

Upper Endoscopy (EGD): An Overview

- Please read the following information and enclosed prep instructions upon receipt. An early understanding of the requirements for a successful EGD can help prevent the rescheduling and lengthy delay of your appointment.
- As with any procedure, EGD can present slight risks. The information enclosed is not intended to replace the medical advice of your doctor, but is presented as a general overview of the procedure. If after reading the enclosed materials you believe you would benefit from meeting with your gastroenterologist prior to your procedure, please call us to schedule an office appointment. (Scheduling office time may require rescheduling and delaying the date of your procedure.)

Upper Endoscopy (EGD) is a routine outpatient procedure that allows your doctor to look inside your upper digestive tract: the esophagus, stomach, and the first part of the small intestine (duodenum). During the procedure the physician views this tract with an endoscope (a long, thin, flexible instrument about ½ inch in diameter). A small video camera is attached to the endoscope so that the tract is visualized.

EGD is commonly used to help identify the causes of abdominal or chest pain, nausea and vomiting, heartburn, bleeding, and swallowing disorders. The procedure can also help identify inflammation, ulcers, and tumors.

EGD is more accurate than x-rays for detecting abnormal growths and for examining the inside of the upper digestive system. Many abnormalities can also be treated through the endoscope. Polyps (usually benign growths) can be identified and removed, and tissue samples (biopsies) can be taken for lab analysis. Procedures such as stretching narrowed areas of strictures of the esophagus, removing small objects, or treating bleeding from the upper digestive system can also be performed as part of the EGD.

Fasting is necessary for a successful EGD. It is very important that you read and understand the enclosed instructions (“prep”) well in advance of the test. If you still have questions after reading the instructions please call us to ensure a successful prep. (Note: If you are scheduled for both a colonoscopy and an EGD, you will not receive separate prep instructions for the EGD. Following the colonoscopy prep will ensure good prep for the EGD.

Transportation is another important factor to consider previous to the day of your procedure. Due to sedation, you are required to have a driver who will remain with you at the facility and drive you home after your procedure. Public transportation and “drop off/pick up” is not allowed. You and your driver can expect to be at the facility for up to 2 hours.

On the day of the procedure, you will briefly meet with your doctor prior to undergoing sedation. Your procedure will be performed by this gastroenterologist with the aid of nurses and a medical technician. You will wear a hospital gown and be given a pain reliever and sedated intravenously (in your vein). You will feel relaxed and drowsy. Your doctor can increase the amount of sedation as needed.

During the procedure you will lie on your left side on the exam table. Once you have been sedated, a mouthpiece is placed in your mouth. (It does not interfere with your breathing.) The physician then inserts the endoscope into your mouth, through your esophagus (the “food pipe” leading from your mouth into your stomach) and into your stomach. (The endoscope also does not interfere with your breathing.) Because of the sedation, most patients report that they remember little, if anything, of the test.

After the procedure you will stay in a recovery room for about 30 minutes for observation.

Your doctor will be able to discuss some initial findings with you immediately after the procedure. The facility staff will instruct you to call this doctor’s office in one week to receive full results by return phone call. The doctor and staff will also give you further discharge instructions.

A responsible adult must drive you home, where you may resume your normal diet. You will be advised not to drive or operate machinery for 24 hours after the test; however, after rest and resumption of normal eating, the majority of patients do return to work the day after their procedure.

Risks:

While the endoscopy is generally a safe and well tolerated procedure, there is a potential for complications. These are rare and include perforation (a tear in the wall of the esophagus or stomach), bleeding, breathing difficulties (from sedation). Please call and discuss any concerns you might have with your doctor prior to your examination.