
UPPER ENDOSCOPY

It is important to read these instructions upon receiving. Please review the **Preparation** instructions in the back of this booklet for important information regarding stopping some medications prior to your procedure.

UPPER ENDOSCOPY

Your Upper Endoscopy is scheduled at Altru Clinic Ambulatory Procedure Center on 4 - South at (time) _____ on (date) _____.

This pamphlet has been written to help you prepare for your upper endoscopy. It is not meant to take the place of a conference with your doctor. It includes answers to questions patients ask most often. Please read it carefully. If you have any further questions, please do not hesitate to call your doctor or nurse.

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WHAT IS UPPER ENDOSCOPY?

Upper Endoscopy (also known as an upper GI endoscopy, esophagogastroduodenoscopy or EGD) is a procedure that enables the physician to examine the lining of the upper part of your gastrointestinal tract, i.e. the esophagus (swallowing tube), stomach, and duodenum (first portion of the small intestine) using a thin flexible scope. Upper Endoscopy is usually performed on an outpatient basis. Some insurance companies require preauthorization prior to certain procedures. You should check your policy and let the nurse know ahead of time so she can pre-authorize your procedure for you, if required.

INDICATIONS

- ❖ To evaluate upper abdominal pain, nausea, vomiting, or difficulty swallowing.
- ❖ Determine and possibly treat the cause of bleeding from the uppergastrointestinal tract.
- ❖ Detect inflammation, ulcers, or tumor of the esophagus, stomach, and duodenum.
- ❖ To stretch narrowings in esophagus.
- ❖ To remove polyps.
- ❖ To remove swallowed objects.

PREPARATION

A nurse from the Ambulatory Procedure Center will call you a day or two before your procedure to review your history and ask you some health-related questions. This is important so that we can adequately prepare for any special needs you may have.

Let the nurse know if you have any history of:

1. Drug reactions or allergies.
2. Valve replacement in your heart, previous endocarditis (infection in the lining or valves of your heart), mitral valve prolapse, prosthetic joints, stents, or have ever been told you should take antibiotics prior to certain procedures such as dental work.
3. Taking any blood thinners.

Common blood thinners include Coumadin, Plavix, Ticlid, and Persantine. Special instructions are usually necessary for people

taking these medications. We also ask that you do not take any **aspirin** or aspirin-containing products for 10 days before the procedure. Many over-the-counter medications contain aspirin, so check with your pharmacist, doctor, or nurse before taking any non-prescription medications. In addition to aspirin, many other medications have mild blood-thinning properties. These are often used for arthritis or muscular pain. Common products include: Ibuprofen, Motrin, Advil, Aleve, Indocin, Naprosyn, Relafen, Daypro, Athrotec, and Lodine. Please stop these medications for 2 days prior to your procedure. You **may** take acetaminophen (Tylenol) if you need pain medication.

Do not have anything to eat or drink after midnight the night before your procedure. It is necessary for the stomach to be empty to adequately visualize the area.

You may be more comfortable wearing loose-fitting clothing. Plan on spending a total of 2-3 hours at the Ambulatory Procedure Center.

PROCEDURE

You will be asked to arrive at the Ambulatory Procedure Center approximately 1 hour prior to your procedure time. A nurse will review the procedure with you and answer any questions you may have. A small intravenous needle (IV) will be started in your hand. This serves as a pathway to give you medication to help you relax, and lessen your discomfort. **The medications will make you sleepy and relaxed but do not put you to sleep.** While you are sedated, your blood pressure, heart rate, and oxygen level will be monitored. The effects of these medications may persist for the remainder of the day. Therefore, we ask that you do not plan on working, driving a car, or working around machinery for the remainder of the day. Please arrange for someone to drive you home from the clinic. **Your procedure may be cancelled if you do not arrange for transportation home. We also recommend that**

you have someone with you at home for the rest of the day due to the sedation.

During the procedure, you will be asked to lie on your left side on an exam table. The back of your mouth will be sprayed with a medication that will numb your throat and reduce gagging. As you are swallowing, the doctor will pass a small scope through your mouth into the stomach. The scope is thinner than most food you swallow and does not interfere with breathing. During the procedure, air is inserted into your stomach through the scope, which may cause burping. The procedure usually only lasts about 5 minutes.

When the procedure is completed, you will rest for 30-60 minutes on a stretcher. You will be offered toast and a beverage when you are fully awake. A family member or friend can be with you during your recovery. The doctor will talk to you and your family member/friend after the examination to let you know the findings. If any biopsies or polyps were removed, you will be notified in about a week with that report. If, for some reason, you have not received the biopsy report from your doctor in a week, please call the office. You should be able to return to your normal activities the following day. You may have a scratchy or sore throat for 1-2 days after the exam. Drinking fluids and using throat lozenges may help alleviate this discomfort.

RISKS

It is your right, as a patient, to be informed of the risks or possible complications before you decide whether or not to have the recommended Upper Endoscopy.

One possible complication is a perforation or tear through the esophagus, stomach, or duodenal wall which may require surgery. Bleeding may occur from the site of biopsy. It is usually minor and stops on its own or can be controlled through the scope. Rarely, blood transfusions or surgery may be required to stop the

bleeding. Other potential risks include a reaction to the sedatives used and complications from heart or lung disease. Although complications are rare, it is important for you to recognize early signs of any possible complications. Contact the physician who performed the procedure if you notice any of the following symptoms: chest pain, shortness of breath, fever or chills, vomiting of blood, blood in your stools, or "black" stools.

Upper Endoscopy is generally safe when performed by a physician who has been specially trained and is experienced in these endoscopic procedures.

ALTERNATIVE

The only alternative to Upper Endoscopy is an upper GI (or stomach x-ray). During an upper GI, you swallow a malt-like solution and x-rays are taken of the esophagus, stomach, and duodenum. If an abnormality is found on upper GI, it may be recommended to have an Upper Endoscopy to further evaluate the area.

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