

UPPER ENDOSCOPY INSTRUCTIONS

Platinum Health, LLC www.pauyakshemd.com

Name: _____

You are scheduled for an EGD (esophagogastroduodenoscopy) on **Date:** _____ at:

- Fairview Maple Grove – check in at Registration Desk on the 2nd floor
- Maple Grove Hospital – check in at the Welcome Desk in the first floor lobby
- North Memorial Medical Center – check in at the Patient Care Center above the lobby on level 1
- Allina West Health – check in at the Registration Desk on level 2
- Fairview Southdale Hospital – check in at the Welcome Desk in the skyway lobby on level 1

Please read these instructions now and call us if you have any questions: **763-383-7818**

Check in Time: _____. Please arrive promptly ... it takes time to register, get admitted, change your clothing, review your medical history, and have an intravenous catheter placed for conscious sedation. The procedure will start sometime after your check in time depending on the facility and the length of cases before you. The doctor will speak with you twice; once before the procedure and again before you leave.

Note: If you are unable to keep this appointment, we require advance notice of 4 business days or a cancellation charge may apply. A deposit may also be required to reschedule your appointment.

What is an EGD (esophagogastroduodenoscopy)?

An EGD or upper endoscopy is a test performed by a gastroenterologist. Your throat is sprayed with numbing medication, a sedative is administered intravenously and you are then asked to swallow a flexible tube. This tube will enable the physician to look inside your esophagus, stomach and upper intestinal tract to evaluate your symptoms.

Why do I need an EGD (esophagogastroduodenoscopy)?

The standard indications for an upper endoscopy are:

- Upper abdominal symptoms (e.g... indigestion, epigastric pain, early satiety, nausea, vomiting).
 - In a patient over age 45.
 - Symptoms persist despite an appropriate trial of therapy (age < 45).
 - Other signs or symptoms suggest serious disease (e.g. loss of appetite or weight).
- Gastroesophageal reflux symptoms that persist or recur despite therapy.
- Difficulty with swallowing, food sticking on the way down or pain on swallowing.
- Surveillance of malignancy in patients with Barrett's esophagus.
- Persistent vomiting of unknown cause.
- To evaluate for esophageal varices in patients suspected of having portal hypertension.
- Other diseases in which the presence of upper GI pathology might modify other planned management.
 - e.g. patients with a history of ulcer disease or GI bleed who need long term anticoagulation.
- For confirmation and histologic sampling of a radiologic abnormality.
- Familial adenomatous polyposis syndrome.

If you do not fit into one of these categories, or do not understand why you are being referred, then you should question why you are having an EGD and contact your doctor.

What should I do to prepare for the test?

1. Arrange for a companion.

- Because you will be sedated, you may not drive the rest of the day. A responsible adult must bring you to the procedure, take you home and be with you for 12 hours after the procedure. [You may opt for no sedation; patients who select this option have done fine, but it is not recommended if you have a strong gag reflex].

2. Stop certain medications:

- Anticoagulants (warfarin (Coumadin®), clopidogrel (Plavix®), ticlopidine, aspirin, etc.) should be stopped 7 days prior to the procedure (to reduce the risk of bleeding after dilation of a stricture or removal of a polyp). Contact your primary physician or cardiologist for more specific instructions and/or to verify the safety of coming off this medication.
- Diabetic medication: if you have diabetes, please check with your primary physician or endocrinologist for specific instructions. In general, on the morning of the procedure, patients with Type 1 diabetes should not take regular insulin and should reduce their dose of long acting insulin by 1/2. Patients with Type 2 diabetes should not take their oral hypoglycemic medication on the day of the procedure.
- **Continue to take all your other medications (especially blood pressure and heart medications) as prescribed.**

3. Mark your calendar / check list:

7 days prior:

- Check with your insurance carrier to verify coverage and/or pre-approval.
- Adjust medications.

5 days prior:

- Confirm that you have someone to drive you to your appointment and stay with you afterwards.

4 days prior:

- Last day to cancel or reschedule without a fee: Many phone calls are required to verify the availability of doctors, nurses and rooms at the facility where you are scheduled. Last minute cancellations will leave a spot that cannot be filled. Cancellations within 4 business days will be charged a fee of \$100.00.

1 day prior:

- You may continue your usual diet right up through the day before the procedure; however, avoid eating a heavy meal or late at night on the evening before your test.

0: The day of your procedure:

- **Do not eat any solid foods within eight hours of your procedure.**
- **Do not drink any liquids within four hours of your procedure.**

(If your test is within four hours and you have forgotten to take your blood pressure or heart medications, please take them now with four ounces of water).

Frequently Asked Questions:

What can I expect?

The procedure itself takes between 5 and 20 minutes and is well tolerated by most people. The time needed to register, get ready, do the procedure and recover you will take about 2 hours. Most people are able to resume their normal activity four hours after the procedure, but because you will have received conscious sedation, you may not drive for 12 hours afterwards. On occasion, one may experience irritation of the throat, stomach bloating or abdominal discomfort for a day or two after the test.

What are the risks of the procedure?

EGD is a commonly performed procedure with a low risk of adverse events (AE). The risk of the procedure depends on many factors, including the condition of the patient and the indication for the procedure. In large series, the overall risk of an adverse event ranged from 1: 200 to 1:10,000 and mortality rates ranged from none to 1: 2,000.

If you have any questions, please give us a call at 763-383-7818.