

Let's Talk About...

Esophagoscopy, Gastrosocopy, Duodenoscopy

An **esophagoscopy** (eh-sah-fuh-GOS-cup-ee) is a test that looks inside the esophagus (eh-SO-fuh-gus). A **gastrosocopy** (gas-TRAW-skup-ee) is a test that looks inside the stomach. A **duodenoscopy** (dewodd-en-AWS-cup-ee) is a test that looks inside the first part of the small intestine, the duodenum (dew-ODD-en-um).

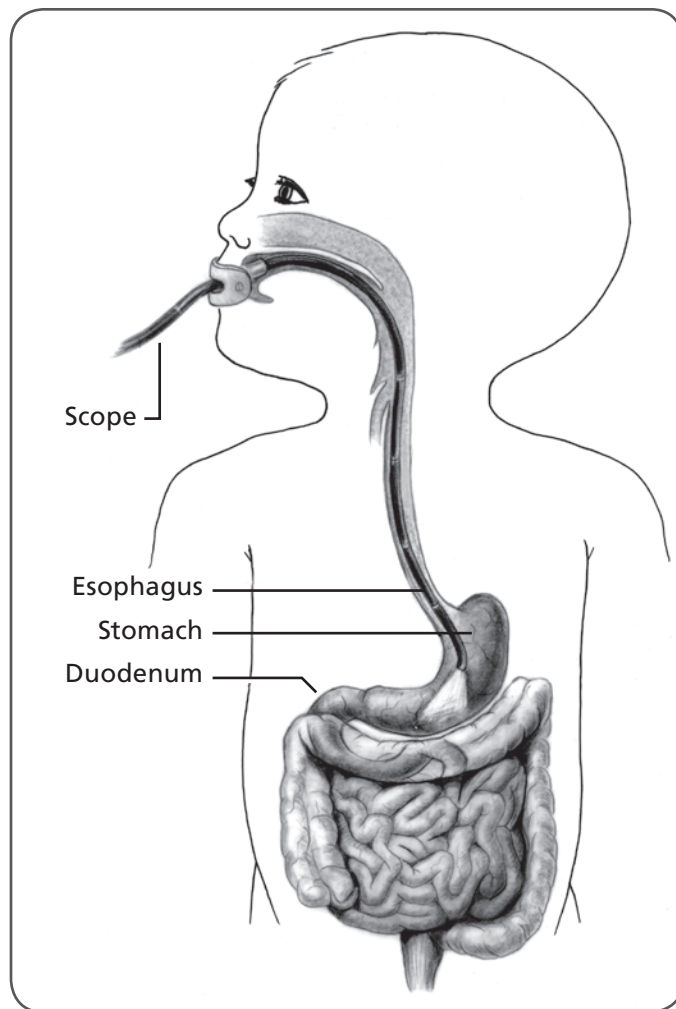
A specially trained doctor performs these tests in the endoscopy lab or the operating room. The doctor puts a thin, flexible instrument called a scope down through the mouth. With the scope, the doctor can see the esophagus, stomach, or duodenum.

Because the esophagus, stomach, and duodenum are so close, the doctor often performs these procedures together as an esophagogastroduodenoscopy, or EGD. The exam may help discover the cause of your child's digestion problems. It may also help diagnose abnormal things your doctor saw on your child's x-ray.

How does my child prepare for the exam?

Your child's stomach must be empty so the doctor has a clear view. An empty stomach also makes sedation or anesthesia safer. It is important that your child does not eat anything for 8 hours before the exam and not drink anything for 3 hours before the exam. Your doctor may tell you a different time for not eating, depending on your child's age, and give you other instructions.

Please check in at Outpatient Registration at least 30 minutes before your scheduled appointment. You will be asked to sign a consent form to give permission for the procedure. At that time, you will have another chance to talk about the procedure with your doctor or nurses. If your child has any allergies, be sure to tell the doctor before the procedure.



What happens during the exam?

The entire exam usually takes 20–40 minutes. Your child will receive anesthesia, medicine that makes them sleepy so they will not remember the test. The medicine will be given as a spray in the mouth or nose, through an IV (small tube that goes into the vein), or through a breathing tube.

Children who receive anesthesia may have a breathing tube through their nose or mouth into their lungs. The doctor will be constantly aware of your child's heart rate, breathing, oxygen level, and blood pressure. Monitors will keep your child safe.

The doctor often removes a tiny piece, called a biopsy (by-op-see), of the lining tissue of the intestine, or takes a liquid sample for testing. Your child should feel no discomfort from the biopsy or after the procedure.

What happens after the exam?

After the exam, you may be with your child while the doctor discusses the exam results with you. You will also learn about your child's recovery, activity level, and recommended diet. Caregivers will watch closely until your child wakes up completely. If you have further questions about the exam, please ask your doctor or nurses.

What do kids say about the exam?

No procedure feels the same to every child. Here is how other children have described this procedure:

Before

Children most remember the IV being placed.

During

Most children and teens do not remember the exam because of the medicine that makes them sleep through the test.

After

- Your child may have a sore and scratchy throat after the test because of the scope or the breathing tube from anesthesia.
- Your child may be a little dizzy or confused from the medicine.
- Your child may have an upset stomach from the medicine. If they throw up, there may be blood present.

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