

What happens after upper endoscopy?

After your upper endoscopy, your physician will explain the results to you. **Someone must drive you home from the hospital because of the medications used during your examination. Use of a taxi is not permitted. If no ride is available, the procedure cannot be started.** Even if you feel alert after the procedure, your judgment and reflexes may be impaired by the sedation for the rest of the day. This makes it unsafe for you to drive or operate machinery after your procedure. No important decisions should be made on the day of your procedure. **Contact your gastroenterologist if you have a fever, difficulty swallowing, chest or abdominal pain, or difficulty breathing after the procedure.**

To the patient

Because education is an important part of comprehensive medical care, you have been provided with this information to prepare you for your procedure. If you have any questions about the need for upper endoscopy, alternative tests, the cost of the procedure, methods of billing, or insurance coverage, speak with your doctor or your doctor's office staff. **Endoscopists are highly trained specialists who welcome your questions regarding their credentials and training. If you have any questions that have not been answered, please discuss them with your physician prior to your examination.**



Appointment Information

Date _____

Time _____ AM
PM

Norwalk Hospital Outpatient Registration

Patients coming to Norwalk Hospital for outpatient procedures can save time by pre-registering. Call the Express Service, Monday through Friday, 11 am to 6 pm, so that you may obtain the necessary information. The telephone number is 203-852-2092.

If you have any questions, please ask your physician or the medical assistant prior to starting the procedure.

Upper Endoscopy Patient Information



Department of Gastroenterology Patient Information: **Upper Endoscopy**

Please read the information given below completely, before the day of your procedure. Your physician has determined that an upper endoscopy is necessary for further evaluation or treatment of your medical condition. This brochure has been prepared to help you understand the procedure. It includes answers to questions patients ask most frequently. Please read it carefully. If you have any questions, please discuss them with the endoscopy nurse or your physician before the examination begins. **Make sure you have arranged for a ride home from the Endoscopy Lab. If no ride is available, the procedure will not be started.**

What is an upper endoscopy?

Upper endoscopy is a procedure performed by a gastroenterologist, a specialist trained in the use of the endoscope. **Your doctor will use the endoscope to look closely for any problems that may require evaluation, diagnosis, or treatment.**

The endoscope is a long, thin, flexible tube with a tiny video camera and light on the end. By adjusting the various controls on the endoscope, the gastroenterologist can safely guide the instrument to carefully examine the lining of the upper digestive system. This includes the esophagus, stomach and duodenum (first portion of the small intestine).

What preparation is needed?

You will be asked not to eat anything for at least six hours prior to your procedure. You will be allowed to drink clear liquids until four hours before the procedure. You may rinse your mouth until the time of the procedure.

Consent – You will be asked to sign a form that verifies that you have read and understand the information given to you. This will give the physician the consent to perform the procedure.

What about my current medications?

If your upper endoscopy is to be performed in the afternoon, you may take most medications in the early morning, with a small amount of water. **If your procedure is to be performed in the morning, you may take medication after the procedure.** Consult with your physician about all medication use, either before or after your procedure.

Aspirin products, arthritis medications, anticoagulants (blood thinners) such as Coumadin®, Plavix®, Persantine®, or Ticlid®, insulin, Vitamin E, Ginkgo, and iron products are examples of medications you should discuss with your physician prior to the examination.

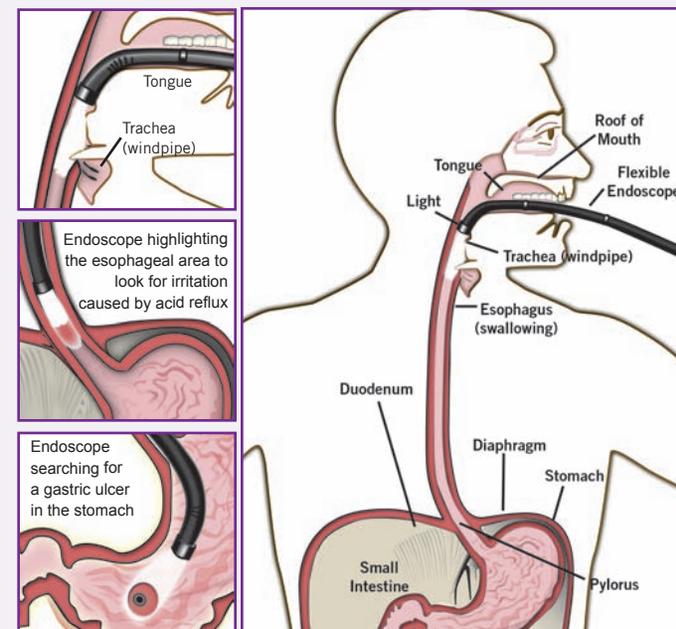
Inform your physician about all medications used and any allergies to medications. In addition, some medications for depression (MAO inhibitors) may modify your anesthesia needs. Please notify your physician if you are taking such medications. **You should alert your physician if you require antibiotics prior to undergoing dental procedures, and for such reasons as artificial joints, artificial heart valves, or a heart murmur.** Inform your physician about those needs at least one week prior to your procedure. It may require additional time prior to your procedure for preparation in the Endoscopy Lab.

What can I expect during an upper endoscopy?

Your physician and endoscopy assistant will help keep you comfortable during your procedure. **The procedure generally lasts approximately 15 to 30 minutes. You may have your throat sprayed or be asked to gargle with a local anesthetic to keep you comfortable as the endoscope is passed.** You may also receive sedative medication which will make you relaxed and drowsy.

As you lie on your side, the endoscope is slowly and carefully inserted. Air is introduced through it to help your doctor see more clearly. During the procedure, you should feel no pain, and it will not interfere with your breathing.

In some cases, it may be necessary to take a sample of tissue called a biopsy for later examination under the microscope. This is done by passing an instrument



(forceps) through the endoscope. This procedure should cause you no discomfort. Remember, biopsies are taken for many reasons and do not necessarily mean cancer is suspected. In some cases, treatment for problems, such as active bleeding or dilation of a narrowed area, may take place during your examination. You will be asked to give your doctor permission to perform these procedures.

What are the possible complications of upper endoscopy?

Years of experience have proven that upper endoscopy is a safe procedure. Complications rarely occur. These include perforation (a puncture of the esophagus, stomach, or intestinal wall), which could require immediate surgical repair. Bleeding is also a potential complication of endoscopy. This could require a blood transfusion, or, rarely, surgery. Heart and respiratory problems can occur with the use of sedation. In addition, the aspiration of gastric juices into the lungs, and/or infection is possible. However, such complications are uncommon. Be sure to discuss any specific concerns you may have with your doctor, prior to the procedure.