

*Understanding*

Upper Endoscopy



ADVANCING THE PRACTICE OF GI ENDOSCOPY

# ASGE Members Specialize in *Endoscopy*

## and *Digestive Health*

### **What is Upper Endoscopy?**

Upper endoscopy lets your doctor examine the lining of the upper part of your gastrointestinal tract, which includes the esophagus, stomach and duodenum (first portion of the small intestine). Your doctor will use a thin, flexible tube called an endoscope, which has its own lens and light source, and will view the images on a video monitor. You might hear your doctor or other medical staff refer to upper endoscopy as upper GI endoscopy, esophagogastroduodenoscopy (EGD) or panendoscopy.

### **Why is Upper Endoscopy Done?**

Upper endoscopy helps your doctor evaluate symptoms of persistent upper abdominal pain, nausea, vomiting or difficulty swallowing. It's the best test for finding the cause of bleeding from the upper gastrointestinal tract. It's also more accurate than X-ray films for detecting inflammation, ulcers and tumors of the esophagus, stomach and duodenum.

Your doctor might use upper endoscopy to obtain a biopsy (small tissue samples). A biopsy helps your doctor distinguish between benign and malignant (cancerous) tissues. Remember, biopsies are taken for many reasons, and your doctor might order one even if he or she does not suspect cancer. For example, your doctor might use a biopsy to test for *Helicobacter pylori*, bacteria that cause ulcers.

Your doctor might also use upper endoscopy to perform a cytology test, where he or she will introduce a small brush to collect cells for analysis.

Upper endoscopy is also used to treat conditions of the upper gastrointestinal tract. Your doctor can pass instruments through the endoscope to directly treat many

abnormalities with little or no discomfort. For example, your doctor might stretch a narrowed area, remove polyps (usually benign growths) or treat bleeding.

### **How Should I Prepare for the Procedure?**

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

Tell your doctor in advance about any medications you take; you might need to adjust your usual dose for the examination. Discuss any allergies to medications as well as medical conditions, such as heart or lung disease.


Also, alert your doctor if you require antibiotics prior to undergoing dental procedures, because you might need antibiotics prior to upper endoscopy as well.

### **What Can I Expect During Upper Endoscopy?**

Your doctor might start by spraying your throat with a local anesthetic or by giving you a sedative to help you relax. You'll then lie on your side, and your doctor will pass the endoscope through your mouth and into the esophagus, stomach and duodenum. The endoscope doesn't



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interfere with your breathing. Most patients consider the test only slightly uncomfortable, and many patients fall asleep during the procedure.

### ***What Happens After Upper Endoscopy?***

You will be monitored until most of the effects of the medication have worn off. Your throat might be a little sore, and you might feel bloated because of the air introduced into your stomach during the test. You will be able to eat after you leave unless your doctor instructs you otherwise.

Your doctor generally can tell you your test results on the day of the procedure; however, the results of some tests might take several days.

If you received sedatives, you won't be allowed to drive after the procedure even though you might not feel tired. You should arrange for someone to accompany you home because the sedatives might affect your judgment and reflexes for the rest of the day.

### ***What are the Possible Complications of Upper Endoscopy?***

Although complications can occur, they are rare when doctors who are specially trained and experienced in this procedure perform the test. 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). It's important to recognize early signs of possible complications. If you have a fever after the test, trouble swallowing or increasing throat, chest or abdominal pain, tell your doctor immediately.

## ***Endoscopy Procedures at a Glance***

There are a variety of endoscopic procedures used in the diagnosis and treatment of many problems and diseases of the digestive tract. They include:

- » *Flexible Sigmoidoscopy*
- » *Colonoscopy*
- » *Upper Endoscopy*
- » *Endoscopic Ultrasound*
- » *ERCP*
- » *and others*

Please see your physician for ASGE materials on these procedures or visit the ASGE web site at [www.askasge.org](http://www.askasge.org).

**IMPORTANT REMINDER:** The preceding information is intended only to provide general information and not as a definitive basis for diagnosis or treatment in any particular case. It is very important that you consult your doctor about your specific condition.





**The American Society for Gastrointestinal Endoscopy (ASGE)**, founded in 1941, is the preeminent professional organization dedicated to advancing the practice of endoscopy. ASGE promotes the highest standards of endoscopic training and practice, fosters endoscopic research, recognizes distinguished contributions to endoscopy, and is the foremost resource for endoscopic education. ASGE, with more than 7500 members worldwide, serves the medical profession and the public by developing and advocating responsible positions for the benefit of patients, the public and medical professionals. ASGE publishes the leading peer-reviewed endoscopic journal, *Gastrointestinal Endoscopy (GIE)*. ASGE's web address is [www.askasge.org](http://www.askasge.org).

*The preceding information is the opinion of and provided by the American Society for Gastrointestinal Endoscopy.*



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