



GRANITE PEAKS GASTROENTEROLOGY

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PATIENT INFORMATION SHEET Upper GI Endoscopy -- EGD

You have been scheduled for Upper GI endoscopy, sometimes called EGD (esophagogastroduodenoscopy), which is a visual examination of the upper intestinal tract using a lighted, flexible fiberoptic or video endoscope. The upper gastrointestinal tract begins with the mouth and continues with the esophagus (food tube) which carries food to the stomach.

On the day of the exam, an IV catheter will be placed and your blood pressure and pulse will be checked. Intravenous sedation is usually given to relax the patient, deaden the gag reflex and cause short-term amnesia. The medicines usually given are Fentanyl (a narcotic) and/or Versed (a sedative) or Propofol (an anesthetic agent). The throat may be anesthetized by a spray or liquid.

The endoscope is then gently inserted into the upper esophagus. The patient can breathe easily throughout the exam. Other instruments can be passed through the endoscope to perform additional procedures if necessary. For example, a biopsy can be done in which a small tissue specimen is obtained for microscopic analysis. A polyp or tumor can be removed using a thin wire snare and electrocautery (electrical heat). The exam takes from 5 to 15 minutes, after which the patient is taken to the recovery area. There is no pain with the procedure and patients seldom remember much about it. Most patients are awake enough to leave within an hour. However, for safety reasons, you cannot drive or operate dangerous machinery, tools or appliances until the following day, as the full effect of the medicine wears off slowly. Before you leave to go home, a checkout sheet will be given to you explaining the results of the test. Your primary care doctor will receive a report of this examination.

As with any medical procedure, complications with this exam are possible. They may include: abdominal pain or cramping, belching, sore throat, soreness, redness or bruising at the IV site. In addition, more serious complications can occur. These include, but are not limited to, heart or breathing problems which occur in 1/1,000 exams, tears or perforation (making a hole in the intestinal tract) occurring in 1/3,000 exams, bleeding which occurs in 1/3,000 exams and death which are rare, occurring in less than 1/5,000 exams. If any of these complications occur, hospitalization, transfusions, or surgery may be necessary.

Any questions you have about your examination or any possible complications should be discussed with the doctor before the examination begins.