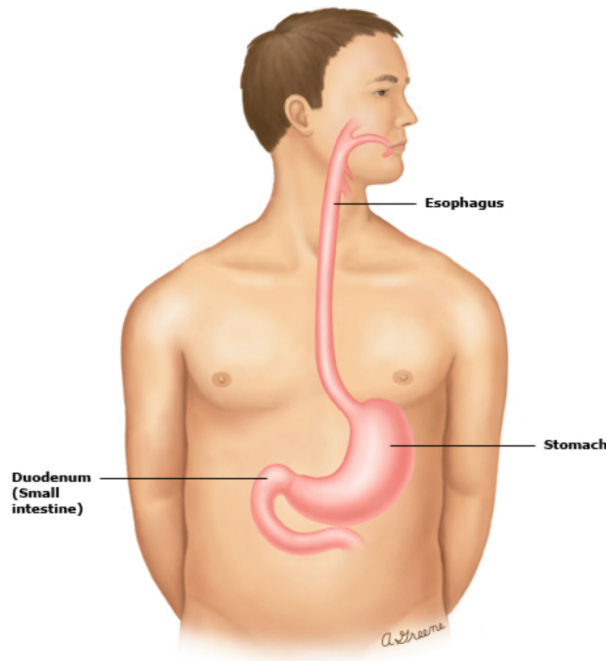


Overview

An upper endoscopy, often referred to as endoscopy, EGD, or esophago-gastro-duodenoscopy, is a procedure that allows a physician to directly examine the upper part of the gastrointestinal (GI) tract, which includes the esophagus, the stomach, and the duodenum (the first section of the small intestine)

The physician who performs the procedure, known as an endoscopist, has special training in using an endoscope to examine the upper GI system, looking for inflammation (redness, irritation), bleeding, ulcers, or tumors.

Upper digestive tract



Reasons for upper endoscopy

The most common reasons for upper endoscopy include:

- Unexplained discomfort or pain in the upper abdomen.
- GERD or gastroesophageal reflux disease (often called heartburn).
- Persistent nausea and vomiting.
- Upper gastrointestinal (GI) bleeding (vomiting blood or blood found in the stool that originated from the upper part of the GI tract). Bleeding can be treated during the endoscopy.
- Iron deficiency anemia (low blood count associated with a low iron level in the blood) in someone who has had no visible bleeding.

- Difficulty swallowing; food/liquids getting stuck in the esophagus during swallowing. This may be caused by a narrowing (stricture) or tumor or because the esophagus is not contracting properly. If there is a stricture, it can often be dilated with special balloons or dilation tubes during the endoscopy.
- Abnormal or unclear findings on an upper GI x-ray, CT scan, or MRI.
- Removal of a foreign body (a swallowed object).
- To check healing or progress on previously found polyps (growths), tumors, or ulcers.

Preparation

You will be given specific instructions regarding how to prepare for the examination before the procedure. These instructions are designed to maximize your safety during and after the examination and to minimize possible complications. It is important to read the instructions ahead of time and follow them carefully. Do not hesitate to call the physician's office or the endoscopy facility if there are questions.

You may be asked not to eat or drink anything for up to eight hours before the test. It is important for your stomach to be empty to allow the endoscopist to visualize the entire area and to decrease the possibility of food or fluid being vomited into the lungs while under sedation (called aspiration).

You may be asked to adjust the dose of your medications (such as insulin) or to stop specific medications (such as blood thinning medications) temporarily before the examination. Do not assume that you should either stop taking or continue taking any particular medication. You should discuss your medications with your physician before your appointment for the endoscopy and ask for instructions regarding what to do about your medications on the day before and the day of your procedure.

You should arrange for a friend or family member to escort you home after the examination. Although you will be awake by the time you are discharged, the medications used for sedation may cause temporary changes in the reflexes and judgment and interfere with your ability to drive or make decisions (similar to the effects of alcohol). Patients who receive sedation are generally required to be accompanied home after the procedure.

Procedure

The procedure typically takes between 10 and 20 minutes to complete. The endoscopy is performed while you lie on your left side. A plastic mouth guard is placed between the teeth to prevent damage to the teeth and endoscope.

The endoscope (also called a gastroscope) is a flexible tube that is about the size of a finger. The endoscope has a lens and a light source that allows the endoscopist to see the inner lining of the upper gastrointestinal (GI) tract, usually on a TV monitor. Most people have no difficulty swallowing the flexible gastroscope as a result of the sedating medications. Many people sleep during the test; others are very relaxed and generally not aware of the examination.