PREPARATION FOR THE TEST

DATE OF EXAM:	
ГІМЕ:	
REPORT AT:	
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Do not eat or drink after midnight to ensure that the stomach is empty for the procedure. You may take approved medications with small sips of clear liquids up to 3 hours prior to your procedure.

Your adult driver must stay with you and drive you home. The total time will be about 3 hours.

Your doctor will talk to you about any adjustments of medications which you might be taking.

If you have any questions, please call our office.

If you take Coumadin (Warfarin), Plavix, Lovenox, Aggrenox or other "blood thinners", please alert your doctor or nurse at time of scheduling.

Atrium Health
Gastroenterology & Hepatology Kenilworth
1225 Harding Place, Suite 5100
Charlotte, North Carolina 28204
704-355-8850

Atrium Health Gastroenterology & Hepatology MMP 1025 Morehead Medical Drive, Suite 300 Charlotte, North Carolina 28204 704-355-4593

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Atrium Health Gastroenterology & Hepatology Union West 1100 Healing Way, Suite 21 Matthews, NC 28104 980-993-1770

Atrium Health Gastroenterology & Hepatology-University
101 East WT Harris Blvd., Suite 3301
Charlotte, NC 28262
Phone 704-863-1400

Outpatient Upper Endoscopy Instructions

Carolinas Gastroenterology Centers www.carolinashealthcare.org/carolinas-gastroenterology-centers

Ballantyne • 15110 John J. Delaney Dr., Suite 120 Charlotte, NC 28277 704-512-2140

Atrium Health Endoscopy Center Kenilworth 1225 Harding Place • Suite 5200 Charlotte, NC 28204 704-355-4178

Atrium Health Main • 1000 Blythe Blvd. 4th Floor Endoscopy Unit Charlotte, NC 28203

Atrium Health Pineville - Pineville • 10628 Park Rd., 1st Floor Endoscopy Unit Charlotte, NC 28210

Atrium Health Mercy - Mercy • 2001 Vail Avenue Charlotte, NC 28207

Pineville Endoscopy Center • 10520 Park Rd., Suite 105 Charlotte, NC 28210 704-927-5756

Huntersville Endoscopy Center • 16455 Statesville Rd., Suite 114 Huntersville, NC 28078 704-237-9290

Atrium Health Union West • 1000 Healing Way, Endoscopy Suite Matthews, NC 28104

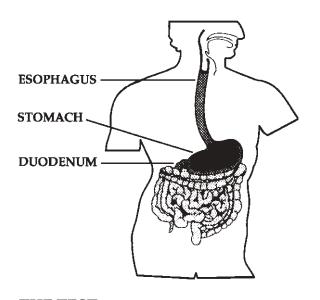
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FORM #DH-796 (11/22)

UPPER ENDOSCOPY



THE TEST

Upper endoscopy (also called esophagogastroduodenoscopy or EGD) is a procedure in which a flexible tube is swallowed in order that your physician may examine your esophagus (swallowing tube), stomach and duodenum (first part of the small intestine).

REASONS FOR THE TEST

Upper endoscopy may be performed to evaluate the following problems:

- Nausea and vomiting
- Upper abdominal pain
- Feeding Tube insertion

- Difficulty swallowing or painful swallowing
- Bleeding from the esophagus, stomach or duodenum
- Abnormal X-rays of the upper digestive tract (e.g., a stomach ulcer or tumor)
- Iron deficiency anemia

In addition, different instruments can be passed through the endoscope for the purpose of biopsy or treatment of certain conditions of the upper intestinal tract. Conditions that may be treated include bleeding ulcers and/or polyps (abnormal growths). Objects caught in the esophagus may also be removed with the endoscope.

WHAT HAPPENS DURING ENDOSCOPY?

An IV will be started prior to the procedure and monitors will be connected so that your blood pressure and respiration can be monitored during the test. You will be lying on your left side during the procedure. Medication will then be given through your IV to sedate you. Next a thin flexible tube is put into your mouth so that the doctor can see your digestive tract from the inside. The procedure takes 15 to 30 minutes to perform.

AFTERWARDS

You will be monitored in a recovery area until most of the effects of the medications have worn off. This is usually for about 30 to 60 minutes. Your throat may be slightly sore after the test and you may feel bloated right after the procedure due to the air placed in your stomach during the test. You will be able to resume your usual diet after the test unless your doctor tells you otherwise.

POSSIBLE COMPLICATIONS OF UPPER ENDOSCOPY

Upper endoscopy is a safe procedure. Although complications can occur, they are rare when the procedure is performed by a physician who has been specially trained in the procedure. Major complications include bleeding, (3 per 10,000), when a biopsy is performed or a polyp removed; and perforation, (3 per 10,000), which is a tear in the lining of the gastrointestinal tract which could require surgery for repair. Other potential risks include reactions to the sedatives used. One minor complication which can occur is irritation of the vein at the site of the IV. This is not dangerous and goes away in a few weeks.