

Recovery from Procedure

After the endoscopy, you will be observed for one to two hours while the sedative medication wears off.

The medication can cause most people to temporarily feel tired or have difficulty concentrating and you should not drive or return to work after the procedure.

The most common discomfort after the examination is a feeling of bloating as a result of the air introduced during the examination. This usually resolves quickly. Some patients also have a mild sore throat. Most patients are able to eat shortly after the examination.



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SBS Foundation

Educational Series

Upper Endoscopy



Short
Bowel
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Foundation

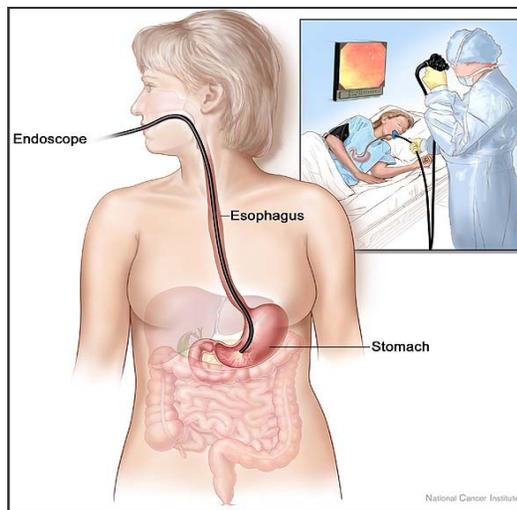
*Empowering patients to live fuller
lives, creating a lifeline of hope.*

Introduction

An endoscopy is a procedure that allows a gastroenterologist to directly examine the upper part of the gastrointestinal (GI) tract. The upper GI tract includes the:

- Esophagus (swallowing tube)
- Stomach
- Duodenum (the first section of the small intestine)

The Gastroenterologist is primarily looking for inflammation (redness, irritation), bleeding, ulcers, or tumors.



What to Expect

1. Prior to the endoscopy, the staff will review your medical and surgical history, including current medications and you will sign consent.
2. Before signing the consent, you should understand all the benefits and risks of the procedure, and should have all of your questions answered.
3. You will be given a combination of a sedative (to help you relax), and a narcotic (to prevent discomfort).
4. Your vital signs will be monitored before, during, and after the examination. The monitoring is not painful.
5. Oxygen is often given during the procedure through a small tube that sits under the nose and is fitted around the ears or the patient will be intubated if under general anesthesia.
6. The procedure typically takes between 10 and 20 minutes to complete, while you lie on your left side. The physician will give a medication to numb the throat (either a gargle or a spray). A plastic mouth guard is placed between the teeth to prevent damage to the teeth and scope.
7. The endoscopist may take tissue samples called biopsies, or perform specific treatments

Preparing for the Procedure

- You may be asked not to eat or drink anything for up to eight hours before the test.
- It is important for your stomach to be empty to allow visualization of the entire area and to decrease the possibility aspiration.
- You may be asked to adjust the dose of your medications or to stop specific medications (such as aspirin-like drugs) temporarily before the examination.
- You should arrange for a friend or family member to escort you home after the examination.
- The medications used for sedation cause temporary changes in the reflexes and judgment and interfere with your ability to drive or make decisions.

Reasons for an Upper Endoscopy

- Unexplained discomfort in the upper abdomen
- Gastroesophageal reflux disease
- Persistent nausea and vomiting
- Upper GI bleeding
- Bleeding can be treated during the endoscopy.
- Difficulty swallowing
- Food/Liquids getting stuck in the esophagus during swallowing. This may be caused by a narrowing (stricture). The stricture may be dilated with special balloons or dilation tubes during the endoscopy.
- Abnormal or unclear findings on an upper GI x-ray, CT scan or MRI.
- Removal of a foreign body (a swallowed object).
- To check healing or progress on previously found polyps (growths), tumors, or ulcers.