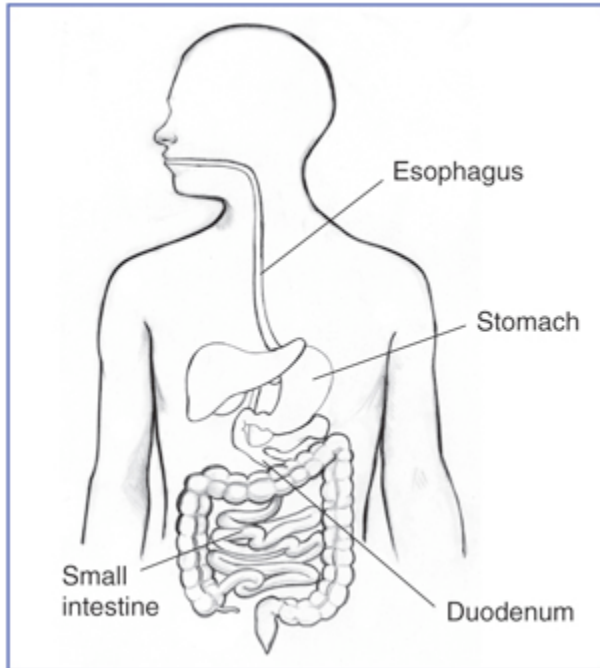


# Upper GI Endoscopy

## What is upper gastrointestinal (GI) endoscopy?

Upper GI endoscopy is a procedure that uses a lighted, flexible endoscope to see inside the upper GI tract. The upper GI tract includes the esophagus, stomach, and duodenum—the first part of the small intestine.



Upper GI endoscopy is a procedure that uses a lighted, flexible endoscope to see inside the esophagus, stomach, and duodenum.

## What problems can upper GI endoscopy detect?

Upper GI endoscopy can detect

- ulcers
- abnormal growths
- precancerous conditions
- bowel obstruction
- inflammation
- hiatal hernia

## When is upper GI endoscopy used?

Upper GI endoscopy can be used to determine the cause of

- abdominal pain
- nausea
- vomiting
- swallowing difficulties
- gastric reflux
- unexplained weight loss
- anemia
- bleeding in the upper GI tract

Upper GI endoscopy can be used to remove stuck objects, including food, and to treat conditions such as bleeding ulcers. It can also be used to biopsy tissue in the upper GI tract. During a biopsy, a small piece of tissue is removed for later examination with a microscope.

### **How to Prepare for Upper GI Endoscopy**

The upper GI tract must be empty before upper GI endoscopy. Generally, no eating or drinking is allowed for 4 to 8 hours before the procedure. Smoking and chewing gum are also prohibited during this time.

Patients should tell their doctor about all health conditions they have—especially heart and lung problems, diabetes, and allergies— and all medications they are taking. Patients may be asked to temporarily stop taking medications that affect blood clotting or interact with sedatives, which are often given during upper GI endoscopy.

Medications and vitamins that may be restricted before and after upper GI endoscopy include

- nonsteroidal anti-inflammatory drugs such as aspirin, ibuprofen (Advil), and naproxen (Aleve)
- blood thinners
- blood pressure medications
- diabetes medications
- antidepressants
- dietary supplements

Driving is not permitted for 12 to 24 hours after upper GI endoscopy to allow sedatives time to completely wear off. Before the appointment, patients should make plans for a ride home.

### **How is upper GI endoscopy performed?**

Upper GI endoscopy is conducted at a hospital or outpatient center.

Patients may receive a local, liquid anesthetic that is gargled or sprayed on the back of the throat. The anesthetic numbs the throat and calms the gag reflex. An intravenous (IV)

needle is placed in a vein in the arm if a sedative will be given. Sedatives help patients stay relaxed and comfortable. While patients are sedated, the doctor and medical staff monitor vital signs.

During the procedure, patients lie on their back or side on an examination table. An endoscope is carefully fed down the esophagus and into the stomach and duodenum. A small camera mounted on the endoscope transmits a video image to a video monitor, allowing close examination of the intestinal lining. Air is pumped through the endoscope to inflate the stomach and duodenum, making them easier to see. Special tools that slide through the endoscope allow the doctor to perform biopsies, stop bleeding, and remove abnormal growths.

### **Recovery from Upper GI Endoscopy**

After upper GI endoscopy, patients are moved to a recovery room where they wait about an hour for the sedative to wear off. During this time, patients may feel bloated or nauseated. They may also have a sore throat, which can stay for a day or two. Patients will likely feel tired and should plan to rest for the remainder of the day. Unless otherwise directed, patients may immediately resume their normal diet and medications.

Some results from upper GI endoscopy are available immediately after the procedure. The doctor will often share results with the patient after the sedative has worn off. Biopsy results are usually ready in a few days.

### **What are the risks associated with upper GI endoscopy?**

Risks associated with upper GI endoscopy include

- abnormal reaction to sedatives
- bleeding from biopsy
- accidental puncture of the upper GI tract

Patients who experience any of the following rare symptoms after upper GI endoscopy should contact their doctor immediately:

- swallowing difficulties
- throat, chest, and abdominal pain that worsens
- vomiting
- bloody or very dark stool
- fever

### **Points to Remember**

- Upper gastrointestinal (GI) endoscopy is a procedure that uses a lighted, flexible endoscope to see inside the upper GI tract.

- To prepare for upper GI endoscopy, no eating or drinking is allowed for 4 to 8 hours before the procedure. Smoking and chewing gum are also prohibited.
- Patients should tell their doctor about all health conditions they have and all medications they are taking.
- Driving is not permitted for 12 to 24 hours after upper GI endoscopy to allow the sedative time to wear off. Before the appointment, patients should make plans for a ride home.
- Before upper GI endoscopy, the patient will receive a local anesthetic to numb the throat.
- An intravenous (IV) needle is placed in a vein in the arm if a sedative will be given.
- During upper GI endoscopy, an endoscope is carefully fed into the upper GI tract and images are transmitted to a video monitor.
- Special tools that slide through the endoscope allow the doctor to perform biopsies, stop bleeding, and remove abnormal growths.
- After upper GI endoscopy, patients may feel bloated or nauseated and may also have a sore throat.
- Unless otherwise directed, patients may immediately resume their normal diet and medications.
- Possible risks of an upper GI endoscopy include abnormal reaction to sedatives, bleeding from biopsy, and accidental puncture of the upper GI tract.