



Upper GI Endoscopy

Outpatient Dept.—402-367-1265
Central Scheduling—402-367-1375
Nurses' Station—402-367-1200

Upper GI Endoscopy

Upper GI endoscopy, sometimes called EGD (esophagogastroduodenoscopy), is a visual examination of the upper intestinal tract using a lighted, flexible fiberoptic or video endoscope. The upper gastrointestinal tract begins with the mouth and continues with the esophagus (food pipe), which carries food to the stomach. The J-shaped stomach secretes a potent acid and churns food into small particles. The food then enters the duodenum, or small bowel, where bile from the liver and digestive juices from the pancreas mix with it to help the digestive process.

Reasons for the Exam

Due to factors related to diet, environment and heredity, the upper GI tract is the site of numerous disorders. These can develop into a variety of diseases and/or symptoms. Upper GI endoscopy helps in diagnosing and often in treating these conditions:

- Ulcers—which can develop in the esophagus, stomach, or duodenum and occasionally can be malignant.
- Tumors of the stomach or esophagus.
- Difficulty in swallowing.
- Upper abdominal pain or indigestion
- Intestinal bleeding—hidden or massive bleeding can occur for various reasons.
- Esophagitis (and heartburn) - chronic inflammation of the esophagus due to a backup of stomach acid and digestive juices.
- Gastritis—inflammation of the lining of the stomach.

Benefits

An upper GI endoscopy is performed primarily to identify and/or correct a problem in the upper gastrointestinal tract. This means the test enables a diagnosis to be made upon which specific treatment can be given. If a bleeding site is identified, treatment can stop the bleeding, or if a polyp is found, it can be removed without a major operation. Other treatments can be given through the endoscope when necessary.

Equipment

The flexible endoscope is a remarkable piece of equipment that can be directed and moved around the many bends in the gastrointestinal tract. Video endoscopes have a tiny sensitive computer chip at the end. Electronic signals are then transmitted up the scope to the computer, which then displays the image on a video screen.

The Procedure

Upper GI endoscopy is usually performed on an outpatient basis. The throat is often anesthetized by a spray or liquid. Intravenous sedation is usually given to relax the patient, deaden the gag reflex, and even

cause short-term anmesia. For some individuals who can relax on their own and whose gagging can be controlled, the exam is done without intravenous medications. The endoscope is then gently inserted into the upper esophagus. The patient can breathe easily throughout the exam. Other instruments can be passed through the scope to perform additional procedures, if necessary. For example, a biopsy can be done in which a small tissue specimen is obtained for microscopic analysis. A polyp or tumor can be removed using a thin wire snare and electrocautery (electrical heat). The exam takes from 15 to 30 minutes after which the patient is taken to the recovery area. There is no real pain with the procedure, and patients seldom remember much about it.

Side Effects and Risks

A temporary, mild sore throat sometimes occurs after the exam. Serious risks with upper GI endoscopy, however, are very uncommon. One such risk is excessive bleeding, especially with removal of a polyp. In extremely rare instances, a perforation or tear in the esophagus wall can occur. These complications may require hospitalization, and rarely, surgery. Quite uncommonly, a diagnostic error or oversight may occur. Due to the mild sedation, the patient should not drive or operate machinery following the exam. For this reason, a driver should be available, and a responsible adult be with you 6 to 8 hours after the procedure.

Results

After the exam, the physician will explain the results to the patient and family. If the effects of the sedatives are prolonged, the physician may suggest an interview at a later date when the results can be fully understood. If a biopsy has been performed or a polyp removed, the results are not available for 3 to 7 days.

Alternative Testing

Alternative tests to upper GI endoscopy include a barium x-ray and ultrasound (sonogram) to study the organs in the upper abdomen. These exams, however, do not allow for a direct viewing of the esophagus, stomach, and duodenum, removing of polyps or taking of biopsies. In addition, study of the stools, blood, and stomach juice can provide indirect information about a gastrointestinal condition.

In Summary

Upper GI endoscopy is a simple outpatient exam that is often performed with the patient lightly sedated. The procedure provides significant information upon which specific treatment can be given. In certain cases, therapy can be administered directly through the endoscope. Serious complications rarely occur from upper GI endoscopy. The physician can answer any questions the patient has.

Special Instructions:

Date of Test _____

Nothing to eat or drink 5 hrs. before admission time. _____

Report to the hospital at _____.

Main Office

Main Nurses Station

Doctor _____

- Please call your insurance company to pre-certify, if necessary.
- Schedule appointment for a pre-op physical with your primary care provider, if not already completed.
- Do **not** take aspirin, iron, Vitamin E, Fish Oil, or any medication containing oil for 7 days prior to the procedure.
- Hold blood thinner, Coumadin, or _____.
Last Dose _____
- Morning of Exam—Medications:
Take blood pressure and heart meds with small sip of water, if instructed to do so.

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- Bring your medicines in their original bottles with you the day of your procedure.
 - You must have a responsible adult to drive you home.
 - DO NOT drive, work with dangerous machinery, make legal decisions, or drink alcohol until the next day.

