

PREPARING FOR UPPER ENDOSCOPY (EGD)

You have been scheduled for an examination known as **esophagogastroduodenoscopy**. Other, easier to pronounce names for this procedure are EGD or upper endoscopy. In this exam, a small flexible tube will be passed into your mouth, then down into your esophagus, stomach and duodenum (the first portion of the small intestine). The tube has a light at the end that illuminates the inside of these organs and a lens system and video chip that allows your doctor to visualize the upper gastrointestinal tract on a TV monitor. This test sounds uncomfortable, but is painless since you will be medicated with intravenous sedatives and pain relievers before, and then during the procedure. You will likely sleep through the examination and awaken after it is over. Most patients do not remember having had the test done as the medications produce a temporary amnesia.

INDICATIONS: EGD is most often scheduled to:

1. Evaluate symptoms of upper abdominal discomfort, heartburn, difficulty swallowing, nausea and vomiting.
2. Further delineate abnormalities detected on barium upper GI series, CT (CAT) scan or ultrasound.
3. Identify a benign (non-cancerous) or malignant (cancerous) tumor of the esophagus or stomach.
4. Monitor healing of a previously identified ulcer in the stomach or esophagus.
5. Monitor a previously diagnosed pre-cancerous condition of the esophagus or stomach.
6. Evaluate the source of internal bleeding in patients who develop vomiting of blood, passage of dark blood from the rectum, or who are found to have unexplained anemia.

In addition to the diagnostic information acquired simply by seeing and photographing the lining of the esophagus, stomach and duodenum, we can also take tissue samples of biopsies of abnormal findings-these samples can be further studied microscopically. Obtaining biopsy material is **painless**.

If necessary, there are treatment options that are available during the examination, including cauterizing, injecting, and rubber banding bleeding sites, removing polyps, or stretching a narrowed, scarred area of the esophagus or stomach.

THINGS TO REMEMBER

PREPARATION: A certain period of fasting is all that is necessary to prepare for this examination. Do not eat solid foods after midnight. Small amounts (1-2 cups) of liquids, with the exception of pulp-containing juices, can be consumed up until 4-5 hours prior to your arrival time.

MEDICATIONS: You may take your morning medications if necessary, with a small amount of water or non-pulp containing juice. If, however, you normally take insulin or an oral diabetic medication, do not take these medications until the procedure has been completed. Coumadin, aspirin, anti-inflammatory arthritis medications or other blood thinners should be stopped two days before your exam.

ARRIVAL TIME AND DURATION: You will need to arrive approximately one hour prior to your exam in order to register, have an IV inserted, and otherwise prepare as needed. You can expect to remain at the facility for a total of approximately three hours from the time you arrive until the time you will be released to go home.

TRANSPORTATION: Because of the use of sedatives, **you will not be allowed to drive yourself home**. You must make arrangements for a friend or family member to take you home.

SAFETY: It should be noted that this procedure is extremely safe. Complications occur in approximately 1/1,000 to 1/10,000 patients. Problems that may be encountered include an adverse reaction to the sedatives or pain relievers, bleeding, or a tear in the esophagus or stomach. Any serious complication can result in hospitalization but these events are extremely rare.

CAUTION: If you have any artificial heart valves, grafts or joints for which you are required by your doctor to receive antibiotics, please notify our office so that we may have medications available for you upon your arrival to the facility.