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Education

Endoscopy of the Esophagus, Stomach, and Duodenum (Esophagogastroduodenoscopy)

What is an esophagogastroduodenoscopy?

An esophagogastroduodenoscopy (EGD) is an examination of the upper gastrointestinal (GI) tract with a slim, flexible, lighted tube. The upper GI tract includes the throat, esophagus, stomach, and first part of the small intestines (duodenum).

When is it used?

This procedure may be done to check for problems with your digestive tract. It may be done if you have:

- problems swallowing
- repeated heartburn
- abdominal pain
- chest pain
- gastrointestinal bleeding
- vomiting
- abnormal findings on gastrointestinal x-rays.

Examples of alternatives to this procedure include

- barium contrast x-rays
- choosing to try taking medicine to treat possible causes of your symptoms
- choosing not to have treatment, recognizing the risks of your condition.

Ask your health care provider about these choices.

How do I prepare for an EGD?

Follow your health care provider's instructions about not smoking before and after the procedure. Smokers heal more slowly after surgery. They are also more likely to have breathing problems during the procedure. For this reason, if you are a smoker, you should quit at least 2 weeks before the procedure.

If you need a minor pain reliever in the week before the procedure, choose acetaminophen rather than aspirin, ibuprofen, or naproxen. This helps avoid extra bleeding during the procedure. If you are taking daily aspirin for a medical condition, ask your provider if you need to stop taking it before your procedure.

You should not eat 6 to 8 hours before this procedure.

Follow any other instructions your health care provider may give you.

What happens during the procedure?

A local anesthetic is given to help avoid gagging. You will also be given a sedative. Your health care provider inserts

a long, flexible tube into your mouth and down your food pipe (esophagus). Your provider looks for any abnormalities, irritation, or infection in your esophagus, stomach, and duodenum.

Your health care provider continues to check your stomach and small intestine for ulcers or abnormal growths. Abnormal areas may be photographed. If any growths, cancers, or ulcers are found, your provider may take tissue samples (biopsies) for lab tests. Your provider may remove some of the abnormal growths. After your provider has examined the GI tract, the tube is removed.

What happens after the procedure?

You are observed for about an hour. You should not drive or do anything else that requires a quick response time for about 4 to 6 hours. Someone should drive you home. You may have a mild sore throat after this procedure. You may continue to feel the same discomfort or symptoms that you had before the procedure.

Ask what other steps you should take and when you should come back for a checkup.

What are the benefits of this procedure?

This procedure will help your health care provider make a more accurate diagnosis. It may not cure the problem.

What are the risks associated with this procedure?

- A local anesthetic may not numb the area quite enough and you may feel some minor discomfort. Also, in rare cases, you may have an allergic reaction to the drug used in this type of anesthesia.
- There is some risk of tearing the throat, stomach, or intestine. If this happens, surgery may be necessary.
- There is a risk of infection or bleeding.

You should ask your health care provider how these risks apply to you.

When should I call my health care provider?

Call your health care provider right away if:

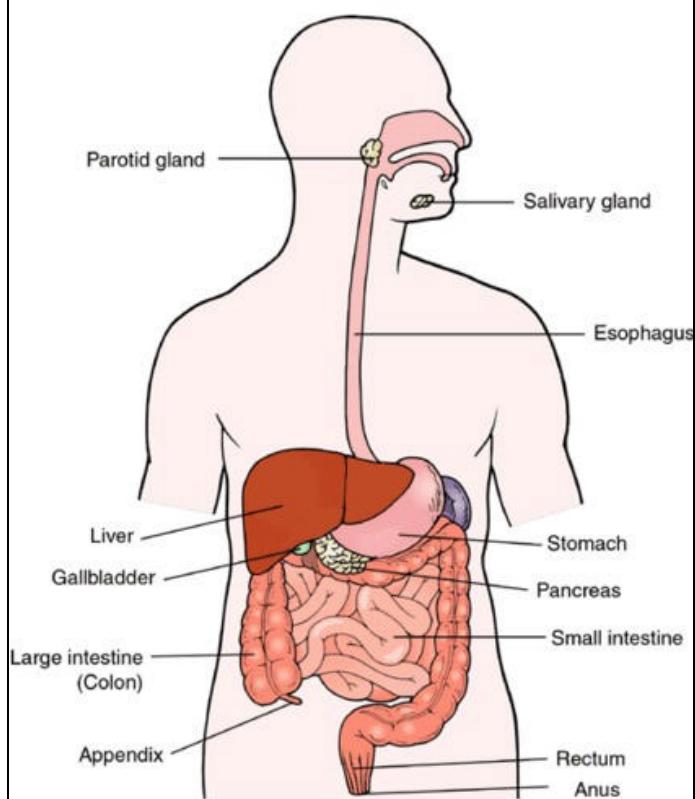
- You have pain that becomes much worse.
- You develop or continue to have nausea or vomiting.
- You develop a fever.

Call during office hours if:

- You have questions about the procedure or its result.
- You want to make another appointment.

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Digestive System



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