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ENDOSCOPY:

Upper endoscopy enables the physician 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 esophago-gastro-duodenoscopy.

For the procedure you will swallow a thin, flexible, lighted tube called an endoscope. Right before the procedure the physician will spray your throat with a numbing agent that may help prevent gagging. The endoscope transmits an image of the inside of the esophagus, stomach, and duodenum, so the physician can carefully examine the lining of these organs. The scope also blows air into the stomach; this expands the folds of tissue and makes it easier for the physician to examine the stomach.

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

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

PREPARATION:

Your stomach and duodenum must be empty for the procedure to be thorough and safe, so you will not be able to eat or drink anything for at least 6 to 8 hours beforehand. The doctor will give you instructions on fasting. The physician instructs the patient about the use of regular medications, including blood thinners, before the exam.

PROCEDURE:

An endoscopy is usually performed on an outpatient basis. You will be asked to change into a hospital gown and a small IV line will be placed into a vein in your arm. You will be mildly sedated to help you relax and make you drowsy.

The examination will be done and the scope will be passed through your throat and should cause little or no discomfort. Your heart rate and breathing are monitored throughout the procedure. The procedure takes 15 to 30 minutes and is seldom remembered by the sedated patient.

AFTER THE PROCEDURE:

Because you will be mildly sedated, you will need to rest at the endoscopy facility until the medication wears off. You will be in the recovery area so the nursing staff can monitor vital signs until you are fully awake, approximately one hour. During this time, the doctor will speak with your family to let you know exactly what was found. You will be able to eat after the medication has worn off. Since you were given a sedative, you will NOT be able to drive. It is imperative you have some one to drive you home.

SIDE EFFECTS AND COMPLICATIONS:

A temporary, mild throat irritation sometimes occurs after the exam. Serious risks with upper GI endoscopy, however, are very uncommon. One such risk is excessive bleeding, especially with removal of a large polyp. In extremely rare instances, a perforation, or tear, in the esophagus or stomach wall can occur. These complications may require hospitalization and, rarely, surgery.

POST ENDOSCOPY INSTRUCTIONS:

- Do not drive a car or operate machinery for at least twelve hours (12) after the examination.
- You should not do strenuous activity or exercise for at least 24 hours.
- You may eat and drink normally, unless you are instructed otherwise.
- Do not take aspirin for one week, if a polyp has been removed.

This is a safe procedure and gives the physician a great deal of information which will let her help you. If you have questions, concerns or problems, please call our office at 210-268-0120 or 210-656-3070.