Upper Endoscopy

**What is endoscopy?**
Upper endoscopy enables the healthcare provider to look inside the esophagus, stomach, and duodenum (first part of the small intestine). The procedure might be used to discover the reason for swallowing difficulties, nausea, vomiting, reflux, bleeding, indigestion, abdominal pain, or chest pain. Upper endoscopy is also called EGD, which stands for esophagogastroduodenoscopy.

**What is the procedure like?**
To perform the upper endoscopy, the patient will swallow a thin, flexible, lighted tube called an endoscope. Right before the procedure the healthcare provider will spray the patient’s throat with a numbing agent that may help prevent gagging. The patient may also receive pain medicine and a sedative to help them relax during the exam. The endoscope transmits an image of the inside of the esophagus, stomach, and duodenum, so the healthcare provider can carefully examine the lining of these organs. The scope also blows air into the stomach, expanding the folds of tissue and making it easier for the healthcare provider to examine the stomach.

The healthcare provider can see abnormalities, like inflammation or bleeding, through the endoscope that do not show up well on x-rays. The healthcare provider can also insert instruments into the scope to treat bleeding abnormalities or remove samples of tissue (biopsy) for further tests.

The procedure takes 20–30 minutes. Because the patient will be sedated, they will need to rest at the endoscopy facility for 1–2 hours until the medication wears off.

**Preparation**
The patient’s stomach and duodenum must be empty for the procedure to be thorough and safe, so they will not be able to eat or drink anything for at least six hours beforehand. The patient must arrange for someone to take them home after the procedure as they will not be allowed to drive because of the sedatives. The patient’s healthcare provider may give other special instructions.

**How is the biopsy diagnosed at the lab?**
The patient’s healthcare provider will remove part or all of the suspicious tissue and send it to a pathology laboratory. There, the tissue is processed on glass slides and reviewed by a pathologist, a doctor who has specialized in the diagnosis of disease. At Inform Diagnostics, all of the pathologists have specialized in a specific area of sub-specialty, such as GI pathology for conditions of the digestive system.

The pathologist looks for abnormal cellular changes under the microscope. He or she interprets the microscopic results in the context of the clinical information provided by the healthcare provider. Some cases require additional special analysis to evaluate proteins, RNA or DNA.
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At Inform Diagnostics, unusual and difficult cases are reviewed together by our specialists at large multi-headed microscopes to ensure the most accurate and definitive diagnoses.

What are the risks of this procedure?
Although most patients need to be sedated for endoscopy, sedation is usually safe. Complications are uncommon, and usually mild and short-lasting. They include feeling sick or being sick; a burning sensation where the sedative was injected; breathing problems; an irregular or slow heartbeat; low blood pressure; or saliva or food falling into the lungs.

If a biopsy is also performed, the risk of infection increases, but most infections are minor and can be treated with antibiotics. Medications such as blood-thinners may also need to be stopped for a short time after the test.

However, full recovery by the next day is normal. Endoscopy rarely causes serious complications. But, if severe abdominal pain, fever, bloody stools, dizziness, or weakness occur, the patient should contact their healthcare provider immediately.