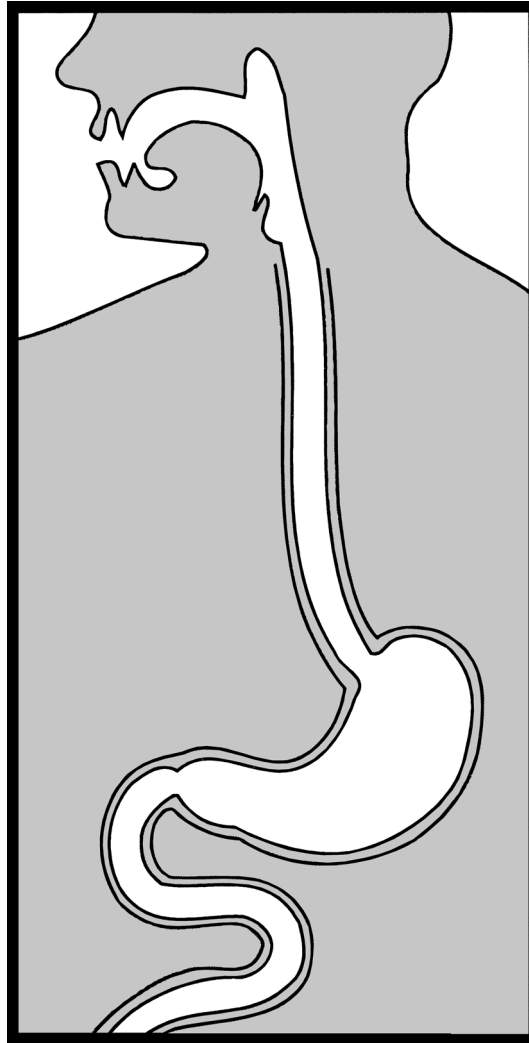


It is important for you to recognize early signs of any possible complication. If you begin to run a fever after the test, begin to have trouble swallowing or have increasing throat, chest or abdominal pain, let your doctor know about it promptly. ■

TO THE PATIENT

Because patient 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 your doctor or doctor's office staff about it. Most endoscopists 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. ■



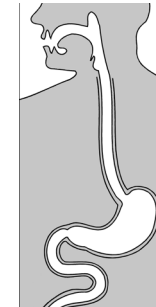
ADDITIONAL INSTRUCTIONS:



GASTROENTEROLOGY
Marshall E. McCabe III, M.D.
Thomas F. O'Meara, M.D.
Carole A. Buckner, D.O.
Darien Heap, M.D.

Olympia Multi-specialty Clinic 

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 your endoscopy nurse or your physician before the examination begins.



Olympia Multi-specialty Clinic

406-A Black Hills Lane S.W.
Olympia, Washington 98502
(360) 754-1735 FAX (360) 704-3404

WHAT IS UPPER ENDOSCOPY?

Upper endoscopy (also known as an upper GI endoscopy, esophagogastroduodenoscopy, EGD, or panendoscopy) is a procedure that enables your physician to examine the lining of the upper part of your gastrointestinal tract, i.e. the esophagus (swallowing tube), stomach, and duodenum (first portion of the small intestine) using a thin flexible tube with its own lens and light source. ■

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-rays for detecting inflammation, ulcers, or tumors of the esophagus, stomach and duodenum. This is particularly true when there has been a major operation on the upper gastrointestinal tract. Upper endoscopy can detect early cancer and can distinguish between benign and malignant (cancer) conditions by performing biopsies (taking small tissue samples) of suspicious areas. Biopsies are taken for many reasons and do not necessarily mean that cancer is suspected.

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 6 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 diseases 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 may affect your judgement 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 CAN BE EXPECTED DURING THE UPPER ENDOSCOPY?

Your doctor will review with you why upper endoscopy is being performed, whether any alternative tests are available, and possible complications from the procedure. Practices may vary among doctors, but you may have your throat sprayed with a local anesthetic before the test begins and may be given medication through a vein to help you relax during the test. While you are in a comfortable position on your side, the endoscope is passed through the mouth and then in turn through the esophagus, stomach, and duodenum. The endoscope does not interfere with your breathing

during the test. Most patients consider the test to be only slightly uncomfortable and many patients fall asleep during the procedure. ■

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 awhile, 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, the results of any biopsies or cytology samples taken will take several days. ■

WHAT ARE POSSIBLE COMPLICATIONS OF UPPER ENDOSCOPY?

Endoscopy is safe. Complications can occur, but are rare when the test is performed by physicians with specialized training and experience in this procedure. 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 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 or lung diseases. Major complications, e.g. perforation (a tear that might require surgery for repair) are very uncommon; they occur less often than once in 10,000 tests.