2094 East State Street, Suite B
Salem, Ohio 44460
(330) 337-8709

Upper Endoscopy (EGD)

This form is for patients with exams scheduled after 12:30 p.m.

Your EGD Exam is scheduled on:_________________________________

Arrive at Salem Regional Medical Center Endoscopy Department at:__________________
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** If you do not receive a confirmation call 1 week prior to your test please call the office at (330) 337-8709.

There is no special bowel preparation for this exam as there is for a colonoscopy. Clear liquids form midnight to 6 AM, then complete fasting until after your procedure. You may drink up to that point, unless otherwise instructed.

A clear liquid diet consists of the following:

- Clear consommé, bouillon or broth
- Tea and/or coffee
- Clear fruit juices (strained)
- Gelatin dessert (no fruit added, no red, purple, blue or orange in color)
- Plain Popsicles (no cream Popsicles, no red, purple, blue or orange in color)
- Lemon for tea
- Water
- Clear pop (Sprite, Sierra Mist, 7UP, Ginger Ale)

No milk products or any type of solid foods allowed.

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7 Days Before the Exam:

Do not take any products containing aspirin or vitamin E, any Fish Oil, Multivitamin or CBC Oil for 7 days prior to your exam!

If you take Coumadin (Warfarin), Plavix, Aspirin, Vitamin E or any blood thinner, please let us know.

The Day of the Exam:

A driver must accompany the patient and remain in the Hospital at all times during the procedure. No exceptions!

Additional Information:

Upper endoscopy enables the physician to look inside the esophagus, stomach and duodenum (first part of the small intestine). The procedure might be used to discover the reason for swallowing difficulties, nausea, reflux, bleeding, indigestion and abdominal or chest pain. Upper endoscopy is also called EGD, which stands for esophagogastroduodenoscopy (eh-SAH-fuh-goh-GAS-troh-doolAH-duh-NAH-skuh-pee).

For the procedure you will swallow a thin, flexible, lighted tube called an endoscope (EN-doh-skope). Right before the procedure the physician will spray your throat with a numbing agent that may help prevent gagging.

You may also receive pain medication and a sedative to help you relax during the exam. The endoscope transmits an image of the inside of the esophagus, stomach and duodenum, so the physician can carefully examine the lining of these organs. The scope also blows air into the stomach; this expands the folds of tissue and makes it easier for the physician to examine the stomach.

The physician can see abnormalities, like ulcers, through the endoscope that don't show up well on x-rays. The physician can also insert instruments into the scope to remove samples of tissue (biopsy) for further testing.

Possible complications of upper endoscopy include bleeding and puncture of the stomach lining. However, such complications are rare. Most people will probably have nothing more than a mild sore throat after the procedure.

The procedure takes 20 – 30 minutes. Because you will be sedated, you will need to rest at the physician's office for 1 – 2 hours until the medication wears off.

Preparation
Your stomach and duodenum must be empty for the procedure to be thorough and safe, so you will not be able to eat or drink anything as directed by the office. Also, you must arrange for someone to take you home. You will not be allowed to drive because of the sedatives. Your physician may give you other special instructions.

Risks and Options of Endoscopy

Comparison to X-rays:
X-ray studies are alternatives to endoscopic procedures. In regards to risks, either approach carries approximately the same degree of risk. Upper endoscopies do carry a slightly higher risk compared to an X-ray.

In comparing an X-ray exam to the endoscope, there are many differences. An X-ray is done by the instillation of a barium solution into the organ under exam, and then observing the organ with fluoroscopy and permanent X-ray films. Since this is an indirect method, the accuracy is less when compared to the endoscopic exam.

The advantages of X-rays over endoscopies include, but are not limited to: they are non-invasive and lower in

costs. The disadvantages include, but are not limited to: lower accuracy, inability to obtain tissue samples and/or remove polyps or growths, and difficulty in distinguishing growths from retained fecal material.

The advantages or endoscopies over X-rays include, but are not limited to: more patient comfort since sedation is being used, better accuracy, ability for therapy such as: removal of growths, stop bleeding, place feeding tubes, dilate strictures and obtain tissue samples. The disadvantages include, but are not limited to: a higher cost and more invasive.

Conscious Sedation:
Currently, sedation is administered by the Department of General Anesthesia. They have a range of medication well suited for GI endoscopy, but these medications are only under license for use by Anesthesiologist in the State of Ohio. They will explain the procedures, options and risks.

General Risks of Endoscopic Procedures:
Includes, but is not limited to:
1. Perforation of an organ: This is one of the most serious complications that can occur, even in the hands of the most experienced endoscopists. Fortunately, the occurrence is rare, but can happen. The type of surgery and location would depend on the organ that is perforated. Chest surgery for the esophagus and abdominal surgery for other areas may be needed. If the colon is perforated, then a temporary colostomy may be required with closure at a latter date.
2. Bleeding: Bleeding at times could occur as the result of the removal of growths and/or due to the taking of tissue samples. In the event of bleeding, hospitalization may be required for observation. Blood product transfusions could be required. If the bleeding does not stop, then repeat endoscopy and/or surgery may be needed to control the bleeding.
3. Decreased blood pressure and heart rate: At times, the stimulation of the internal organs can cause what is called a "vaso-vagal reaction." This is a situation in which the heart rate and respirations can be decreased. During the procedure, you are monitored, and the anesthesia department alerts us to any problems.
4. Other risks include the precipitation of a heart attack or stroke: In individuals with no prior history of vascular disease, the status of the vascular system is not known. It is not possible to predict in advance if this could happen. Fortunately, this is a very rare complication.
5. Aspiration: In the event of the onset of vomiting, it is possible to inhale the vomited material, which can result in pneumonia and the need for hospitalization and respiratory care. This is one of the main reasons patients are asked to fast, or limit their oral intake. Fortunately, this is a very rare occurrence.
6. Deaths: Have been reported with endoscopy, but fortunately, this is a very rare occurrence.
7. Side effects of the exam include but are not limited to: Sore throat, gas, bloating, abdominal cramps and nausea. If there is a need for therapeutic intervention, such as the dilation of a stricture (narrowing), removal of a foreign body or control of bleeding, there can be an increased potential for complications. Overall, endoscopy is considered a safe procedure. Our experience in Salem Regional Medical Center is 99.9% safety in the exam.

Added risk of ERCP:
An ERCP is a highly technical procedure on the Bile Ducts and Pancreas. This procedure carries all the risks of standard endoscopy. Irritation of the pancreas (called pancreatitis) is a major risk of the procedure. The pancreas is an organ that lies behind the stomach. The pancreatic duct empties into the small bowel in conjunction with the bile duct from the liver. Therefore, it is included as a risk factor in examinations of the bile ducts or the pancreas. Pancreatitis can be mild to severe and life threatening. In most circumstances, the pancreatitis is mild to moderate and could require 3 to 7 days in the Hospital. In more severe cases, this could require weeks of hospitalization. The most severe forms of pancreatitis can lead to development of fluid collections, internal hemorrhage and infections. These are rare, but would require long-term hospitalization and

even multiple surgeries. In therapeutic ERCP (placement of plastic tubes called stents, removal of stones and papillotomy, which is the cutting of the valve at the bottom of the bile and pancreatic duct), the reported complication can be up to 10%. The overall average is 3 to 5%, with mild to moderate pancreatitis being the most common.

Added Risk of Endoscopic Suturing:
A new and very exciting treatment is the use of a sewing system to place sutures in the GI tract. The technique carries all the risks of standard endoscopy mentioned above. In certain situations, a large tube (called an overtube) is placed into the esophagus. This tube makes repeated passes of the endoscope much easier. The placement of the tube does have the risk of perforating or lacerating (tearing) the esophagus, which could require surgery. In the treatment of heartburn, difficulty swallowing (called dysphagia) can occur. Fortunately this technique is reversible, and a second endoscopy can be performed to remove sutures in the event they do cause a problem.

Endoscopy is considered one of the most accurate ways to examine the GI tract. Current views are that endoscopy is 94% or less accurate. Many factors can reduce the accuracy of the exam. A "normal exam" gives at best a 6% chance that pathology may not have been seen during the exam, including small tumors.

As a patient, you have the option of not having any testing done. If you elect this option following an evaluation, then you assume the risk and responsibility of a miss or delayed diagnosis, which could exceed the risks of having an evaluation performed.

The lack of mention of a complication, risk, outcome or option does not mean that they do not exist. In medicine, things can simply happen when not expected. If you have any questions of concerns, then please ask!

Please call the office at (330) 337-8709 if you have any questions.