

Your physician has recommended that you undergo a diagnostic procedure commonly referred to as an EGD.

What is an EGD?

An esophagogastroduodenoscopy (EGD) is a procedure, which examines the lining of the esophagus, stomach, and upper duodenum with a long flexible tube and camera (flexible endoscope) which is inserted down the throat.

In addition to performing a visual examination of the upper gastrointestinal tract with the endoscope, 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 questions you may have about this diagnostic test. In the pre-procedure room, you will be asked to sign a consent form. You will need to remove all clothing and jewelry from the waist up. An intravenous line (IV) will be started in your hand or arm. Once in the procedure room, your heart rate, blood pressure, respiratory rate and blood oxygen level will be continuously monitored. If you wear dentures, you will be asked to remove them prior to the procedure. Numbing medication will be sprayed in 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 and to prevent discomfort. A mouth guard will be placed in your mouth to keep you from biting down on the endoscope and the doctor! Once you are sufficiently sedated, 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 type of sedation will I receive?

The choice of sedation will be determined by you and our physician in cooperation with the nurse anesthetist. Please inform our healthcare team of any complications you have previously experienced with anesthesia or sedation.

Conscious sedation is given IV and provides adequate analgesia and sedation for most GI procedures while allowing the patient to cooperate with verbal commands.

This type of sedation induces an altered state of consciousness that minimizes pain and discomfort through the use of pain relievers and sedatives. Patients who receive conscious sedation usually are able to speak and respond to verbal cues throughout the procedure, communicating any discomfort they experience to the provider. A brief period of amnesia may erase most memory of the procedure.

Deep sedation is also given IV, most often with a drug called Propofol. Deep sedation will be administered by a nurse anesthetist. Most patients will not be aware of or experience any discomfort during the procedure. Patients who receive deep sedation are unable to speak or respond to verbal commands during the procedure. Most insurance companies cover the deep sedation. Some deductibles may apply. **A separate bill from Carolina Anesthesia will be filed with your insurance carrier for deep sedation. For questions about Carolina Anesthesia billing information call 1-800-951-7850.**

All patients are monitored during the procedure using continuous pulse oximetry, heart monitoring and intermittent blood pressure recordings.

What if the endoscopy shows something abnormal?

If our doctor thinks an area of the esophagus or stomach needs to be evaluated in greater detail, a forceps instrument is passed through the endoscope to obtain a biopsy (a sample of the lining). This specimen is submitted to the pathology laboratory for analysis. **You may get a separate bill for pathology.** If endoscopy is being performed to identify sites of bleeding, the areas of bleeding may be controlled through the endoscope by injecting certain medications or by coagulation (sealing off bleeding vessels with heat treatment). None of these additional procedures typically produce pain. Biopsies are taken for many reasons and do not necessarily mean that cancer is suspected.

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 test results and advise you on dietary guidelines depending on your particular situation. The nurse will give discharge instructions to you and your family member/responsible adult. For safety purposes, you will be discharged by wheelchair to your car. A responsible adult must drive you home, there are 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 post procedure.

What are the possible complications of an EGD?

Endoscopy is generally a safe procedure. Complications can occur but are rare when the test is performed by physicians with specialized training and experience in this procedure. Dr. Singh, Dr. Makam and Dr. Wohl are experienced gastroenterologists who are board certified by the American Board of Gastroenterology.

As with any invasive procedure, complications can occur. Bleeding may occur from a biopsy or polypectomy site. 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 which may last for a few weeks. Other potential risks include a reaction to the sedatives used and complications from heart and lung diseases. 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 your 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.