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EGD (Esophagogastroduodenoscopy) or Upper Gastrointestinal Endoscopy Exam

EGD, also called Upper Gastrointestinal Endoscopy, or Gastroscopy, is the most accurate means of detecting problems of the upper intestinal tract. The procedure involves passing a thin, flexible, video electronic instrument through your mouth and guiding it into the esophagus, stomach, and duodenum (the first part of the small intestine). At CareMount Medical, the entire procedure is performed by one of our board certified gastroenterologists, either Dr. Chinitz, Dr. Geders, Dr. Gupta, Dr. Hillman, Dr. Kahn, Dr. Lee or Dr. Rosenberg.

We have made this a painless procedure by having an anesthesiologist administer a medicine called propofol. This medicine will cause you to fall asleep. As the medicine is short acting, you should expect to be wide awake soon after the procedure. However, you are not permitted to drive for **the rest of the day, so someone must drive you home.** Going home by taxi is **not** permissible unless you have a responsible non-sedated adult other than the taxi driver with you.

This informed consent has been prepared to help you understand the procedure. You will be asked to sign a copy of this form before the procedure. You will be given ample time to ask questions before you sign it.

The procedure is performed either in our endoscopy suite on the third floor in the Internal Medicine Department (90 South Bedford Road), or at the endoscopy suite of Northern Westchester Hospital. Arrive at your scheduled facility one-half hour before the procedure is scheduled.

The procedure should not be done if you are pregnant. If you are a female of childbearing age, a urine sample will be obtained for a urine pregnancy test upon arrival at the endoscopy suite. The procedure cannot be done during pregnancy except under extenuating circumstances.

Patients with cardiac pacemakers or a BMI of 44 or higher must have their procedure done in the hospital.

PREPARATION As the stomach must be empty, no food is allowed for eight hours before the procedure. Between 8 and 2 hours before the procedure, only water, apple juice, and black coffee are allowed. Nothing is allowed by mouth within 2 hours of the procedure. (If you are having a colonoscopy at the same time, follow the colonoscopy instructions.) Let the gastroenterologist know if you are allergic to any medicines, and inform him or her of all the medications that you take. **Propofol may not be given if you are allergic to eggs or soy.** If you cannot take propofol, other sedatives such as versed or fentanyl may be given.

If you are taking blood thinners such as Coumadin, Plavix, Effient, Xaralto, Eliquis, or Pradaxa, you must discuss this with your Gastroenterologist at least one week before the procedure.

YOU WILL NOT BE ALLOWED TO DRIVE AFTER THE PROCEDURE until the next day. Please bring a companion along who can take you home. Going home by taxi is **not** permissible unless you have a responsible non-sedated adult other than the taxi driver with you.

THE PROCEDURE You will be asked to change into a gown, and you will be placed on heart, blood pressure, and oxygen monitors. Nasal oxygen will be given. To prevent gagging, you may be asked to gargle with Xylocaine and/or have your throat sprayed with Cetacaine. The gargle and the spray taste bad, but are quite effective in eliminating the gag reflex. Either the nurse or the doctor will insert an intravenous (IV) needle in your arm. Then the anesthesiologist will administer the anesthetic propofol. **Anyone allergic to eggs or soybeans may not take Propofol.** The advantages of Propofol are its very short acting effect and its antinausea properties. At the discretion of the anesthesiologist or gastroenterologist, other medicines may be given in addition to or instead of Propofol. The most common alternatives to Propofol are intravenous Versed (a kind of valium) and Fentanyl or Demerol (opioid narcotics). You will lie on your left side and the procedure will begin.

The procedure takes an average of only ten to fifteen minutes.

During the procedure, you will be able to breathe. The instrument is thinner than the food you swallow, so it can be easily guided down your swallowing passage. The procedure is extremely well tolerated.

AFTER THE PROCEDURE You will be kept in the recovery area for about one-half hour after the procedure. Your throat may be a little sore for two days. Your stomach may feel a bit bloated for a few minutes, as the doctor puts air in your stomach to improve the view. You will be able to eat one hour after the procedure is over.

Do not drive, drink alcohol, or perform any task requiring fine physical skills (such as operating machinery or riding a bicycle) for the rest of the day.

POSSIBLE COMPLICATIONS EGD is extremely safe and of very low risk. Complications are rare but may occur.

One possible complication is perforation (tearing through the wall of the area being examined). This complication may be managed simply by aspirating fluids until the opening heals, or it may require surgery.

Bleeding may occur. It is usually minimal but may require transfusions or surgery.

Vomiting of stomach contents during the procedure may cause pneumonitis or pneumonia. Bad reactions to the Propofol, Versed, Fentanyl, or Demerol occur rarely. The Endoscopy Suite is equipped to handle such problems.

Localized irritation of the vein may occur at the site of the IV needle, and a tender lump may develop which may remain for several weeks or several months, but eventually goes away.

Other risks include complications unrelated to the GI tract, such as heart attack or stroke. Even death has rarely been reported.

BENEFITS OF EGD EGD is the best way to examine the esophagus, stomach, and duodenum. It is superior to an upper gastrointestinal series (upper GI X-rays). Inflammation, ulcers, cancers, pre-cancerous conditions and strictures may be detected with accuracy.

Biopsies or brushing will be performed at the discretion of the doctor. Biopsies not only look for cancer, but also detect and confirm inflammation and a bacteria called helicobacter pylori. In some people, this bacteria causes ulcers, inflammation of the stomach and duodenum, and rarely cancer. It is treatable with antibiotics and powerful antacids.

EGD may be used to stop bleeding by means of injection of medicines, cautery, or clips.

EGD also may be used to remove polyps, which are usually benign growths that may bleed or develop into cancer.

EGD may be used to stretch narrowed areas that inhibit the passage of food.

EGD also may be used to remove objects swallowed accidentally.

COST The cost of this procedure depends on your insurance policy. The fee includes the procedure and the extensive instrument sterilization required after each procedure. Medicare does cover the procedure in most circumstances (a deductible will apply). The procedure fee will not cover the doctor's consultation before the procedure. Other fees may apply for anesthesia, hospital or office room/equipment fees, and biopsy reports. Your insurance company and our billing staff will be glad to answer questions about the fees.

The gastroenterologist will discuss the results of the procedure with you immediately at its conclusion. If biopsies are taken, it will take five working days to obtain the results. Please call for your results at that time.

Note: Please leave all jewelry and valuables at home. CareMount Medical is not responsible for the loss of any patient property.



EGD (Esophagogastroduodenoscopy) Informed Consent

I have read and I understand the preceding 3 pages of the EGD Informed Consent version February, 2016. The procedure has been fully explained to me, and I have had the opportunity to ask any questions. I have been informed of the risks and reason for this procedure.

Signed _____ Date _____

Witness _____

This brochure was written by Drs. Chinitz, Geders, Gupta, Hillman, Kahn, Lee & Rosenberg.