

DIGESTIVE DISEASE SPECIALISTS, INC.

Northwest (Baptist Medical Center) Office
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NAME: _____

DATE OF PROCEDURE: _____

ARRIVAL TIME: _____

PROCEDURE TIME: _____

1 Ambulatory Endoscopy Center
North AEC, Baptist Phys Bldg D
3366 NW Expressway, Ste 400
Oklahoma City, OK 73112
[See Map on Back](#)

2 Integris Baptist Medical Center
3300 NW Expressway
Oklahoma City, OK 73112
[Check in at](#)
[Outpatient Registration](#)

**3 Integris Canadian Valley
Regional Hospital**
1201 Health Center Parkway
Yukon, OK 73099
[Check in at Outpatient Registration](#)

EGD

IT IS NECESSARY for you to make arrangements **ahead of time** for someone to accompany you to your appointment. This person must be able to drive you home and ideally should be able to stay in the facility during the procedure. You will not be allowed to drive or to take a cab after your procedure due to the sedation you will receive.

For the best possible examination, the stomach must be completely empty, so you should not eat or drink, including water, from midnight the evening before the examination.

Regarding medications: **Stop all forms of aspirin and iron 5 days before the procedure.** Inform the nurse immediately if you are taking blood thinners (such as Coumadin or Plavix) or medication for diabetes or a seizure disorder. All other medications should be taken just as you normally would. Be sure to let the doctor and staff know if you are allergic to any drugs or latex.

What is an EGD? A panendoscope is a long flexible tube that is thinner than most food you swallow. It is passed through the mouth and back of the throat into the upper digestive tract, and allows the physician to examine the lining of the esophagus, stomach, and duodenum (the first portion of the small intestine.)

Abnormalities suspected on x-ray can be confirmed and others may be detected which are too small to be seen on an x-ray. If the doctor sees a suspicious area, he can pass an instrument through the endoscope and take a small piece of tissue (a biopsy) for examination in the laboratory.

What should you expect during the procedure? Your doctor will give you medication through a vein to make you relaxed and sleepy, and your throat may be sprayed with local anesthetic. While you are in a comfortable position, the Panendoscope is inserted through the mouth, and the esophagus, stomach, and first part of the duodenum is examined.

The procedure is extremely well tolerated with little or no discomfort. Many patients even fall asleep during the EGD. The tube will not interfere with your breathing. Gagging is usually prevented by the medication.

Understanding Upper Endoscopy Your physician has determined that upper endoscopy is necessary for further evaluation or treatment of your 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 additional questions, please feel free to discuss them with the endoscopy nurse or your physician before the examination begins.

Why is upper endoscopy done? Upper endoscopy is usually performed to evaluate symptoms of persistent upper abdominal pain, nausea, vomiting, or difficulty swallowing. It is also the best test for finding the cause of bleeding from the upper gastrointestinal tract.

Upper endoscopy is more accurate than x-ray films for detecting inflammation, ulcers, or tumors of the esophagus, stomach and duodenum. Upper endoscopy can detect early cancer and can distinguish between benign and malignant (cancerous) conditions when biopsies (small tissue samples) of suspicious areas are obtained. Biopsies are taken for many reasons and do not necessarily mean that cancer is suspected. A cytology test (introduction of a small brush to collect cells may also be performed.)

Upper endoscopy is also used to treat conditions present in the upper gastrointestinal tract, a variety of instruments can be passed through the endoscope that allow many abnormalities to be treated directly with little or no discomfort, for example, stretching narrowed areas, removing polyps (usually benign growths) or swallowed objects, or treating upper gastrointestinal bleeding. Safe and effective endoscopic control of bleeding has reduced the need for transfusions and surgery in many patients.

What preparation is required? For the best (and safest) examination the stomach must be completely empty. You should have nothing to eat or drink, including water, for approximately 8 hours before the examination. Your doctor will be more specific about the time to begin fasting, depending on the time of day that your test is scheduled.

Possible medication adjustments. Before the test, be sure to discuss with the doctor whether you should adjust any of your usual medications before the procedure, any drug allergies you may have, and whether you have any other major disease such as a heart or lung condition that might require special attention during the procedure.

Arrangements to get home after the test. If you are sedated, you will need to arrange to have someone accompany you home from the examination because sedatives will affect your judgment and reflexes for the rest of the day. If you received sedation, you will not be allowed to drive after the procedure even though you may not feel tired.

What happens after upper endoscopy? After the test, you will be monitored in the endoscopy area until most of the effects of the medication have worn off. Your throat may be a little sore for a while, and you may feel bloated right after the procedure because of the air introduced into your stomach during the test. You will be able to resume your diet after you leave the procedure area unless you are instructed otherwise.

In most circumstances, your doctor can inform you of your test results on the day of the procedure: however, any biopsies or cytology samples taken will require processing over several days.

What are the possible complications of upper endoscopy? Endoscopy is generally safe. Complications can occur but are rare when a physician with specialized training and experience in this procedure performs the test. Bleeding may occur from a biopsy site or where a polyp was removed. It is usually minimal and rarely requires blood transfusions or surgery. Localized irritation of the vein where the medication was injected may rarely cause a tender lump lasting for several weeks, but this will go away eventually. Applying heat packs or hot moist towels may help relieve discomfort. Other potential risks include a reaction to the sedatives used and complications from heart and lung diseases. Major complications, e.g., perforation (a tear that might require surgery for repair) are very uncommon.

It is important for you to recognize early signs of any possible complications. If you begin to run a fever after the test, begin to have trouble swallowing, or have increasing throat, chest, or abdominal pain, let your doctor know about it promptly.

To the patient

Because education is an important part of comprehensive medical care, you have been provided with this information to prepare you for this procedure. If you have any questions about your need for upper endoscopy, alternative tests, the cost of the procedure, methods of billing or insurance coverage, do not hesitate to speak to our staff about it. Our physicians are highly trained specialists and welcome your questions regarding their credentials and training. If you have questions that have not been answered, please discuss them with the endoscopy nurse or your physician before the examination begins.