

Upper Endoscopy Information Sheet

General indications for the procedure:

Upper Endoscopy is a procedure that lets the doctor examine the lining of the upper part of the gastrointestinal tract, which includes the esophagus, stomach and duodenum (first portion of the small intestine). This helps the doctor evaluate symptoms of persistent upper abdominal pain, nausea, vomiting or difficulty swallowing. It's an excellent test for finding the cause of bleeding and detecting inflammation, ulcers and tumors of the esophagus, stomach and duodenum.

Description of Procedure:

Upper Endoscopy is performed by inserting a thin, flexible tube called an endoscope, which has its own lens and light source, into the mouth and having the patient swallow it down the esophagus and into the stomach. The images can be viewed on a video monitor. The patient may hear the doctor or other medical staff refer to upper endoscopy as upper GI endoscopy or esophagogastroduodenoscopy (EGD). Prior to the procedure, the throat is sprayed with a local anesthetic and intravenous sedation is given to cause drowsiness and relaxation. If necessary during the test, small brushes and biopsy forceps can be passed thru the endoscope in order to obtain cells or small tissue samples for analysis. Upper Endoscopy is also used to treat conditions of the upper gastrointestinal tract. Small instruments can be passed thru the endoscope channel to directly treat many abnormalities with little or no discomfort. For example, the doctor might stretch a narrowed area, remove polyps (usually benign growths) or treat bleeding.

Preparation for the procedure:

An empty stomach allows for the best and safest examination. The patient should have nothing to eat or drink, including water, for approximately six hours before the examination. The doctor will inform the patient when to start fasting

After the procedure:

The patient will be monitored until most of the effects of the medication have worn off. The patient's throat might be a little sore, and he/she may feel bloated because of the air introduced into the stomach during the test. The patient will be able to eat after he/she leaves unless the doctor instructs otherwise. If the patient received sedatives, he/she will not be allowed to drive after the procedure even though he/she may not feel tired. The patient should arrange for someone to accompany him/her home because the sedatives might affect judgment and reflexes for the rest of the day.

Risks of the Procedure:

Bleeding can occur at a biopsy site or where a polyp was removed, but it's usually minimal and rarely requires follow-up. Other potential risks include a reaction to the sedative used, complications from heart or lung diseases, and perforation (a tear in the gastrointestinal tract lining) which are uncommon.

Procedure Alternatives, if any:

No endoscopy or biopsy or having an x-ray upper GI barium test, but this exam has limitations and does not allow the ability to take biopsies or cauterize bleeding lesions.

Probable Consequences of Refusing Procedure:

Not knowing the cause of the intestinal problem.

Person(s) performing the Procedure:

The key portions of the procedure will be performed by a physician who is a member of the medical staff of Rush University Medical Center and/or a gastroenterology fellow who is observed by a physician who is a member of the medical staff. Fellows are licensed physicians in approved post residency training programs. Parts of the procedure which they perform will be based on their level of competency.