GASTROENTEROLOGY ASSOCIATES OF VENICE AND ENGLEWOOD
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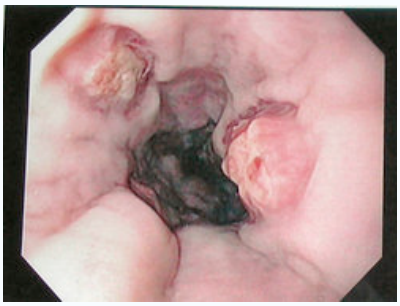
Esophagogastroduodenoscopy



In medicine (gastroenterology) **esophagogastroduodenoscopy** is a diagnostic endoscopic procedure that visualises the upper part of the gastrointestinal tract up to the duodenum. It is considered a minimally invasive procedure since it does not require an incision into one of the major body cavities and does not require any significant recovery after the procedure (unless sedation or anesthesia has been used). A sore throat is also common

Alternative names

Esophagogastroduodenoscopy may be abbreviated **EGD**, or **OGD** if one uses the British spelling 'oesophago-'. It is also called **upper GI endoscopy** (UGIE), **gastroscopy** or simply **endoscopy** (since it is the most commonly performed type of endoscopy, the ambiguous term 'endoscopy' refers to EGD by default).

Indications

Diagnostic

- Unexplained anemia (usually along with a colonoscopy)
- Upper gastrointestinal bleeding as evidenced by hemetemesis or melena
- Persistent dyspepsia in patients over the age of 40-45 years

- Heartburn and chronic acid reflux - this can lead to a precancerous lesion called Barrett's esophagus
- Persistent vomiting
- Dysphagia - difficulty in swallowing
- Odynophagia - painful swallowing
- Surveillance of Barrett's esophagus
- Surveillance of gastric ulcer or duodenal ulcer
- Occasionally after gastric surgery
- Abnormal barium swallow or barium meal

Therapeutic

- Treatment (banding/sclerotherapy) of esophageal varices
- Injection of liquids through a needle (e.g. adrenalin in bleeding lesions)
- Cutting off of larger pieces of tissue with a snare device (e.g. polyps, endoscopic mucosal resection)
- Application of cautery to tissues
- Retrieval of foreign bodies that have been ingested
- Tamponade of bleeding esophageal varices with a balloon
- Application of photodynamic therapy for treatment of esophageal malignancies
- Endoscopic drainage of pancreatic pseudocyst
- Tightening the lower esophageal sphincter.

Newer interventions

- Endoscopic trans-gastric laparoscopy
- Instillation of gastric balloons in bariatric surgery

Procedure

The patient is told not to eat for at least 4-6 hours before the procedure. Procedure is done in the Center of Surgical Excellence under conscious sedation with Board Certified Anesthesiologist. An intravenous line is placed in the patients forearm for giving medicine before the procedure. Your vital signs are monitored including blood pressure, heart rate, oxygen saturation throughout the procedure to make it a safe procedure. Informed consent is obtained before the procedure. The main risks are bleeding and perforation. The risk is increased when a biopsy or other intervention is performed.

The patient lies on his/her left side with the head resting comfortably on a pillow. A mouth-guard is placed between the teeth, partly to protect the patient's teeth but more importantly to prevent the patient from biting on the very expensive endoscope. The endoscope is then passed over the tongue and into the orpharynx. This is the most uncomfortable stage for the patient. Quick and gentle manipulation under vision guides the endoscope into the esophagus. The

endoscope is gradually advanced down the esophagus making note of any pathology. Excessive insufflation of the stomach is avoided at this stage. The endoscope is quickly passed through the stomach and through the pylorus to examine the first and second parts of the duodenum. Once this has been completed, the endoscope is withdrawn into the stomach and a more thorough examination is performed including a J-maneouvre. This involves bending the tip of the scope so it resembles a 'J' shape in order to examine the fundus. Any additional procedures are performed at this stage. The air in the stomach is aspirated before removing the endoscope. Still photographs are made during the procedure and later given

to the patient to help explain any findings.

In its most basic use, the endoscope is used to *inspect* the lining of the digestive tract. Often inspection alone is sufficient, but biopsy is a very valuable adjunct to endoscopy. Small biopsies can be made with a pincer (biopsy forceps) which is passed through the scope and allows sampling of 1 to 3 mm pieces of tissue under direct vision. The intestinal mucosa heals quickly from such biopsies.

Biopsy allows the pathologist to render an opinion on later histologic examination of the biopsy tissue with light microscopy and/or immunohistochemistry. Biopsied material can also be tested on urease to identify Helicobacter pylori.

Limitations

Problems of gastrointestinal *function* are usually not well diagnosed by endoscopy since *motion* or *secretion* of the gastrointestinal tract are not easily inspected by EGD. Nonetheless, findings such as excess fluid or poor motion of gut during endoscopy can be suggestive of disorders of function. Irritable bowel syndrome and functional dyspepsia is not diagnosed with EGD, but EGD may be helpful in excluding other diseases that mimic these common disorders.

Getting Ready for the Test

- **The night before the test**
  - Do not eat or drink anything after midnight**.**

- **The day of the test**
  - You may take your medications a few hours before the test after discussing with your Doctor with a sip of water.
  - Wear loose fitting comfortable clothes.
  - Avoid wearing girdles, pantyhose or tight fitting clothes.
  - Be at the Center of Surgical Excellence as suggested by the staff the day of your test. Bring with you any papers and insurance information and a list of your medications.

- Your family can wait in the waiting area until you are done with your EGD. Your doctor or nurse can then find them to let them know how the test went. If your family leaves during the test, ask them to leave a phone number where they can be reached.

- **After the Endoscopy**
  - You will be watched for 30 to 60 minutes after the EGD. Your vital signs will be monitored during this time to make sure that you are ready to go home. The Doctor will talk to you and your family before you go home to inform you of the preliminary findings of the endoscopy.
  - After you endoscopy you will need someone to drive you home. You may not drive yourself.

- **CALL 941-412-2100 IF:**
- You cannot make it to your EGD appointment on time.
- You get sick (a cold or flu) or have a temperature.
- The problems for which you are having the EGD get worse.
- You have abdominal (belly) pain or vomiting (throwing up) that is getting worse.
- You have questions or concerns about your illness, medicine, or the GI endoscopy.