

Upper GI endoscopy, sometimes called EGD (esophagogastroduodenoscopy), is a visual examination of the upper intestinal tract using a lighted, flexible, fiber-optic endoscope. The upper gastrointestinal tract begins with the mouth and continues with the esophagus (food pipe) which carries food to the stomach. The stomach secretes a potent acid and churns food into small particles. The food then enters the duodenum, or small bowel, where bile from the liver and digestive fluid from the pancreas mix to help the digestive process.

Reasons for Exam

Due to factors related to diet, environment, heredity, and infection, the upper GI tract is the site of numerous disorders. Upper GI endoscopy helps in diagnosing, and often in treating, these conditions:

- Ulcers, which can develop in the esophagus, stomach or duodenum and occasionally can be malignant.
- Tumors of the stomach or esophagus.
- Difficulty in swallowing.
- Upper abdominal pain or indigestion.
- Intestinal bleeding, hidden or massive bleeding can occur for various reasons.
- Esophagitis and heartburn, chronic inflammation of the esophagus due to stomach acid and digestive fluids.
- Gastritis, inflammation of the lining of the stomach.

Preparation for the Exam

It is important not to eat or drink anything for at least eight hours before the exam. Your physician will provide instructions about the use of regular medications, including blood thinners and high blood pressure medications, before the exam.

A companion must accompany you to the examination. You will be given medications to sedate you during the procedure and you will need someone to take you home. Driving an automobile is not allowed after the procedure. Even though you may not feel tired, your judgment and reflexes may not be normal.

What to Expect During the Procedure

Upper GI endoscopy is usually performed as an outpatient procedure. Intravenous sedation is usually given to relax the patient, depress the gag reflex and even cause short-term amnesia. For some individuals who can relax on their own and whose gagging can be controlled, the exam is done without intravenous medications. For others, deep sedation, where the patient is completely asleep, is utilized.

The endoscope is then gently inserted into the upper esophagus. You will be able to breathe easily throughout the exam. Other instruments can be passed through the scope to perform additional procedures if necessary. For example, a biopsy can be done to obtain a small tissue specimen for microscopic analysis. A polyp or tumor can be removed using a thin wire snare and electrocautery (electrical heat).

The exam takes from 15 to 30 minutes, after which the patient is taken to the recovery area. The procedure is usually pain-free and patients seldom remember much about it.

Results of the Exam

After the exam, the physician will explain the results to the patient and family. If the effects of the sedatives are prolonged, the physician may suggest an interview at a later date when the results can be fully understood and remembered. If a biopsy has been performed or a polyp removed, the results will not be available for three to seven days.

Benefits of Upper GI Endoscopy

An upper GI endoscopy is performed primarily to identify and/or correct a problem in the upper gastrointestinal tract. This means the test enables a diagnosis to be made upon which specific treatment can be given.

Alternative Testing

Alternative tests to upper GI endoscopy include a barium X-ray and ultrasound (sonogram) to study the organs in the upper abdomen. These exams, however, do not allow for a direct viewing of the esophagus, stomach and duodenum, removing of polyps or taking of biopsies. In addition, study of the stools or blood can provide indirect information about a gastrointestinal condition.

Risks of the Procedure

A temporary, mild sore throat sometimes occurs after the exam. Serious risks with upper GI endoscopy, however, are very uncommon. One such risk is excessive bleeding, especially with removal of a polyp. In extremely rare instances, a perforation, or tear, in the esophagus or intestinal wall can occur. These complications may require hospitalization and, rarely, surgery. Quite uncommonly, a diagnostic error or oversight may occur. Due to the mild sedation, the patient should not drive or operate machinery following the exam. For this reason, a driver should be available.

For more information, please visit arizonadigestivehealth.com