

Upper GI Endoscopy

PLEASE CALL US AT 937-629-0100 with any questions

You may need special instructions. Please let us know if you:

- Are taking **Coumadin, Plavix, Aggrenox** or any other blood thinner (You are allowed to take baby aspirin).
- Have sleep apnea.
- Are **Diabetic**.
- Had a **Heart Attack** or **Stroke** in the past six months.
- Have an **Artificial Heart Valve** or **Heart Defibrillator**.
- May be **Pregnant**.

Please make sure to arrange for licensed driver to sign you out and take you home. Please note you will not be allowed to drive yourself home after undergoing a procedure. Taxis and other non-medical transportation services may not be utilized.

FIVE DAYS PRIOR:

- Stop taking IBUPROFEN, MOTRIN, ADVIL, ALEVE and other similar medications. Tylenol is okay.
- Stop taking Coumadin/Wafarin, plavix.
- No iron supplements

DAY BEFORE PROCEDURE

- Diabetic patients ****start clear liquid diet after lunch****
- No marijuana usage 24 hours before the procedure (interacts with anesthesia).

DAY OF PROCEDURE:

- NO SMOKING the morning of procedure.
- STOP all solid food 12 hours before arrival time.
- STOP liquids of color 6 hours before arrival time.
- STOP clear liquids 4 hours before arrival time.

Do not drink anything for at least 4 hours before procedure, otherwise procedure may be cancelled.

ALL PATIENTS

Before procedure:

- Keep well hydrated. Drink as much clear fluids as possible.
- Dress warmly if you experience chills.

HYPERTENSION (HIGH BLOOD PRESSURE):

- Take all medications with little water on the day of procedure, but do not take DIURETICS (water pills).

DIABETIC PATIENTS:

- Monitor your blood sugar at regular times during the prep. Please test your blood glucose level the morning of the procedure and call the endoscopy center if it is less than 80 or greater than 240.
- Bring your glucometer, test strips and insulin with you to the procedure.
- It is our recommendation that you take half the dose of insulin the evening before your procedure and avoid the dose on the morning of your procedure.
- Please omit the evening dose of your oral diabetic medication the day before your procedure and the morning of your procedure.
- Please drink plenty of clear liquids up until 5 hours prior to your procedure.

ASTHMA PATIENTS:

- Use your regular inhalers the morning of your procedure and take them with you to the endoscopy center.

ALL OTHER MEDICATIONS:

- Please bring them with you and can take them after procedure.

After your procedure:

- Restart all medications as prior to the procedure.

- Drink one glass of clear liquid every hour for the next 6 hours.
 - Resume your usual diet unless otherwise instructed by the doctor.
 - **You may not drive or make any important/legal decisions for 24 hours following your procedure due to impairments caused by sedating medications.**
- **What is an EGD?**
 - An esophagogastroduodenoscopy (EGD) is a procedure which examines the lining of the esophagus, stomach and duodenum with a long flexible tube and camera which is inserted down the throat. In addition to performing a visual examination of the upper gastrointestinal tract, the physician can insert instruments through the scope to obtain tissue samples for biopsy, remove foreign objects, stop bleeding and remove tumors or polyps.
- **What can I expect during the EGD?**
 - The nurse or physician will explain the procedure to you and offer you the opportunity to ask any questions you may have about the test. In pre-procedure room, you will be asked to sign a consent form. You will need to remove all clothing and jewelry. An IV line will be started in your hand or arm. Once in the procedure room, your heart rate, blood pressure, respiratory rate and oxygen level will be continuously monitored. If you wear dentures you will be asked to remove them prior to your procedure. Numbing medication will be sprayed into the back of your throat to prevent gagging as the endoscope is passed down your throat into your stomach. While lying on your left side, a sedative will be administered through the IV line to relax you as well as pain medication to prevent discomfort. A mouth guard will be placed in your mouth to keep you from biting the endoscope as well as the doctor! Once you are sufficiently relaxed the physician will guide the endoscope into your mouth down the esophagus, through the stomach and into the duodenum. You may experience a sensation of pressure or bloating as the endoscope is being advanced. The endoscope does not interfere with your breathing.
- **What happens after an EGD?**
 - After the procedure, you will be taken back to the post procedure area for observation until most of the effects of the medications have worn off. Your throat may be sore for a few days and you may feel bloated due to the air introduced into your stomach during the procedure. Your physician will inform you of the test results and advise you on dietary guidelines depending on your particular situation. The nurse will give discharge instructions to you and family member/responsible adult. For safety purposes, you will be discharged by wheelchair to your car. A responsible adult must drive you home, no exceptions. Because sedatives may affect your judgment and reflexes for the rest of the day, it is recommended that a responsible adult stay with you or check in on you several times for the first 24 hours following the procedure.
- **What are the possible complications of an EGD?**
 - Endoscopy is generally a safe procedure. Complications can occur but are rare when physicians with specialized training and experience in this procedure perform the test. Dr. Challa Ajit is an experienced gastroenterologist who is board certified by the American College of Gastroenterology.
 - As with any invasive procedure, complications can occur. Bleeding may occur from a biopsy site or where a polyp was removed. It is usually minimal and rarely requires additional treatment. Localized irritation of the vein where the medication was injected may cause tenderness or redness at the IV site. Other risks include a reaction to the sedative used and complications from heart or lung disease. Major complications such as a perforation (a tear that might require surgery for repair) are very uncommon. Early signs of complications will be listed in the discharge instructions you receive from the nurse on the day of your procedure. If you have questions which have not been answered, please call our office and speak with one of our endoscopy nurses