

San Francisco Gastroenterology

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Understanding Upper Endoscopy

Your physician has determined that upper endoscopy is necessary for the further evaluation or treatment of your condition. This handout has been prepared to help you understand the procedure. It includes answers to questions that patients ask frequently. Please read it carefully. If you have additional questions, please feel free to discuss them with the endoscopy nurse of your physician before the examination begins.

What is upper endoscopy?

Upper endoscopy (also known as endoscopy, upper GI endoscopy, or esophagogastroduodenoscopy [egd]) is a procedure that enables your physician to examine the lining of the upper part of your gastrointestinal tract (esophagus, stomach, and duodenum) using a thin flexible tube with a camera on the end.

Why is upper endoscopy performed?

Upper endoscopy is usually performed to evaluate symptoms of persistent upper abdominal pain, nausea, vomiting, or difficulty swallowing. It is also performed to screen the esophagus for a pre-cancerous condition known as Barrett's esophagus. Endoscopy is also the best test for finding the cause of bleeding from the upper gastrointestinal tract.

Upper endoscopy is more accurate than x-ray films for detecting inflammation, ulcers, or tumors of the esophagus, stomach, and duodenum. Upper endoscopy can detect early cancer and can distinguish between benign and malignant (cancerous) conditions when biopsies (small tissue samples) of suspicious areas are obtained. Biopsies are taken for many reasons and do not necessarily mean that cancer is suspected. Upper endoscopy is also used to treat conditions present in the upper gastrointestinal tract. A variety of instruments can be passed through the endoscope that allow many abnormalities to be treated directly with little or no discomfort, for example, stretching narrowed areas, removing polyps or swallowed objects, or treating upper gastrointestinal bleeding. Safe and effective endoscopic control of bleeding has reduced the need for transfusions and surgery in many patients.

What preparation is required?

For the best and safest examination, the stomach must be completely empty. You should have nothing to eat for 6 hours before the examination and nothing to drink, including water, for 3 hours before the examination. It is best to inform your physician of your current medications as well as any allergies several days prior to the endoscopy.

Possible medication adjustments

Before the endoscopy, discuss with your physician whether you should adjust any of your medications before the endoscopy, any drug allergies you may have, and whether you have any other major diseases such as a heart or lung condition that might require special attention during the procedure.

Arrangements to get home after the test

You will need to arrange to have a responsible adult accompany you home from the examination because sedative medications may affect your judgment and reflexes for the rest of the day. You will not be allowed to drive after the procedure even though you may not feel tired.

What can be expected during the upper endoscopy?

You will be given sedative medications through a vein to help you relax during the test. While you are in a comfortable position on your side, the endoscope is passed through the mouth and then in turn through the esophagus, stomach, and duodenum. The endoscope does not interfere with your breathing during the test. Most patients fall asleep during the procedure and do not report discomfort.

What happens after upper endoscopy?

After the test, you will be monitored in the recovery area until most of the effects of the medication have worn off. You may feel bloated right after the procedure because of 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 physician can inform you of your test results on the day of the procedure; however, the results of any biopsies taken will take several working days. You should be able to resume your normal duties and functions the day after the endoscopy.

What are the possible complications of upper endoscopy?

Endoscopy is generally very safe. Complications can occur but are rare when the test is performed by physicians with specialized training and experience in this procedure. Bleeding may occur from a biopsy site or where a polyp was removed. Bleeding is usually minimal and only very rarely requires blood transfusions or surgery. Localized irritation of the vein where the medication was injected may rarely cause a tender lump, but this will go away eventually. Applying heat packs or hot moist towels may help relieve the discomfort. Other potential risks include a reaction to the sedative medications and complications from heart or lung diseases. Major complications such as a perforation (a tear that might require surgery for repair) are very uncommon. It is important for you to recognize early signs of any possible complication. 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 physician know about it promptly.

To the patient

Because education is an important part of comprehensive medical care, you have been provided this information to prepare you for this procedure. If you have any questions about your need for upper endoscopy, alternative tests, the cost of the procedure, methods of billing, or insurance coverage, do not hesitate to speak with your physician or our staff. Our physicians are highly trained specialists and they welcome your questions regarding their credentials and training. If you have any questions that have not been answered, please discuss them with the endoscopy nurse or your physician before the endoscopy begins.