Upper Endoscopy-EGD

GI ASSOCIATES • EDUCATIONAL SERIES •

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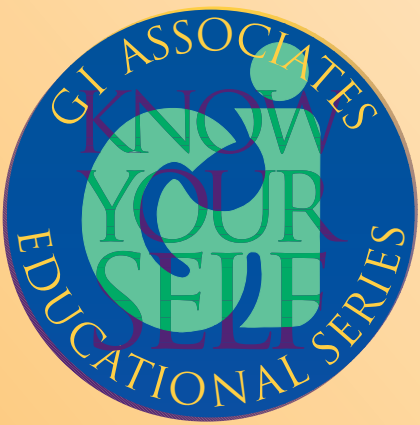


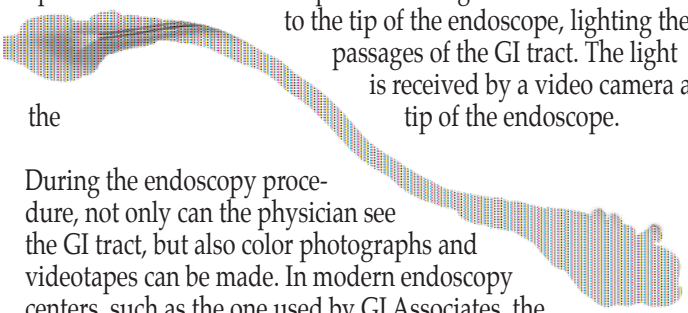
Upper GI Endoscopy

Over the last several years, endoscopy has emerged as one of the best diagnostic tools available to gastrointestinal (GI) physicians. Endoscopes give the physician the advantage of being able to directly view the inside of the gastrointestinal tract. Previously, using other diagnostic tests, GI physicians had to make highly educated guesses about the nature of the problem inside the GI tract, unless surgery was done.

Although other diagnostic tools have been invaluable, and still play an important role in the diagnostic process, endoscopy is an awesome tool, enabling your physician to see into the esophagus, stomach, duodenum and colon. Endoscopy also allows the physician to perform biopsies or therapeutic procedures and even take color photographs!

What is an endoscope?

The endoscope (as shown in the illustration) consists of a flexible tube that contains thousands of fiberglass fibers called fiber optics. The bundle of fiber optics allows light to be transmitted to the tip of the endoscope, lighting the passages of the GI tract. The light is received by a video camera at the tip of the endoscope.



During the endoscopy procedure, not only can the physician see the GI tract, but also color photographs and videotapes can be made. In modern endoscopy centers, such as the one used by GI Associates, the physician can view the entire journey of the endoscope on a television monitor. This greatly enhances the physician's ability to see changes in the GI tract.

Endoscopy is a safe, effective diagnostic tool that is more accurate than x-ray examination. In addition to visual imaging, endoscopy enables the physician to determine sources of bleeding, identify lesions (such as ulcers or tumors) that might be present and allows the physician to actually treat some conditions and diseases.

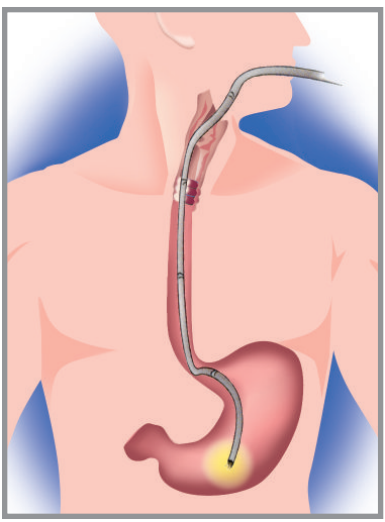
A small open channel within the endoscope tube allows the physician to use accessory instruments that can cauterize bleeding areas, remove small polyps or inject solutions. Other tiny instruments can collect biopsy specimens.

Prior to this amazing technological development that has revolutionized gastrointestinal diagnosis and treatment, the only way to see the inside of the GI tract was surgery. X-rays have always been and still are an important tool used to outline a partial GI area.

Since endoscopy is usually done as an outpatient procedure, avoiding hospitalization often saves a tremendous amount of money. Surgery is also avoided many times, through the use of endoscopy. In addition, endoscopy is often much easier on the patient than other alternatives.

Most Asked Questions

Upper GI endoscopy, also known as **esophagogastroduodenoscopy or EGD**, allows the physician to directly inspect the upper GI tract, which includes the esophagus, stomach and duodenal portion of the small intestine, as shown in the illustration.



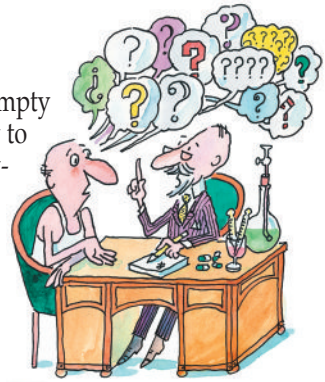
Why is it needed?

Upper GI endoscopy may be used to diagnose inflammation of the esophagus, stomach or duodenum, or to diagnose ulcers and tumors. It may also be helpful in determining the site of upper GI bleeding, or finding the reason for difficult swallowing, pain or indigestion.

Biopsies may be taken using the endoscope and it is often invaluable in removing foreign objects (especially in children). Polyps may be removed with the endoscope also.

In some cases, endoscopy can be used to stop bleeding by cauterizing an area or may be used to open or dilate narrowed passageways (such as a narrowed esophagus).

How do I prepare?



The stomach must be completely empty for the procedure, so it is necessary to refrain from eating or drinking anything after 11 pm the night before the exam (or for 6-8 hours prior to the procedure). The physician or the staff of GI Associates will tell you when your exam is scheduled and when to begin fasting.

Because you will be given a sedative to relax you during your exam, you must be accompanied by another person, so that you will not have to drive after the procedure. This person will also be expected to help you remember any post-procedure instructions.

Remember to tell the physician:

- If you are allergic to any medication or anesthetics
- If you are pregnant
- If you have any major health problems, such as heart or lung disease.
- **Also, bring any previous x-rays of the upper GI tract with you. It may be important that your physician see them prior to the procedure.**

What happens during the procedure?

It is normal to be apprehensive before the procedure. The following description will help you understand what to expect. It is our belief that **an informed and cooperative patient is the most important part of a successful procedure.**

Where are EGDs performed?

Most EGDs are done on an outpatient basis, either at GI Endoscopy Center or the endoscopy lab at one of the hospitals. Patients that are hospitalized may be transported from their hospital room to another area of the hospital especially equipped for endoscopy.

You will probably be given a gown to wear and placed in a comfortable position. Your blood pressure and pulse will be checked frequently throughout the procedure. Intravenous fluids (an I.V.) will be started, through which you will receive a sedative to relax you. Most people sleep throughout the procedure. A local anesthetic may be sprayed in your throat that will anesthetize your throat.

The endoscope is then gently inserted into the mouth and slowly advanced to view the esophagus, stomach and duodenum. The procedure does not interfere with breathing. The entire process lasts about 30 minutes. However, with preparation and post-procedure care you will be in the endoscopy area about 2-3 hours.

After the procedure

Afterwards, you will rest until most of the effect of the sedative has worn off. You may experience a temporary sore throat and may notice some bloating and/or burping because of the air that was introduced during the procedure.

Some patients notice soreness or a tender bump at the site of the I.V. That irritation can be caused by the medication that was used. It will slowly disappear, but may take weeks or rarely, months.

What are the complications of EGD?

These complications of upper GI endoscopy are rare, but can occur:

1. Bleeding may occur at the site of a biopsy that was done during the examination. It usually is a very small amount, but rarely can require transfusions or surgery.

2. A tear or perforation of the wall of the esophagus or stomach may occur, but this is also very uncommon. The tear may seal itself, or may possibly require hospitalization and surgery.

3. Generalized risks include unexpected drug reactions, infections or severe complications that are related to another disease, such as heart attack or stroke. Death is a remote possibility, as it is during any medical procedure. Death during endoscopy is very rare.

Getting the results of your examination

Your physician will tell you the results of your upper GI endoscopy when you awaken. Because of the sedation you receive for your procedure, you may not remember the details of your results or your treatment plan. The person you bring with your will be present when your results and instructions are given. Results from biopsies that may have been done during the procedure will require a wait of several days. Your physician will tell you when those results can be expected. Additionally, the results of your evaluation will be sent to your referring physician.

We wish to advise our patients that the physicians of GI Associates maintain an ownership interest in the GI Endoscopy Center, located in the building next to the office. If we recommend that you have a procedure performed in the center, it is because we believe it is to your best interest. If you have any questions about this arrangement, please feel free to discuss it with us.

In Summary...

Upper GI endoscopy is an extremely valuable tool for the diagnosis and treatment of many GI conditions. It is very safe and usually causes minimal discomfort to the patient.

Your physician has ordered this procedure for you because it will contribute to either the diagnosis or treatment of your particular problem. Serious complications from this procedure are very rare.

We will be happy to answer any additional questions that you may have about the procedure.