

What is Upper GI Endoscopy?

Upper GI endoscopy, sometimes called EGF (esophagogastroduodenoscopy), is a visual examination of the upper intestinal tract using a lighted flexible fiberoptic video endoscope. The upper gastrointestinal tract begins with the mouth and continues with the esophagus (food tube) which carries food to the stomach. The J-shaped stomach secretes a potent acid and digests food into small particles. The food then moves into the duodenum, or small bowel, where bile from the liver and digestive juices from the pancreas mix to help the digestive process.

Reasons for the Exam

Due to factors related to diet, environment, and heredity, the upper GI tract is the site of numerous disorders. These can develop into a variety of diseases and/or symptoms. Upper GI endoscopy helps in diagnosing and often in treating these conditions

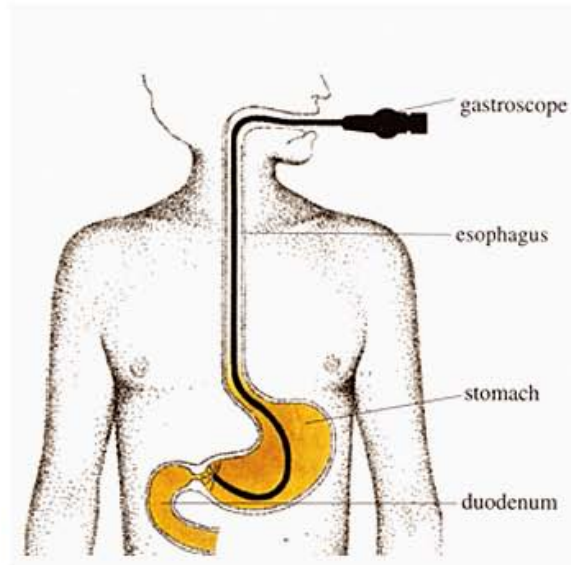
- Ulcers-which can develop in the esophagus, stomach or duodenum and occasionally can be malignant
- Tumors of the stomach or esophagus
- Difficulty in swallowing
- Upper abdominal pain or indigestion
- Intestinal bleeding-hidden or massive bleeding can occur for various reasons
- Esophagitis (and heartburn)-chronic inflammation of the esophagus due to back up of stomach acid and digestive juices
- Gastritis-inflammation of the lining of the stomach

Preparation

It is important not to eat or drink anything for at least eight hours before the exam. Dr. Rodriguez will instruct you about the use of regulate medications, including blood thinners before the exam.

The Equipment

The flexible endoscope is a remarkable piece of equipment that can be directed and moved to find the many bends in the gastrointestinal tracts. Endoscopes now come in two types. The original pure fiberoptic instrument has a flexible bundle of glass fibers that collect the lighted image at one end and transfer the image to the eye piece. The newer video endoscopes have a tiny optically sensitive computer chip at the end. Electronic signals are then transmitted up the scope to the computer which then displays the image on a large video screen. An open channel in the scope allows other instruments to be passed through it in order to make tissue samples, remove polyps and perform other exams.



The Procedure

Upper GI endoscopy is usually performed on an outpatient basis. The throat is often anesthetized by a spray or liquid. Intravenous sedation is usually given to relax the patient, deaden the gag reflex, and even cause short-term amnesia. For some individuals who can relax on their own and whose gagging can be controlled, the exam is done without intravenous medications. The

endoscope is then gently inserted into the upper esophagus. The patient can breathe easily throughout the exam. Other instruments can be passed through the scope to perform additional procedures if necessary. For example, a biopsy can be done in which a small tissue specimen is obtained for microscopic analysis. A polyp or tumor can be removed using a tin wire snare and electrocautery (electrical heat). The exam takes from 15-30 minutes after which you will be taken to the recovery area. There is no real pain with the procedure and patients seldom remember much about it.

Results

After the exam, Dr. Rodriguez will explain the results to you and your family. If the effects of the sedatives are prolonged, the physician may suggest an interview at a later date when the results can be fully understood. If a biopsy has been performed or a polyp removed, the results are not available for three to seven days.

Benefits

An upper GI endoscopy is performed primarily to identify and or correct problem in the upper gastrointestinal tract. This test enables a diagnosis to be made upon which specific recommendation can be given. If a bleeding site is found, treatment can stop the bleeding, or if a polyp is found, it can be removed without a major operation. Other treatments can be given through the endoscopy when necessary

Alternative Testing

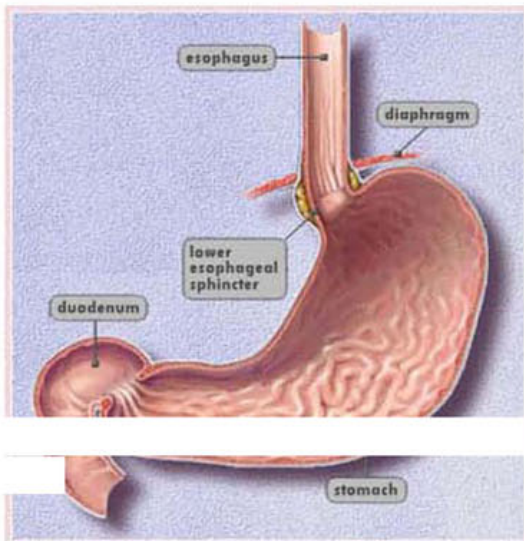
Alternative tests to upper GI endoscopy include a barium x-ray and ultrasound (sonogram) to study the organs in the upper abdomen. These exams, however, do not allow for a direct viewing of the esophagus, stomach and duodenum, removing polyps or taking biopsies. In addition, study of the stools, blood and stomach juice can provide indirect information about a gastrointestinal condition.

Side Effects and Risks

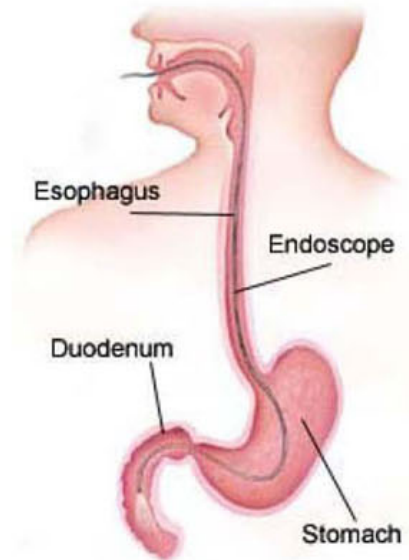
A temporary, mild sore throat sometimes occurs after the exam. Serious risks with the upper GI endoscopy, however, are very uncommon. One such risk is excessive bleeding, especially with removal of a polyp. In extremely rare instances, a perforation or tear in the esophagus wall can occur. These complications may require hospitalization and rarely surgery. Quite uncommonly, a diagnostic error or oversight may occur. Due to the mild sedation, you should not drive or operate machinery following the exam. For this reason, a driver should be available.

In Summary

Upper GI endoscopy is a simple outpatient exam that is often performed with the patient lightly sedated. The procedure provides significant information upon which specific treatment can be given. In certain cases, therapy can be administered directly through the endoscope. Serious complications rarely occur from upper GI endoscopy. Dr. Rodriguez can answer any questions you have.



UPPER GI ENDOSCOPY



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