

Upper Endoscopy (EGD)

What is an upper endoscopy?

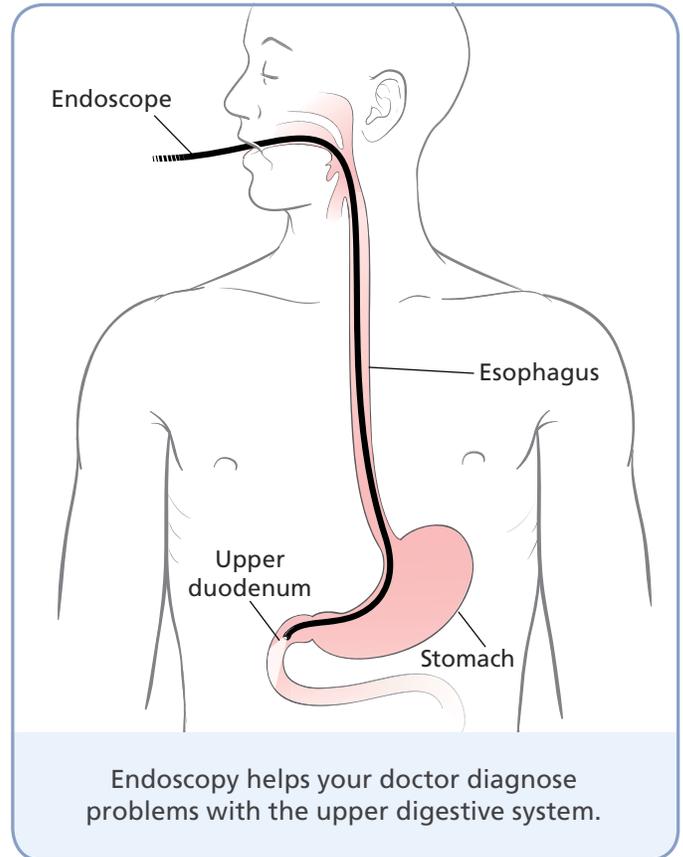
Upper endoscopy [en-DOS-kuh-pee], or EGD for short, is a procedure that allows your doctor to look inside your upper digestive system. Using a long, flexible tube with a tiny camera at one end (an **endoscope**), your doctor can look inside your esophagus, stomach, and upper duodenum (the first part of the small intestine).

Why do I need an EGD?

EGD allows the doctor to diagnose and sometimes treat problems with your digestive system, including:

- Swallowing difficulties
- Nausea or vomiting
- Ulcers or gastric bleeding
- Reflux, heartburn, or indigestion
- Abdominal pain

The doctor can also identify and sometimes remove abnormal growths and polyps.



Potential benefits	Risks and potential complications	Alternatives
<ul style="list-style-type: none"> • The doctor can see things that don't show up well on x-rays. • Some problems can be treated during the procedure. • Tissue samples can be taken for biopsy. 	<ul style="list-style-type: none"> • Bloating, gas, or cramping from air used to inflate the stomach and small intestine during the procedure • Coughing or breathing difficulty if the stomach isn't completely empty • Some undetected problems if the stomach is not empty or anatomy has been altered (as with gastric surgery) • Stomach or intestine wall injury (very rare), which can cause infection, bleeding, or possibly need for repair surgery • Reaction to sedatives or numbing anesthetics 	<p>Depending on the conditions being investigated, there may sometimes be alternatives including:</p> <ul style="list-style-type: none"> • Barium swallow x-ray • Ultrasound • CT scan • MRI

What do I need to do to prepare?

- **Give your doctor a list of all your medicines.** Be sure to include over-the-counter medicines (such as cold or allergy medicine), vitamin supplements, inhalers, liquid medicines, and patches.
- **Follow your doctor's instructions concerning your medicines.** Some medicines can increase your risk of bleeding. You may have to stop taking them for a few days before the procedure.
- **Follow all instructions on when to stop eating and drinking before your surgery.** This will help avoid complications and ensure that the doctor can see any problems clearly.
- **Arrange for a responsible adult to drive you home after the procedure.**

What happens before?

- In most cases, you'll be given a sedative to help you relax. The sedative is given through an **intravenous line (IV)** inserted into a vein in your arm.
- Your doctor or nurse may also spray your throat with a local anesthetic to keep you from coughing or gagging when the endoscope is inserted. A mouth guard may be used to protect your teeth and the endoscope.



When should I call my doctor?

After your procedure, contact your doctor right away if you have:

- Stool (poop) that is black or has blood in it
- Difficulty swallowing or breathing
- A fever
- Chest pain

What happens during?

- You'll lie on your left side while the doctor inserts the endoscope through your mouth and into your esophagus, stomach, and first part of your intestine. (The endoscope is thinner than most food you swallow, so you should be able to breathe normally.)
- The camera at the tip of the endoscope sends images of these organs to a monitor. The scope puts air into these organs to inflate them, creating a better view.
- The doctor can also insert instruments through the scope to treat bleeding abnormalities, remove tissue samples (biopsies) for further tests, or help widen openings. You won't be able to feel the biopsies.

What happens after?

- You'll stay at the facility until you are partially recovered from the sedative. This usually takes about an hour. It will be several hours (up to a full day) for the sedative to completely wear off. **Someone else will need to drive you home, and you should plan to not drive the rest of the day.**
- If throat spray is used, it can take up to 45 minutes to wear off. You will not be able to drink anything until it does.
- You may have a sore throat for a day or two.
- Depending on what your doctor can see and the results, **you may need follow-up procedures. Talk with your doctor.**



My follow-up appointment

Date/Time: _____

Place: _____

Doctor: _____

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