



Patient Education Upper Endoscopy

What is an Upper Endoscopy?

An Upper Endoscopy is a procedure that enables your gastroenterologist to examine the lining of the upper part gastrointestinal tract, esophagus, stomach, duodenum (first portion of the small intestine) using a thin flexible tube with a camera that is about the thickness of your finger into your mouth and advancing slowly to your duodenum (small intestine). This procedure evaluates symptoms persistent of upper abdominal pain, nausea, vomiting, or difficulty swallowing. It is also the best way to diagnose a bleed in the upper gastrointestinal tract.

What preparation is required?

The upper gastrointestinal tract must be completely empty of food and fluid for the procedure to be accurate and complete. Your gastroenterologist will give you detailed instructions regarding the dietary restrictions to be followed. Follow your doctor's instructions carefully. If you do not, the procedure may have to be cancelled and repeated at a later date.

What about my current medications?

Most medications may be continued as usual, but some medications can interfere with the preparation or the examination. Therefore, it is best to inform your gastroenterologist of your current medications, as well as any allergies to medications at least two (2) weeks prior to your procedure. Aspirin products, arthritis medications, anticoagulants (blood thinners), insulin, and iron products are examples of medications that should be discussed with your gastroenterologist prior to the examination. You should alert your doctor if you require antibiotics prior to undergoing dental procedures, since you may need antibiotics prior to upper endoscopy as well.

What can be expected during an Upper Endoscopy?

After your preoperative assessment has been completed by our staff, you will be taken into the procedure suite. At this time you will meet staff in the procedure suite. You will be repositioned to lay on your back or on your side. At this time the Anesthesiologist or Certified Registered Nurse Anesthetist will administer your sedation for the procedure. Once the medication takes the necessary effect the gastroenterologists will begin the procedure. The endoscope will slowly be advanced through the esophagus, stomach, and duodenum (Small Intestine), and slowly removed as the lining of the Large Intestine is carefully inspected. The procedure usually takes between 15-45 minutes.

What if an Upper Endoscopy shows something abnormal?

If the gastroenterologist examines an area of the esophagus, stomach, or duodenum (Small Intestine) that requires further evaluation a biopsy of the tissue is obtained by using forceps. The biopsy is sent to the pathology laboratory for analysis. If polyps are found, they are generally removed.

If the Upper Endoscopy is being performed to identify sites of bleeding, the areas of bleeding may be controlled through the endoscope by injecting certain medications into the tissue or by coagulation (sealing off bleeding vessels with heat treatment).

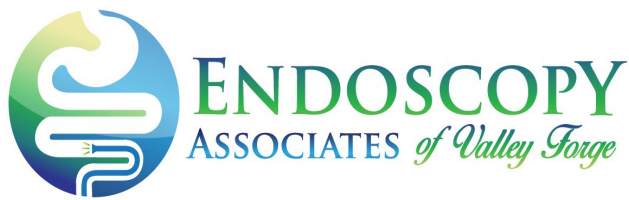
None of these procedures cause pain. Biopsies can be taken for many reasons and does not necessarily mean that cancer is expected.

What are polyps and why are they removed?

Polyps are abnormal growths on the lining of the esophagus, stomach, duodenum (Small Intestine). Polyps vary in size from a small dot to several inches in length. The majority of polyps are benign (noncancerous), but the gastroenterologist cannot always tell a benign from a malignant (cancerous) polyp. It is for this reason biopsies are done on polyps so they can be further analyzed.

How are polyps removed?

Small polyps may be totally removed by fulguration (burning), but larger polyps are removed by a technique called snare polypectomy. The doctor passes a wire loop (snare) through the endoscope and then severs the polyp from the intestinal wall by means of an electrical current. You will feel no pain during a polypectomy.



What happens after an Upper Endoscopy?

Once the procedure is over, you will be taken out of the procedure room and moved into the recovery area. You will be closely monitored by a Registered Nurse as you wake up from the anesthesia. Once you are awake, you will be given tasty crackers and something to drink. The gastroenterologist will then go over all the findings from the procedure, and you will be discharged home.

An Upper Endoscopy is usually well tolerated and is rarely painful. Some patients experience the feeling of pressure, bloating, or cramping after the procedure. This is caused by the infusion of air into the small intestine during the procedure. Depending on your anatomy the gastroenterologist may need to infuse air into the small intestine to get a better visual of the lining of your esophagus, stomach, or duodenum (Small Intestine). If discomfort is experienced during recovery the gastroenterologist will give you medication to assist with the discomfort.

Everyone's body metabolizes the medications administered during the procedure differently, it is for this reason you need a family member or a responsible adult to accompany you home. Driving after a procedure like this is considered Driving Under the Influence (D.U.I.). Your judgement and reflexes will be impaired after the procedure so it is encouraged that you do not sign any important documents or operate machinery the day of the procedure.

What are possible complications of an Upper Endoscopy?

Though an upper endoscopy is a very common procedure, very rarely a complication may occur.

One possible complication is a perforation or tear through the bowel wall, this requires surgical intervention at a hospital.

Bleeding may occur from the site of biopsy or polypectomy. This is usually minor and stops on its own. In the event the bleed cannot be controlled at the center, you will be transferred to Phoenixville Hospital.

Aspiration pneumonia as result of the anesthesia.

Other complications include allergic reaction to sedatives, and complications from heart or lung disease.

Our staff has extensive training in the response to these complications.

In the days that follow your procedure please call the center if you experience: severe abdominal pain, fever and chills, or more than half a cup of blood in your stool.

To the patient

Providing education about the procedure and answering all your questions is among our top priorities. If you have any questions about alternative testing, the cost of the procedure, methods of billing, or insurance coverage, do not hesitate to speak with gastroenterologist or the staff at the center.