

Upper Endoscopy

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Upper GI endoscopy, also known as EGD (Esophagogastroduodenoscopy), is a visual endoscopy examination procedure of the upper gastrointestinal tract using a lighted, flexible video endoscope. The upper gastrointestinal tract begins with the mouth and consists of the esophagus, stomach, and the small intestine (second portion of the duodenum).

Preparation

To obtain the full benefits of the exam and achieve the highest degree of accuracy, the stomach must be emptying and free of food. Our experienced staff will provide instructions on how to do this. It involves following dietary restrictions.

Medication Adjustments

Most medications can be continued as usual, but certain medications can interfere with the preparation or the examination. Inform your doctor about medications you are taking, particularly aspirin, arthritis medications, anti-coagulants and blood thinners (such as warfarin, heparin), clopidogrel, diabetes medications, and blood pressure medications.

The Procedure

Upper endoscopy is usually performed on an outpatient basis at an outpatient surgery center. The patient is moderately or deeply sedated to help you relax. The endoscope is then inserted through your mouth and advanced into the esophagus, stomach, and proximal small intestine. The endoscope does not interfere with your breathing. Tests can be performed during upper endoscopy, including biopsy to obtain a small tissue specimen for microscopic analysis. The procedure takes approximately 10 minutes, although you should plan on two to three hours for waiting, preparation, and recovery. A recovery area is available to monitor vital signs until the patient is fully awake.

Benefits

Upper endoscopy helps your doctor evaluate the upper gastrointestinal tract for symptom such as heartburn, abdominal pain, nausea, vomiting, difficulty swallowing, and unintentional weight loss. It is also used to screen for esophageal cancer and stomach cancer. It is the best diagnostic test for finding the cause of bleeding from the upper gastrointestinal tract and potentially provide treatment to stop the bleeding. It is also more accurate than X-ray and imaging tests for detecting inflammation, ulcers, and tumors of the esophagus, stomach, and

proximal small bowel. A biopsy helps your doctor distinguish between benign (non-cancerous) and malignant (cancerous) tissues. Remember, biopsies can be taken for many reasons, and your doctor may take a biopsy even if he or she does not suspect cancer. For example, your doctor might do a biopsy test to check for *Helicobacter pylori*, the bacterium that causes ulcers. Your doctor might also perform a cytology test, where he or she will introduce a small brush to collect cells for analysis. Upper endoscopy also offers therapeutic capabilities, such as stretching (dilation) a narrowed area, remove polyps, or treat bleeding.

Possible Risks

Upper endoscopy procedure is generally very safe when performed by doctors who have been trained with gastroenterology specialty and are experienced in doing such procedure. Bleeding can occur at biopsy site or where a polyp was removed, but it is usually minimal and rarely requires follow-up. Mild bloating and distention sometimes occur for about an hour after the exam until the air is passed. Serious risks with upper endoscopy, however, are very uncommon. In rare instances, a tear in the lining of the upper gastrointestinal tract can occur. These complications may require hospitalization and, rarely, surgery. Lesion may be missed on rare occasions especially when there is retained food within the stomach obscuring visualization. Other potential risks include allergic or adverse drug reactions to the medications, blood pressure changes and/or cardiac or respiratory problems with the use of sedatives. The physician, anesthesiologist, and the endoscopy team also have advanced training to deal with these rare complications. Overall, upper endoscopy is considered a very safe procedure and is a life-saving procedure!