

UPPER GASTROINTESTINAL ENDOSCOPY

WHAT IS AN EGD?

An endoscope is a long, thin flexible tube that can be easily passed through the mouth and into the upper digestive tract (esophagus, stomach and duodenum). It contains a small fiberoptic bundle through which light from an outside light source can be passed to illuminate the inside of the organ being studied. The image is then transmitted to a video monitor.

Abnormalities suspected by x-ray can be confirmed and others may be detected which are too small to be seen on x-ray. If the doctor sees a suspicious area, he or she can pass an instrument through the endoscope and take a small piece of tissue (a biopsy) for examination in the laboratory. Biopsies are taken for many reasons and do not necessarily imply cancer. Other instruments can also be passed through the endoscope without causing discomfort, including a small brush to wipe cells from a suspicious area for examination in the laboratory (a form of pap test or "cytology") and a wire loop or snare to remove polyps (abnormal, usually benign, growths of tissue).

WHAT PREPARATION IS REQUIRED? To ensure a safe and effective exam, the stomach must be empty. Follow the EGD preparation instructions carefully.

WHAT SHOULD YOU EXPECT DURING THE PROCEDURE? Just prior to the start of your procedure, an intravenous line (IV) will be started in your arm so that you can be given medication to make you relaxed and sleepy. The endoscope is inserted through the mouth while you are lying on your side in a comfortable position. It does not interfere with your breathing. Gagging is usually prevented by the medication. The procedure is extremely well tolerated with little or no discomfort. Many patients fall asleep during the procedure, and it is very common to have no recollection of the procedure at all.

WHAT HAPPENS AFTER THE EGD? You will be kept in the endoscopic area until most of the effects of the medication have worn off. You may feel a little bloated for a short time after the examination because of air that is put into the stomach. Your throat may be a little sore for a while after the EGD, although this is unusual. You will be able to resume your diet after the EGD unless you are instructed otherwise. Your examination will be discussed with you before you leave.

ARE THERE ANY COMPLICATIONS FROM EGD? EGD is safe and is associated with very low risk when performed by physicians who have been specially trained and are experienced in this endoscopic procedure. Complications can occur, but are rare. Localized irritation of the vein may occur at the site of medication injection. A tender lump can develop which may remain for several weeks but goes away eventually. Bleeding may occur from the site of biopsy or polyp removal. It is usually minimal, but rarely may require transfusions or surgery. One possible complication is perforation, in which a tear through the wall of the esophagus or stomach may allow leakage of digestive fluids. This complication may be managed simply by aspirating the fluids until the opening seals, or it may require surgery. Other risks include drug reactions and complications from unrelated diseases such as heart attack or stroke. Death is extremely rare, but remains a remote possibility.

WHY IS EGD NECESSARY? EGD is used to diagnose upper gastrointestinal tract symptoms and to further evaluate abnormalities suspected on x-rays. Many problems of the upper digestive tract cannot be diagnosed by x-ray. EGD may be helpful in the diagnosis of inflammation of the esophagus, stomach and duodenum (esophagitis, gastritis, duodenitis), and to identify the site of upper gastrointestinal bleeding. EGD is more accurate than x-ray in detecting gastric (stomach) and duodenal ulcers, especially when there is bleeding or scarring from a previous ulcer. EGD may detect early cancers too small to be seen by x-ray and can confirm the diagnosis by biopsies and brushings. EGD may also be needed for treatment, such as stretching narrowed areas of the esophagus or for removal of polyps or swallowed objects. Methods have been developed that allow the physician to control upper gastrointestinal bleeding, such as with cautery, injection or laser treatment of bleeding areas. Safe and effective endoscopic control of bleeding could drastically reduce the need for transfusions and surgery in these patients.

EGD is an extremely worthwhile and safe procedure which is very well tolerated. It is invaluable in the diagnosis and proper management of disorders of the upper digestive tract. The decision to perform this procedure was based upon assessment of your particular problem. If you have any questions about the procedure or your need for an EGD, do not hesitate to discuss it with us.

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