



**200 West Pearl Street, Findlay, OH 45840**

## **UPPER ENDOSCOPY**

Upper endoscopy is a procedure to directly view the inside lining of the upper portion of the gastrointestinal tract. With this tube we are able to see the esophagus (the tube through which food passes to the stomach), the stomach, and the very first part of the small bowel called the duodenum.

**INDICATIONS INCLUDE:** Looking at the esophagus, stomach, or small bowel to confirm inflammation related to acid or other causes, a source of bleeding, search for a cause of chronic or acute pain, to investigate abnormalities found during an x-ray study, to R/O carcinoma, to look for chronic changes in the esophagus which might lead to an increased risk of cancer of the esophagus, and many other less common indications. If a person is having trouble swallowing, a narrowing of the esophagus is found. This can often be dilated to normal size the same day the procedure is performed.

This procedure is the most accurate way to look at the upper gastrointestinal tract. During the test we can also take photographs to document abnormalities or take small pieces of tissue or remove polyps to look at under the microscope.

**PREPARATION:** The only preparation for an upper endoscopy normally includes having an empty stomach, which is fairly simple. This simply means nothing to eat or drink after midnight prior to the procedure. There are rare exceptions where the stomach does not empty properly and food remains in the stomach longer than normal where we might ask a person to remain on clear liquids for 24-48 hours prior to the procedure. These cases are rare.

Certain medications may or may not need to be held prior to the procedure:

- *Aspirin* may or may not be held depending upon what is planned – i.e. whether a biopsy or dilatation of the esophagus might be performed.  
The physician performing the procedure will decide if you need to hold your aspirin or not. Be sure to inform the secretary if you do take aspirin on a regular basis.
- *Arthritis medications.* These may or may not be held for several days prior to the procedure.
- *Coumadin.* This medication will almost always need to be held prior to the procedure.

**Be sure to inform the secretary if you take any of these medications.**

**DAY OF THE PROCEDURE:** The procedures are done at several different facilities in Findlay. You will be instructed where to come. You should bring all of your medications with you on the day of the procedure. On your arrival, you will be checked in by one of the nursing staff. They will take a history and vital signs and start an intravenous access site. This will give us a route to give you your medication prior to the procedure. They will also have you change into a hospital gown in preparation for the procedure. After an explanation of the procedure, you will be given a consent form to proceed with the procedure. You will be given time to read this consent form. It will also be gone over by the physician or his associate prior to the procedure. There will be a brief exam of the heart and lungs, as well as vital signs.

You will be given a spray to partially numb your throat. You will then be placed on your left side and be given one or perhaps several medications, depending upon your age, previous medication allergy history, etc. The purpose if this medication is to relax you during the procedure and to control any discomfort you might have.

PLEASE SEE OTHER SIDE

This is called conscious sedation – is not general anesthesia. You will be able to watch the procedure on the television screen, although you may or may not remember it. A tube, which is approximately one centimeter in diameter, will be introduced through the mouth. This will be guided into the esophagus, and then the esophagus, stomach, and first part of the small bowel will be viewed. During this time there will be a piece of plastic around the tube and between your teeth to prevent any damage to the tube.

If a narrowing of the esophagus is found, it will usually be biopsied, even if it does look totally benign. A guide wire can then be placed through the scope and after removal of the scope, a series of tubes called dilators will be passed over the guide wire to stretch it back to normal size. At the termination of the procedure, all tubes, guide wires, and dilators are removed, and you will be taken to the recovery area usually for a period of approximately 30 minutes to recover.

**RISKS OF THE PROCEDURE** are several, but the risks are very rare. There is a very low risk of perforation of the esophagus, stomach, or small bowel. This occurs approximately one in 10,000 times with simply looking, and a somewhat higher rate if the esophagus is being dilated. There is a very low risk of some bleeding if biopsies or dilatation are performed. Since we are working around the mouth, there is always a small risk of fluid getting into the windpipe. This is very rare and can be suctioned. This can occasionally lead to a pneumonia called aspiration pneumonia. Whenever medications are given in the vein, there is always a slight risk of medication reaction or problem with breathing related to the sedation. The personnel involved in the procedure have been trained to handle these problems. There are other very rare problems such as reaction to intravenous medications, infections, injury to the vocal cords, etc., but these are extremely rare. After the procedure you will be taken to the recovery room. There your vital signs and blood oxygen will be monitored as they were during the procedure. You will be placed in a position to make you comfortable and allow the medication to wear off. The time in the recovery room is usually about 30 minutes. Since you have been sedated, **YOU WILL NOT BE ABLE TO DRIVE YOURSELF HOME. YOU WILL NEED TO HAVE SOMEONE AVAILABLE TO DRIVE YOU HOME.** Since you have been sedated and your reflexes will not react normally, you should probably not plan to drive, operate power equipment, etc., until the following morning.

Any polyps or tissue that have been removed will be looked at microscopically. It may take two or three working days for these results to return to our office. **WE WILL CALL YOU WITH PATHOLOGY RESULTS. IF YOU HAVE NOT HEARD FROM US WITHIN ONE WEEK, CALL THE OFFICE TO BE CERTAIN WE HAVE RECEIVED A REPORT AND THAT IT HAS NOT BEEN MISFILED, ETC. WE WILL ALWAYS CALL YOU WHETHER THE REPORT IS NORMAL OR ABNORMAL.**

You will be given a sheet with specific discharge instructions for you. This will include our findings, whether we have removed any tissue, and specific recommendations for diet, medication, and follow-up.

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