Understanding Upper Endoscopy

What is an upper endoscopy
An upper endoscopy lets your physician 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 physician 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 you physician or other medical staff refer to an upper endoscopy as an upper GI endoscopy, esophagogastroduodenoscopy (EGD) or panendoscopy. If your physician has recommended upper endoscopy, this brochure will give you a basic understanding of the procedure – how it’s performed, how it can help, and what side effects you might experience. Please ask your physician about anything you don’t understand.

Why is an upper endoscopy done?
Upper endoscopy helps your doctor evaluate symptoms of persistent upper abdominal pain, nausea, vomiting or difficulty swallowing. It’s an excellent 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. Upper endoscopy is not 100% accurate, and a small lesion could be overlooked.

You physician might use upper endoscopy to obtain a biopsy (small tissue samples). A biopsy helps your physician distinguish between benign and malignant (cancerous) tissues. Remember, biopsies are taken for many reasons, and your physician might use a biopsy to test for Helicobacter pylori, bacterium that causes ulcers.

Your physician 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 physician 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 physician will tell you when to start fasting.

Tell your physician 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 physician if you require antibiotics prior to undergoing dental procedures, because you might need antibiotics prior to an upper endoscopy as well.

What can I expect during an upper endoscopy?
Your physician 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 physician will pass the endoscope through your mouth and into the esophagus, stomach and duodenum. The endoscope doesn’t interfere with your breathing. Most patients consider the test only slightly uncomfortable, and many patients fall asleep during the procedure.

What happens after the procedure?
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 physician instructs you otherwise.

Your physician generally can tell you your test results on the day of the procedure, however, the results of biopsy test might take between 1 to 2 weeks.

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 an upper endoscopy?
Although complications can occur, they are rare when physicians 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. Sedation is used for your comfort. After sedation, you should not drive, operate heavy equipment, consume alcohol or exercise vigorously due to increased risks. There is a possibility you will not recall the discussion after the procedure. It is rare that one might experience pain during the procedure. All medications including sedation can cause allergic drug reactions and local reactions at the intravenous site. With any form of sedation, there is a risk of heart and lung problems. If you have a fever after the test, trouble swallowing or increasing throat, chest or abdominal pain, tell your physician immediately.

Alternative to upper endoscopy include upper-GI x-rays. You will be asked to sign a form that gives your consent to the procedure and states that you understand what is involved. If there is anything you don’t understand, please ask your physician for more information.