



## What to expect during the EGD

Your EGD will take about an hour. We will store your dentures and eyeglasses and give you a patient gown to wear. We will start an intravenous (IV) in your arm or hand. We will monitor your blood pressure, pulse and oxygen levels during the procedure. You will lie on your left side and put a small plastic mouthpiece between your teeth to hold your mouth open.

The doctor may spray the back of your throat with medicine to numb it. The doctor will give you sedation. They will insert the endoscope very gently into your mouth and down your esophagus. You can still breathe normally. The doctor may put some air into the scope to see better. This air can make your stomach feel bloated or swollen.

The doctor can use instruments through the endoscope to treat bleeding, take biopsies, and remove polyps. If your esophagus is narrowed, the doctor can stretch it through the endoscope.

## After the EGD

We monitor you for about an hour after your EGD. Your throat may be a little sore. You may feel bloated. Your friend or family member will need to pick you up in the GI Clinic and go home with you. They should stay with you for a few hours to make sure everything is OK. Do not drive or go to work for the rest of the day. If you have severe pain, nausea, vomiting, fever, or difficulty swallowing you should go to the nearest Emergency.

## Results

Your doctor or nurse will talk to you about the results of your test before you go home. If we take a biopsy during your EGD, we will analyze it in about two weeks. If the biopsy is not normal, we will call you to make an appointment to talk about the results.

## Questions

If you have any questions, please talk to your family doctor or your specialist.

## What is EGD?

### Esophagogastroduodenoscopy

*(ee-saw-fa-go-gastro-duo-den-os-copy)*

## Definition

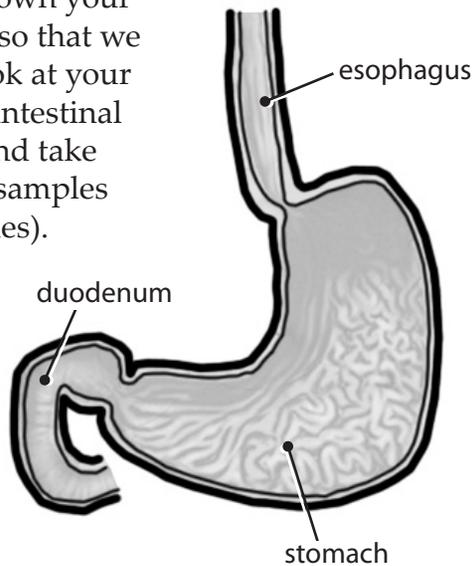
Esophagogastroduodenoscopy or EGD is also called “upper endoscopy” or “gastroscopy”. This procedure is done by a gastroenterologist, a doctor with specialized education about the stomach and intestinal tract.

This material has been reviewed and approved by patients, families and staff.



EGD allows your gastroenterologist to look at the upper gastrointestinal tract. This includes your esophagus, stomach and duodenum (the first part of the small intestine).

During EGD the doctor uses a thin, flexible tube called an endoscope to examine you. This instrument has a lens and light source at its tip and sends images to a video monitor. We pass this tube down your throat so that we can look at your gastrointestinal tract and take tissue samples (biopsies).



### Why we do EGD

We perform EGD so the doctor can look for anything unusual. We often do EGD to find the reason for these conditions and to treat them:

- problems swallowing
- long-standing heartburn
- abdominal pain
- chest pain

- gastrointestinal bleeding
- vomiting
- ulcers
- tumors

The doctor may also use EGD to take tissue samples (biopsies) to test for the bacteria that cause ulcers (*helicobacter pylori*). We can also use EGD to test for celiac disease.

### Risks

As with any medical procedure, there are risks to having EGD. However, complications are rare. Less than 1 person in 1000 who has EGD will have complications. Possible complications include:

- bleeding where we take a biopsy or remove abnormal tissue.
- bad (adverse) reaction to the sedation medicine we give to make you sleep.
- a perforation, or tear in the lining of the gastrointestinal tract.
- infection
- complications if you have heart or lung disease.

The doctor will tell you more about the risks before you sign the consent form for the test.

### How you get ready for EGD

For the procedure to work, your stomach must be completely empty. Please do not smoke, eat or drink anything, not even water, after midnight the night before the procedure.

Do the following:

- take the day of the EGD off work. Make arrangements for a friend or family member to bring you home after the procedure and stay with you for a few hours
- do not take over-the-counter antacids after midnight the night before the procedure. This includes medicine like Tums and Maalox
- tell your family doctor and your specialist if you are taking any blood thinner medication. This includes Coumadin (warfarin), heparin, Plavix (clopidogrel), and Aspirin (ASA or acetylsalicylic acid)
- do not take iron pills or any multi-vitamin with iron. Your family doctor or your specialist will give you instructions on when to stop taking these
- tell your family doctor and your specialist if you have any allergies to medicine or food
- tell your family doctor and your specialist if you are taking any medicine for diabetes or for your heart