

**FISHERS DIGESTIVE CARE**  
**ANIL YAKHMI, M.D.**

**Information Sheet: Upper Endoscopy**

**What is an upper endoscopy?**

An 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. During the procedure, the endoscope is inserted into your mouth and down into your esophagus and stomach to get a good view. The endoscope is then slowly withdrawn while the doctor again is able to examine the area for problems. You might hear your doctor or other medical staff refer to upper endoscopy as upper GI endoscopy, esophagogastroduodenoscopy (EGD), or panendoscopy.

**Why is an upper endoscopy done?**

An upper endoscopy is an important procedure used in the early detection of problems such as lesions or growths, which could later become cancerous. An endoscope can find what is causing symptoms such as reflux, heartburn, etc. that x-ray cannot. It can also help your doctor evaluate symptoms or persistent upper abdominal pain, vomiting, or difficulty swallowing. It is an excellent test for finding the cause of bleeding from the upper gastrointestinal tract. It is 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 sample). A biopsy helps your doctor distinguish between benign and malignant (cancerous) tissues. 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. Thanks to the endoscope, most lesions and polyps can be removed early, safely, and without surgery.

**How should I prepare for the procedure?**

To ensure an effective and accurate procedure, the esophagus must be empty. Follow the upper endoscopy preparation instructions carefully and call the office if there are any questions. Also, 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. 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 an upper endoscopy?**

To make you relaxed and sleepy, you will be given medication through a vein while you are lying in a comfortable position. After the procedure, you will probably sleep for approximately an hour. The procedure is well tolerated and rarely causes pain; if there is discomfort, it is very mild. Many patients fall asleep during the examination and may not, because of medications, even remember having the test done.

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#### **What happens after an 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 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.