

preparing for an
**UPPER GI
ENDOSCOPY**

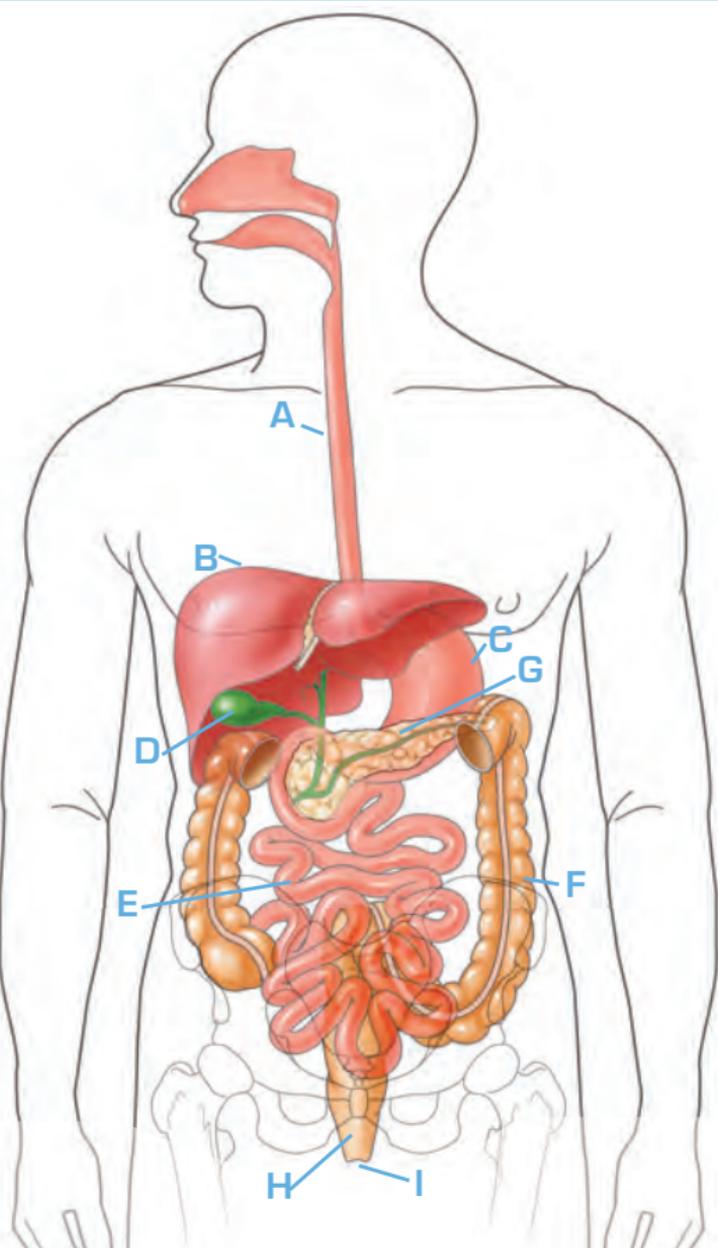
A patient's guide from your doctor and





Your doctor has recommended that you have a medical procedure called upper GI (gastrointestinal) endoscopy to evaluate or treat your condition. The AGA Institute is providing you this brochure to help you understand how upper GI endoscopy can benefit you and what you can expect before, during and after this procedure.

Your Digestive System



A. Esophagus

B. Liver

C. Stomach

D. Gallbladder

E. Small Intestine

F. Large Intestine

G. Pancreas

H. Rectum

I. Anus

Upper GI Endoscopy

The term “endoscopy” refers to a special technique for looking inside a part of the body. “Upper GI” is the portion of the gastrointestinal tract, the digestive system, that includes the esophagus, the stomach, and the duodenum, the beginning of the small intestine. The esophagus carries food from the mouth for digestion in the stomach and small intestine.

Upper GI endoscopy is a procedure performed by a gastroenterologist, a well-trained specialist who uses the endoscope to diagnose and, in some cases, treat problems of the upper digestive system.

The endoscope is a long, thin, flexible tube with a tiny video camera and light on the end. By adjusting the various controls on the endoscope, the gastroenterologist can safely guide the instrument to carefully examine the inside lining of the upper digestive system.

The high-quality picture from the endoscope is shown on a TV monitor; it gives a clear, detailed view. In many cases, upper GI endoscopy is a more precise examination than X-ray studies.

Upper GI endoscopy can be helpful in the evaluation or diagnosis of various problems, including difficult or painful swallowing, pain in the stomach or abdomen, and bleeding, ulcers and tumors. Tiny instruments can be passed through an opening in the endoscope to obtain tissue samples, coagulate (stop) bleeding sites, dilate or stretch a narrowed area, or perform other treatments.

Before the Procedure

Regardless of why upper GI endoscopy has been recommended for you, there are important steps you can take to prepare for and participate in the procedure.

Talk to Your Doctor

First, be sure to give a complete list of all the medicines you are taking — including any over-the-counter medications and natural supplements — and any allergies to drugs or other substances.

Your medical team will also want to know if you have heart, lung or other medical conditions that may need special attention before, during or after an upper GI endoscopy. It is important they know if you are taking diabetic medications or anticoagulants (sometimes called blood thinners) or have bleeding or clotting problems.

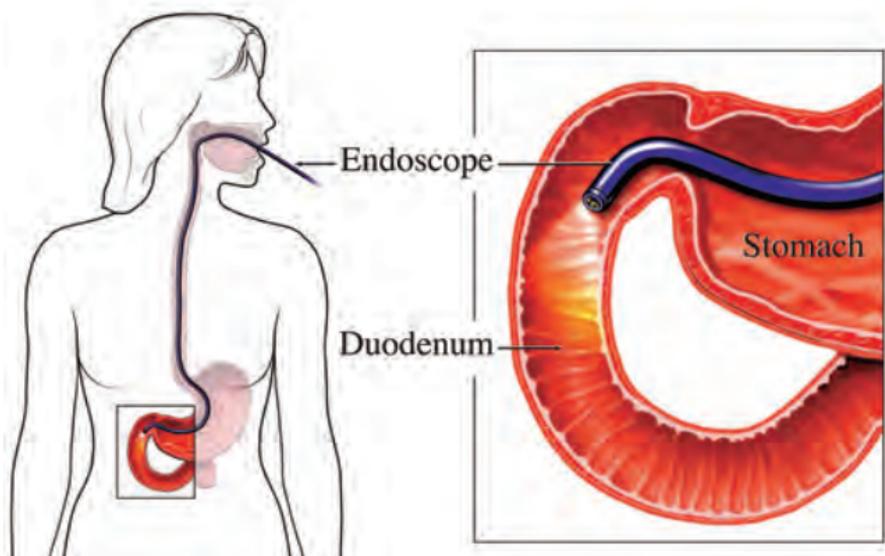
Prepare for the Test

You will be given instructions in advance that will outline what you should and should not do in preparation for the upper GI endoscopy; be sure to read and follow these instructions.

One very important step in preparing for upper GI endoscopy is that you should not eat or drink within eight to 10 hours of your procedure. Food in the stomach will block the view through the endoscope and it could cause vomiting.

Upper GI endoscopy can be done in a hospital, an ambulatory surgery center or an outpatient office. You will be asked to sign a form, which verifies that you consent to having the procedure and that you understand what is involved. If there is anything you don't understand, ask for more information.

During an Upper GI



During the procedure, everything will be done to help you be as comfortable as possible. Your blood pressure, pulse and blood oxygen level will be carefully monitored. Your gastroenterologist may give you a sedative to help make you relaxed and drowsy, but you will remain awake enough to cooperate.

You may also have your throat sprayed or be asked to gargle with a local anesthetic to help keep you comfortable as the endoscope is passed through. A supportive mouthpiece will be placed to help you keep your mouth open during the endoscopy. Once you are fully prepared, your gastroenterologist will gently maneuver the endoscope into position.

As the endoscope is slowly and carefully inserted, air is introduced through it to help your gastroenterologist see better. During the procedure, you should feel little to no pain and it will not interfere with your breathing.

Your gastroenterologist will use the endoscope to look closely for any problems that may require evaluation, diagnosis or treatment.

In some cases, it may be necessary to take a sample of tissue, called a biopsy, for later examination under the microscope. This, too, is a painless procedure. In other cases, the endoscope can be used to treat a problem such as active bleeding from an ulcer.

Possible Complications

Years of experience have proved that upper GI endoscopy is a safe procedure. Typically, it takes only 15 to 20 minutes to perform.

Complications rarely occur. These include perforation, puncture of the intestinal wall that could require surgical repair, and bleeding, which could require transfusion. Again, these complications are unlikely; be sure to discuss any specific concerns you may have with your doctor.

After Your Upper GI Endoscopy

When your endoscopy is completed you will be cared for in a recovery area until most of the effects of the medication have worn off.

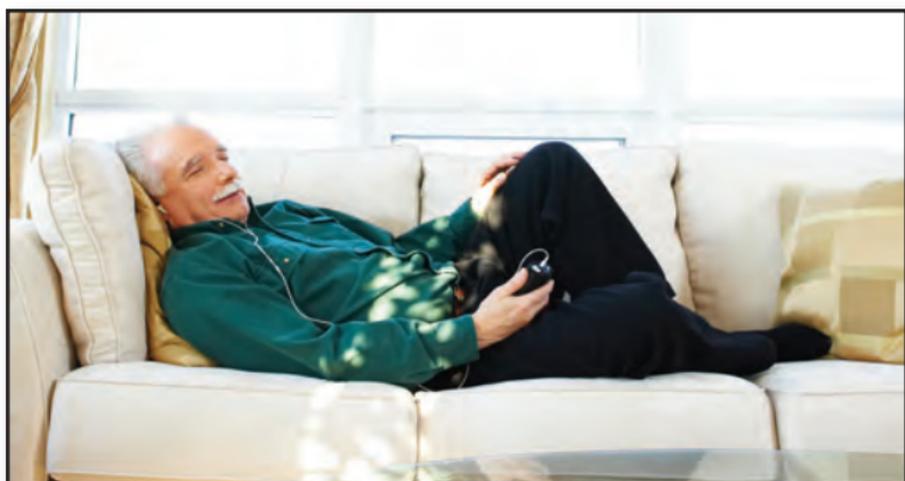
You will be informed about the results of the procedure and be provided any additional information you need to know.

You will be given instructions regarding how soon you can eat and drink, plus other guidelines for resuming your normal activity.

Occasionally, minor problems may persist, such as mild sore throat, bloating or cramping; these should disappear in 24 hours or less.

By the time you are ready to go home, you'll feel more alert. Nevertheless, you should plan on resting for the remainder of the day. This means not driving, so you will need to have a family member or friend take you home.

In a few days, you will hear from your gastroenterologist with additional information, such as results of the biopsy, or you may have questions you want to ask the doctor directly.



Go to www.gastro.org/patient for more information on digestive health and tests performed by gastroenterologists and to find an AGA member physician in your area.

The American Gastroenterological Association (AGA) is dedicated to the mission of advancing the science and practice of gastroenterology. Founded in 1897, the AGA is one of the oldest medical-specialty societies in the U.S. Our 16,000 members include physicians and scientists who research, diagnose and treat disorders of the gastrointestinal tract and liver. The AGA Institute runs the organization's practice, research and educational programs.

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The Digestive Health Initiative® (DHI) is an AGA Institute initiative that offers educational programs on digestive disorders for individuals who are affected by a digestive disease, in an effort to educate the larger health-care community.

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For more information about digestive diseases, please visit the AGA Web site at www.gastro.org.

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