

Upper Endoscopy



Archbold
Gastroenterology

Description

An upper endoscopy, also called esophagogastroduodenoscopy (EGD), is a procedure used to look at your upper digestive system. This is done with the help of a small camera with a light on the end of a long, bendable tube (endoscope). A specialist in diseases of the digestive system (gastroenterologist) uses an upper endoscopy to diagnose and sometimes treat conditions that affect the upper part of the digestive system.

Gastroenterologists may be able to identify conditions which cause a low blood count, inflammation or pain via visual inspection with the endoscope camera and/or by collecting small tissue samples to be examined by a pathologist.

Furthermore, your GI specialist is able to remove foreign objects if necessary and treat bleeding.

Preparation

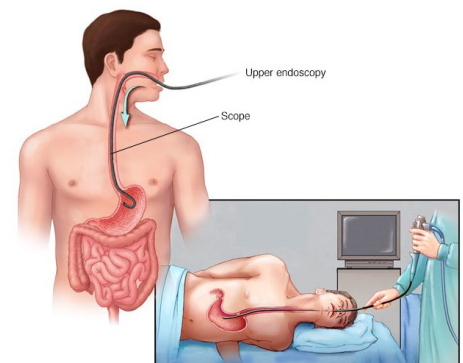
- Please make sure to follow your provider's instruction regarding your medication.
- You should have **no solid food after midnight** and only clear liquids (like water) **up to 4 hours prior to your arrival time.**
- Always bring a current list of all your medication
- Bring your identification and insurance card
- Leave all your valuables at home
- If you are having capsule (Bravo) placement, hold your antacid medications 7 days prior to your procedure.
- **Arrange for an adult to drive you home and look after you for 24 hours.**

Procedure and discharge

After check-in, our nurses will take you to the pre-op area as soon as a bay becomes available. You will be seen by your gastroenterologist and anesthesiologist. Your nurse will make you comfortable, enter information regarding your health history into our electronic chart and start your IV. When your intra-op team is ready for you, you will be taken to the procedure room. Your anesthetist will give you sedation prior to procedure start. The great majority of patients sleep through the entire test.

After your procedure you will wake up in the recovery room. You likely feel sleepy and may be slightly unsteady. You may have a sensation of fullness and a mild sore throat. Post procedure nausea is possible but unlikely. Your gastroenterologist will go over findings with you and your family. Your nurse will give you discharge instructions including signs and symptoms of infection, bleeding and other emergencies.

When you are ready for discharge, your care taker will pull the car into the discharge area and your nurse will take you out in a wheelchair. After departure, you will likely be able to resume your regular diet. You may resume regular activities the day after your test.



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