



Upper Endoscopy or EGD

WHAT IS UPPER ENDOSCOPY?

Upper Endoscopy (also known as gastroscopy, EGD, or esophagogastroduodenoscopy) is a procedure that enables your surgeon to examine the lining of the esophagus (swallowing tube), stomach and duodenum (first portion of the small intestine). A bendable, lighted tube about the thickness of your little finger is placed through your mouth and into the stomach and duodenum.

WHY IS AN UPPER ENDOSCOPY PERFORMED?

Upper endoscopy is performed to evaluate symptoms of persistent upper abdominal pain, nausea, vomiting, difficulty swallowing or heartburn. It is an excellent method for finding the cause of bleeding from the upper gastrointestinal tract. It can be used to evaluate the esophagus or stomach after major surgery. It is more accurate than X-rays for detecting inflammation, ulcers or tumors of the esophagus, stomach and duodenum. Upper endoscopy can detect early cancer and can distinguish between cancerous and non-cancerous conditions by performing biopsies of suspicious areas. Biopsies are taken by using a specialized instrument to sample tissue. These samples are then sent to the laboratory to be analyzed. A biopsy is taken for many reasons and does not mean that cancer is suspected.

A variety of instruments can be passed through the endoscope that allows the surgeon to treat many abnormalities with little or no discomfort. Your surgeon can stretch narrowed areas, remove polyps, remove swallowed objects, or treat upper gastrointestinal bleeding. Safe and effective control of bleeding has reduced the need for transfusions and surgery in many patients.

WHAT PREPARATION IS REQUIRED?

The stomach should be completely empty. You should have nothing to eat or drink for approximately 8 hours before the examination. Your surgeon will be more specific about the time to begin fasting depending on the time of day that your test is scheduled.

Medication may need to be adjusted or avoided. It is best to inform your surgeon of ALL your current medications as well as allergies to medications a few days prior to the examination. Most medications can be continued as usual. Medication use such as aspirin, Vitamin E, non-steroidal anti-inflammatories, blood thinners and insulin should be discussed with your surgeon prior to the examination. It is essential that you alert your surgeon if you require antibiotics prior to undergoing dental procedures, since you may also require antibiotics prior to gastroscopy.

Also, if you have any major diseases, such as heart or lung disease that may require special attention during the procedure, discuss this with your surgeon.

You will most likely be sedated during the procedure and an arrangement to have someone drive you home afterward is imperative. Sedatives will affect your judgment and reflexes for the rest of the day. You should not drive or operate machinery until the next day.

WHAT CAN BE EXPECTED DURING THE UPPER ENDOSCOPY?

You may have your throat sprayed with a local anesthetic before the test begins and given medication through a vein to help you relax during the examination. You will be laid on your side or back in a comfortable position as the endoscope is gently passed through your mouth and into your esophagus, stomach and duodenum. Air is introduced into your stomach during the procedure to allow a better view of the stomach lining. The procedure usually lasts 15-60 minutes. The endoscope does not interfere with your breathing. Most patients fall asleep during the procedure; a few find it only slightly uncomfortable.

WHAT HAPPENS AFTER UPPER ENDOSCOPY?

You will be monitored in the endoscopy area for 1-2 hours until the effects of the sedatives have worn off. Your throat may be a little sore for a day or two. You may feel bloated immediately after the procedure because of the air that is introduced into your stomach during the examination. You will be able to resume your diet and take your routine medication after you leave the endoscopy area, unless otherwise instructed. Your surgeon will usually inform you of your test results on the day of the procedure, unless biopsy samples were taken. These results take several days to return. If you do not remember what your surgeon told you about the examination or follow up instructions, call your surgeon's office to find out what you were supposed to do.

WHAT COMPLICATIONS CAN OCCUR?

Gastroscopy and biopsy are generally safe when performed by surgeons who have had special training and are experienced in these endoscopic procedures. Complications are rare, however, they can occur. They include bleeding from the site of a biopsy or polypectomy and a tear (perforation) through the lining of the intestinal wall. Blood transfusions are rarely required. A reaction to the sedatives can occur. Irritation to the vein that medications were given is uncommon, but may cause a tender lump lasting a few weeks. Warm, moist towels will help relieve this discomfort.

It is important for you to recognize the early signs of possible complications and to contact your surgeon if you notice symptoms of difficulty swallowing, worsening throat pain, chest pains, severe abdominal pain, fevers, chills or rectal bleeding of more than one-half cup.

This brochure was reviewed and approved by the Board of Governors of the Society of American Gastrointestinal Endoscopic Surgeons (SAGES), March 2004. It was prepared by the SAGES Task Force on Patient Information.