure the physician may spray your throat with a numbing agent that will help prevent gagging. You may also receive pain medicine and a sedative to help you relax during the exam. The doctor will then have you swallow the endoscope. You will then lie on an exam table on your side and the physician will pass the endoscope through your mouth and into your upper gastrointestinal tract. The endoscope transmits images of the inside of the esophagus, stomach, and duodenum, so the physician can carefully examine the lining of these organs. The scope also blows air into the stomach; this expands the folds of tissue and makes it easier for the physician to examine the stomach. The endoscope doesn't interfere with your breathing and most patients tolerate the procedure easily.

The physician can see abnormalities, like inflammation or bleeding, through the endoscope. The physician can also insert instruments into the scope to treat bleeding abnormalities or remove tissue samples (a biopsy) which helps in determining a cause of the patient's symptoms.

What if an Abnormality is Found During the Upper Endoscopy Procedure?

If your doctor finds an area that needs further evaluation, your physician may take a biopsy to be analyzed by an expert gastrointestinal pathologist. Biopsies are used to identify many conditions, and your doctor may take one even if he or she doesn't suspect cancer. In fact, most biopsies are done to look for conditions other than cancer.

What Happens After an Upper Endoscopy?

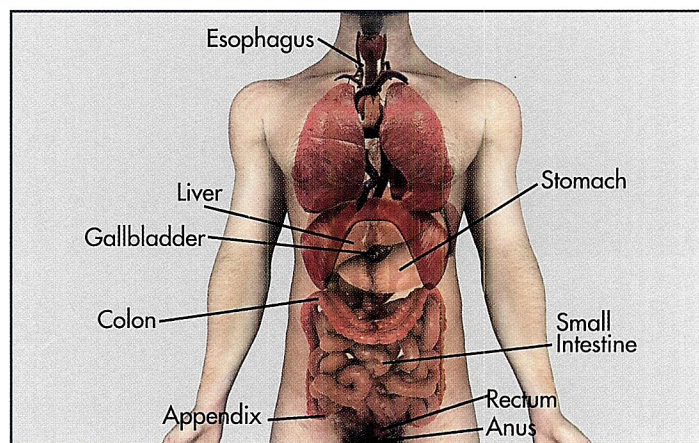
The procedure takes 15 to 20 minutes. Because you will be sedated, you will need to rest at the facility until the effects of the sedation wear off. Rarely your throat may be a little sore, and you might feel bloated due to the air introduced into your stomach during the procedure. You should be able to eat after the procedure unless your physician instructs you otherwise.

Your physician can generally inform you of the results of the procedure on that day; however, the results of some tests (including biopsy) may take several days to receive.

What are Possible Complications of an Upper Endoscopy?

Complications are rare, but it is important for you to recognize early signs of them. Bleeding can occur at a biopsy site or anywhere that tissue was removed, but it is usually minimal and rarely requires follow-up. Other potential risks include a reaction to the sedative, complications from heart or lung disease and perforation (a tear in the lining of the gastrointestinal tract). If you have a fever after the procedure, trouble swallowing or increasing throat, chest or abdominal pain, contact your physician immediately.

Important Information: The information included on this sheet is intended only to provide general guidance and not as a definitive basis for diagnosis or treatment in any instance. It is extremely important that you consult a physician about your specific condition.



*Content derived from the National Digestive Disease Information Clearinghouse (NDDIC) & the American Society of Gastrointestinal Endoscopy.

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