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**EGD (Esophagogastroduodenoscopy) or Upper Gastrointestinal Endoscopy Instructions**  
**PLEASE READ AND FOLLOW ALL INSTRUCTIONS CAREFULLY**

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 Gupta, Dr Hillman, Dr Kahn, Dr Motola, Dr Protopapas, Dr Shor and Dr Lee.

This packet has been prepared to help you better understand your procedure. You will be asked to sign consent upon arriving to the endoscopy suite.

We have made this a virtually painless procedure by having an anesthesiologist present. The anesthesiologist will administer an intravenous anesthetic called **Propofol** that will make you fall asleep during the procedure. **If you are allergic to eggs or soy, please discuss this with your Gastroenterologist and Anesthesiologist**, as alternative sedatives may be required. Propofol is short acting, expect to feel wide-awake within an hour of the completion of the procedure. **You are not allowed to drive for the entire day, so someone must be present to take you home.** Going home by taxi or car service is **not** permissible unless you have a responsible non-sedated adult other than the driver with you.

The procedure is performed either in our endoscopy suite at Endoscopy Suite, on the third floor of 110 South Bedford Road, or the Endoscopy Suite at 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.

Please discuss with you gastroenterologist prior to your procedure if you have an artificial heart valve, a history of endocarditis, implantable defibrillator, cardiac pacemaker, undergoing hemodialysis, O2 dependent, have severe sleep apnea or severe obesity (BMI 45 or higher). There may be special

requirements necessary for the procedure.

### **Preparation**

As the stomach must be empty, no solid food is allowed for 8 hours prior to the procedure, however you may continue to have only clear fluids such as water, apple juice, black coffee/tea up until 3 hours prior to the procedure. **Nothing is allowed by mouth 3 hours prior to the procedure.** (If you are having a colonoscopy at the same time, follow the colonoscopy instructions.)

There are certain situations that warrant special considerations (i.e. achalasia, stricture of the esophagus, gastroparesis). In these situation, if you are having an EGD before 12 noon, no food or drink after midnight. If you are having an EGD after 12 noon, no food or drink 8 hours prior to your scheduled procedure.

If you are taking **Coumadin** (Warfarin), or another anticoagulant alternative such as **Xarelto** (Rivaroxaban), **Eliquis** (Apixaban) or **Pradaxa** (Dabigatran) you must discuss this with your doctors (cardiologist, internal medicine and/or gastroenterologist) at least 7 days before the procedure, as dosing adjustments will need to be made.

If you are taking an antiplatelet medication such as **Plavix** (Clopidogrel) or **Effient** (Prasugrel), or a **full dose aspirin (325 mg dose daily)** you must discuss this with your doctors (cardiologist, internal medicine and/or gastroenterologist) at least 7 days before the procedure, as dosing adjustments will need to be made.

Stopping any anticoagulant or antiplatelet medication may increase the risk of sudden heart attack or even death. Failure to manage these medications prior to the procedure may prevent the Gastroenterologist from removing large polyps.

### **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. You will lie on your left side and the procedure will begin.

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. Serious aspirations may require hospitalization.

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 an 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 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.

This is a diagram of the gastrointestinal system. The colon (large intestine) is darkened. During colonoscopy, the colonoscope is inserted into the rectum and the entire colon, up to and including the cecum is examined. The average adult colon is five to six feet long.

