

DIGESTIVE DISEASE CONSULTANTS, LTD

ESOPHAGOGASTRODUODENOSCOPY – UPPER ENDOSCOPY (EGD)

WHAT IS EGD?

A flexible, lighted tube is passed through the mouth and into the esophagus (swallowing tube) and stomach. This tube is smaller than most of the food you swallow.

This examination of the upper digestive tract can detect/confirm abnormalities that may have been seen with previous x-ray examination. A tiny sample of tissue (biopsy) can be taken for examination in the laboratory, if indicated. Biopsies are taken for many reasons and do not necessarily imply cancer. Other instruments can also be passed through the endoscope without causing discomfort.

WHY IS EGD NECESSARY?

Many problems of the upper digestive tract cannot be diagnosed by x-ray. EGD may be helpful in the diagnosis of inflammation of the esophagus, stomach and duodenum and to identify the site of upper digestive tract bleeding. Safe and effective endoscopic control of bleeding can reduce the need for transfusion and surgery. EGD is more accurate than x-ray in detecting gastric (stomach) and duodenal ulcers, especially when there is bleeding or scarring from a previous ulcer. EGD may detect early cancers too small to be seen by an x-ray and can confirm the diagnosis by biopsies and brushings. EGD may also be used to stretch strictured (narrowed) areas in the esophagus, which make swallowing difficult. Polyps and swallowed objects can be removed.

WHAT SHOULD YOU EXPECT DURING THE PROCEDURE?

After registering, you will be asked to change into a patient gown. You will be given a consent form to sign and a nurse will be available to discuss any questions or concerns.

Your throat will be sprayed with a local anesthetic and medication will be given through a vein, which will make you sleepy. It is likely you won't remember the examination at all.

The procedure is extremely well tolerated and the tube will not interfere with your breathing. You will lie comfortably on your left side for the EGD, which takes approximately five minutes to perform.

WHAT HAPPENS AFTER THE EGD?

You will remain at the endoscopy center until most of the effects of the sedation have worn off. Rarely, a mild sore throat may be experienced. You should be able to resume your normal diet approximately two hours after the EGD unless otherwise instructed.

ARE THERE ANY POSSIBLE COMPLICATIONS FROM EGD?

EGD is safe and is associated with very low risk when performed by physicians who have been specially trained and are experienced in this endoscopic procedure.

Complications are rare, but can occur. A rare complication is perforation (a tear through the wall of the esophagus or stomach). This complication would probably require surgery to close the tear. Bleeding may occur from the site of biopsy or polyp removal. It is usually minimal but rarely requires transfusions or surgery.

EGD is a procedure that is worthwhile, safe and well tolerated by most individuals. It is valuable for diagnosis and proper management of disorders of the upper digestive tract. The decision to perform this procedure was based upon assessment of your particular problem.

WHAT PREPARATION IS REQUIRED?

Diabetic patients:

8 hours prior to procedure stop Solid food & full liquids.

6 hours prior to procedure stop clear fluids & carbonated drinks.

Nothing by mouth 6 hours prior to procedure.

Non-diabetic patients:

6 hours prior to procedure stop all Solid food, full liquids & carbonated drinks.

3 hours prior to procedure stop all clear liquids.

Nothing by mouth 3 hours prior to procedure.

Your procedure requires the usage of sedation, you will not be allowed to drive home following the procedure. You will need to arrange for a responsible adult to drive you home and stay with you for 24 hrs following the procedure. (Does not include taxis/buses.)

Even though you may not feel tired, your judgment and reflexes may not be normal. Please do not drive for 24 hrs following your procedure, or return to work the day of your procedure.

Important Medication Information:

Day of your procedure: Take your morning medications (including blood pressure, seizure, heart and breathing medications) with a couple sips of water on the morning of your procedure.

Iron supplements: Stop 3 days prior to the procedure.

Insulin: *A nurse will contact you with dosing instructions. If you do not receive a phone call please call our office at 309-454-5900.*

Oral antidiabetic medication: Do not take the morning dose the day of your procedure. Monitor your blood sugar and notify your physician as needed.

Blood Thinners: *A nurse will contact you with dosing instructions. If you do not receive a phone call please call our office at 309-454-5900.*

Important Medical Device Information

Pacemaker-if you have a pacemaker, provide copy of card or last device report prior to procedure

Defibrillator-if you have a defibrillator, provide copy of card or last device report prior to procedure

Neurostimulator-if you have a neurostimulator, bring shut off device to procedure appointment

We strongly encourage you to not smoke within 24 hours of your procedure. This includes cigarettes, pipes, cigars, e-cigarettes and other substances. Smoking can cause complications during or after the procedure. Do not consume alcohol within 24 hours of your procedure.

****Failure to comply with the above instructions may result in the cancellation/reschedule of your procedure.**

Alert your physician of any drug allergies!

To report changes in or additional symptoms since your last contact with the office please call
309-454-5900.