

# EGD INSTRUCTIONS

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## UNDERSTANDING UPPER ENDOSCOPY

Your physician has determined that Upper Endoscopy is necessary for further evaluation or treatment of your condition. This brochure has been prepared to help you understand the procedure. If you have any questions, please feel free to discuss them with the endoscopy nurse or your physician before the examination begins.

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## WHAT IS UPPER ENDOSCOPY?

Upper Endoscopy (also known as an upper GI endoscopy, esophagogastroduodenoscopy [EGD], or panendoscopy) is a procedure that enables your physician to examine the lining of the upper part of your gastrointestinal tract, i.e., the esophagus (swallowing tube), stomach, and duodenum (first portion of the small intestine) using a thin flexible tube with its own lens and light source.

Upper Endoscopy is more accurate than x-ray films for detecting inflammation, ulcers or tumors of the esophagus, stomach and duodenum. Small tissue samples, (biopsies) can be taken to help with the diagnosis and treatment of your condition. Biopsies are taken for many reasons and do not necessarily mean that cancer is suspected.

A variety of conditions present in the upper gastrointestinal tract can be treated directly with little or no discomfort by passing instruments through the endoscope.

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## WHAT PREPARATION IS REQUIRED?

For the best (and safest) examination the stomach must be completely empty. Nothing by mouth after midnight prior to procedure. If taking Phentermine (Adipex) please stop it 7 days prior to procedure. It is important for your doctor to know if you:

- are allergic to any medication
- are taking any blood thinning medication
- require antibiotics prior to dental procedure

Take heart medications with sip of water 2 hours prior and no smoking, chewing gum or tobacco.

**IF YOU ARE HAVING AN ENDOSCOPY AND COLONOSCOPY AT THE SAME TIME, FOLLOW COLONOSCOPY INSTRUCTIONS.**

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## ARRANGEMENTS TO GET HOME AFTER THE TEST

If you are sedated, you will need to arrange to have someone accompany you home from the examination because sedatives may affect your judgment and reflexes for the rest of the day. If you receive sedation, you will not be allowed to drive after the procedure even though you may not feel tired.

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## WHAT CAN BE EXPECTED FROM THE PROCEDURE?

Your doctor will review with you why Upper Endoscopy is being performed, whether any alternative tests are available and possible complications from the procedure. Practices may vary among doctor, but you may have your throat sprayed with a local anesthetic before the test begins and may be given medication through a vein to help you relax during the test. While your in a comfortable position on your side, the endoscope is passed through the mouth and then in turn through the esophagus, stomach & duodenum. The endoscope does not interfere with your breathing during the test. Most patients consider the test to be only slightly uncomfortable and many patients fall asleep during the procedure.

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## WHAT HAPPENS AFTER AN UPPER ENDOSCOPY?

After the test, you will be monitored in the endoscopy area until most of the effects of the medications have worn off. Your throat may be a little sore for a while, and you may feel bloated right after the procedure because of the air introduced into your stomach during the test. You will be able to resume your diet after you leave the procedure area unless you are instructed otherwise.

In most circumstances, your doctor can inform you of your test results on the day of the procedure; however, the results of any biopsies or other specimens will take several days. Have someone with you so the doctor can talk to them also. You may not remember what the doctor tells you because of the sedation you were given. Please call the office for any biopsy results.

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## WHAT ARE THE POSSIBLE COMPLICATIONS OF UPPER ENDOSCOPY?

Upper Endoscopy is generally safe. Complications can occur but are rare when the test is performed by physicians who have specialized training and experience in the procedure. Bleeding may occur from a biopsy site. It is usually minimal and rarely requires blood transfusions or surgery. Other potential risks include a reaction to the sedatives used. Major complications, such as perforation (a tear that might require surgery for repair), are uncommon.

It is important for you to recognize early signs of any possible complications. If you begin to run a fever after the test, begin to have trouble swallowing, or have increasing throat, chest or abdominal pain, let your doctor know about it promptly.