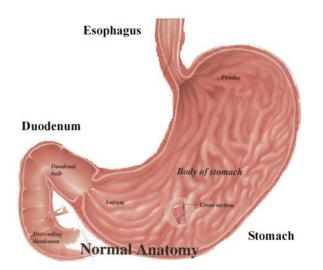
What is an EGD

Esophagogastroduodenoscopy, also known as EGD, is an endoscopic procedure, using a flexible tube, that allows a physician to view the lining of the esophagus, stomach and duodenum. It is generally performed under sedation to avoid significant discomfort. Your doctor may have recommended this procedure as part of a screening program or in response to symptoms you have been experiencing.



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COMMITTED TO EXCELLENCE

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WHAT YOU NEED TO KNOW



Reasons for EGD

Esophagogastroduodenoscopy (EGD) is indicated for the evaluation of the upper digestive tract which consists of the Esophagus, Stomach and Duodenum.

<u>Screening</u>: While the incidence of gastric and esophageal cancer is relatively low in this country certain individuals can be identified with a higher risk for these types of cancer.

<u>Diagnosis</u>: When an EGD is performed because of signs of disease or because of symptoms, it is referred to as a diagnostic EGD. Important signs include pain, nausea or vomiting, anemia or blood in the stool. When abnormal findings are encountered, biopsies can be obtained for pathologic diagnosis. Some of the abnormalities that can be identified on EGD include:

Ulcers Hiatal Hernia Polyps

Esophagitis Duodenitis Gastritis

Cancer Angiodysplasia

<u>Treatment</u>: The esophagoscope can be used to remove polyps, control bleeding and enlarge narrowed areas (referred to as strictures). These can usually be performed at the time of a diagnostic or screening EGD.

RISKS OF EGD

Just about every procedure or test in medicine has known and unknown risks. While EGD is generally quite safe, complications have been known to occur. These may be related to the underlying disease process or to the procedure itself and may include bleeding, perforation, aspiration, the inability to complete the procedure and missed pathology. While these potential risks are quite rare they do need to be considered in deciding to proceed with any procedure.

Sedation: The use of IV sedation allows this procedure to be accomplished with minimal discomfort to you. Since it involves the use of medications with side effects that are dependent upon dose and individual sensitivity, special training in their use is required. The most significant side effects include cardiac arrhythmias, respiratory arrest, and nausea. Because of this your heart and respiratory function are closely monitored during the procedure. Overall the incidence of these complications is quite low.

You should not plan to drive or operate dangerous machinery for the rest of the day following the procedure.

ALTERNATIVES TO ESOPHAGOGASTRO-DUODENOSCOPY

While there are other ways to study the upper digestive tract, none are equivalent in all aspects. Other studies include:

Barium swallow— is less sensitive at identifying diseases of the lining of the esophagus and stomach than EGD and does not provide the ability to treat. The test does provide information that may not be obtained from endoscopy and therefore you may have both studies ordered.

PREPARATION FOR EGD

At noon the day prior to your EGD, your diet needs to be limited to Clear Liquids. You should have nothing by mouth after Midnight, the night prior to the procedure. Following your EGD you can expect to pass a significant amount of gas. This is normal. If you should begin to develop nausea, vomiting, or increased abdominal pain, please call the office and I will be notified. In the event I am unavailable there will be a surgeon on call or you will be referred to the emergency room.

If you take **Aspirin**, this will need to be held for 1 week prior to the endoscopy. If you are taking **Coumadin**, specific instructions will be given to you.

CLEAR LIQUID DIET

- *Jello (avoid red Jellos)
- * Water * Broth
- * Fruit juice * Clear colored Sodas
- * Tea, Coffee no milk added