

### **WHAT HAPPENS AFTER THE EGD?**

After the test you will be monitored in the endoscopy area until most of the effects of the medication have worn off. Your throat may be a little sore for a while, and you may feel bloated right after the procedure because of the air introduced into your stomach during the test. You will be able to resume your diet after you leave the procedure area unless you are instructed otherwise. In most circumstances, your physician can inform you of your test results on the day of the procedure; however, the results of any biopsy samples taken will take several days.

### **WHAT ARE POSSIBLE COMPLICATIONS OF AN UPPER ENDOSCOPY?**

Endoscopy is safe. Complications can occur but are rare when the test is performed by a physician with specialized training and experience in this procedure. Bleeding may occur from the biopsy site or where a polyp has been removed.

Localized irritation of the vein where the medication was injected may cause a tender lump or bruising, which may last for several weeks, but this will go away eventually. Applying heat packs or hot, moist towels may help relieve discomfort.

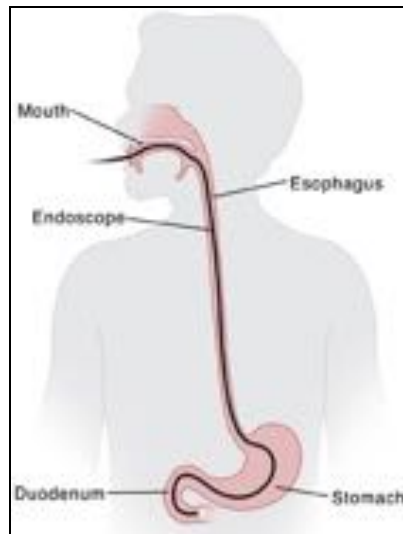
Other potential risks include a reaction to the sedative used and complications from heart or lung diseases. Major complications, such as a perforation (a tear that might require surgery for repair) are very uncommon.

Although complications after upper endoscopy are uncommon, it is important for you to recognize early signs of any possible complications. If you have any symptoms that can be concerning such as fever, chills, vomiting, abdominal pain, trouble swallowing, or throat pain please notify our office promptly. If after hours with the above concerning symptoms, report to nearest Emergency department or call 911.

### **IMPORTANT REMINDER:**

Please remember to take your heart/blood pressure/respiratory medication with a small sip of water four (4) hours before your procedure, otherwise nothing to eat or drink, after midnight the night before the examination.

NO diabetic medications until you have eaten. If you are having a colonoscopy at the time of your upper endoscopy please refer to the prep instruction pamphlet for dietary and fasting instructions.



### **TO THE PATIENT:**

Because education is an important part of comprehensive medical care, you have been provided with this information to prepare you for this procedure. If you have any questions about your need for an upper endoscopy, alternative approaches to your problem, the cost of the procedure, methods of billing, or insurance coverage do not hesitate to contact our office. Our endoscopists are highly trained specialists and welcome your questions regarding their credentials and training. If you have questions that have not been answered, please discuss them with the endoscopy nurse or your physician before the examination begins.

## **UPPER ENDOSCOPY**



### **Carolina Mountain Gastroenterology Endoscopy Center**

**For questions between 8:00am – 5:00pm call:**  
CMG Endoscopy Center - 696-3099

**If you are calling after 5:00pm:**  
Pardee Hospital - 696-1000  
AdventHealth Hospital – 684-8501  
Transylvania Regional Hospital – 884-9111

### WHAT IS AN UPPER ENDOSCOPY?

Upper endoscopy (also known as upper GI endoscopy, esophagogastroduodenoscopy, EGD) is a procedure that enables your physician to examine the lining of the upper part of your gastrointestinal tract, i.e. the esophagus (swallowing tube), stomach and duodenum (first portion of the small intestine) using a thin flexible tube with its own lens and light source.

### WHY IS AN UPPER ENDOSCOPY DONE?

Upper endoscopy is usually performed to evaluate symptoms of persistent upper abdominal pain, nausea, vomiting or difficulty with swallowing. It is also the best test for finding the cause of bleeding from the upper gastrointestinal tract.

Upper endoscopy is more accurate than x-rays for detecting inflammation, ulcers, or tumors of esophagus, stomach and duodenum. This is particularly true when there has been a major operation on the upper gastrointestinal tract. Upper endoscopy can detect early cancer and can distinguish between benign and malignant (cancer) conditions by performing biopsies (taking small tissue samples) of suspicious areas. Biopsies are taken for many reasons and do not necessarily mean that cancer is suspected.

Upper endoscopy is also used to treat conditions present in the upper gastrointestinal tract. A variety of instruments can be passed through the endoscope that allow many abnormalities to be treated directly with little or no discomfort; for example, stretching narrow areas, removing polyps (usually benign growths) or swallowed objects, or treating upper gastrointestinal bleeding. Safe and effective endoscopic control of bleeding has reduced the need for transfusions and surgery to many patients.

### WHAT PREPARATION IS REQUIRED?

Light dinner (soup, salad, sandwich, etc.) completed before 7pm.

Procedures scheduled **before 1:00pm**, clear liquids until midnight.

Procedures scheduled **after 1:00pm**, clear liquids until 9am, unless otherwise instructed by provider

### BLOOD THINNERS / DIET MEDICATION:

Before holding any medications, a clearance will be obtained from prescribing physician prior to procedure. **DO NOT stop these medications until directed by our office or prescribing physician.**

#### Seven (7) days before procedure

- Hold Plavix, Brilinta and Effient, Ticlid-(10 days)
- Hold Phentermine, Adipex, Qsymia

#### Three (3) days before procedure

- Hold Warfarin (Coumadin/Jantoven)
- Hold Bontril

#### Two (2) days before procedure

- Hold Eliquis
- Hold Savaysa (Edoxaban)

#### One (1) day before procedure

- Hold Xarelto/Arixtra and Pradaxa (may be 2 days depending on prescribing physician).

Ask your prescribing physician about taking a low dose Aspirin while holding these medications.

### DIABETIC MEDICATION:

Please check with your prescribing physician on how to adjust your insulin. Please check your blood sugar regularly.

#### Three (3) days before procedure

- Hold Victoza or Byetta

#### One (1) day before your procedure

- Hold oral diabetic medication the night before and day of your procedure.

### OTHER MEDICATIONS:

#### Three (3) days before procedure:

- Stop Iron, Fish Oil and Vitamin E.
- Stop NSAIDS (Ibuprofen, Motrin, Advil, Naproxen, Aleve, Naprosyn), Celebrex and Mobic. You may take Tylenol during this Time.

#### Day of procedure:

- Hold Aspirin
- Take morning meds with small sip of water four (4) hours prior to scheduled procedure, especially blood pressure, heart rate, and breathing medications.
- With exception of medication, **NOTHING BY MOUTH AFTER MIDNIGHT.** This includes food, liquids, hard candy/mints, gum or tobacco. This is to reduce the risk of complications with your breathing during the procedure.
- EGDs scheduled after 1:00pm may have clear liquids until 9:00am.

### WHAT HAPPENS DURING THE EGD?

Your physician will review with you why the upper endoscopy is being performed, whether any alternative tests are available, and possible complications from the procedure. You will be given medications through a vein to help you relax during the test. While you are in a comfortable position on your side, the endoscope is passed through the mouth and then in turn through the esophagus, stomach and duodenum. The endoscope does not interfere with your breathing during the test. You will be asleep during the procedure.

### TRANSPORTATION AFTER PROCEDURE:

You are required to have a driver with you. The driver must stay on site from check-in to the time you are discharged. **No driver, no procedure.** A taxi cab is only permitted if you are accompanied by a responsible adult that will be going home with you.