



术前准备

Planning for the Procedure

- 当日登记到及离院您必有一位年 18 或以上的人作司机陪同。如果登记到没有司机陪同，我们会需要重新安排。此人必须在整个期间留在病区等候，可以随时待命，一旦您准备好离院即可离开。如果此人不在病区，您将无法离开。因做完后您的判断力将会受到影响，所以如果没有其他任的成人在陪同，您不可以自行搭乘公共交通工具、出租车，或者甚至是走路回家。

You must have a driver who is 18 years or older present at check in and discharge. If you do not have a driver with you at check in, we will need to reschedule your appointment. This person must remain in the unit during your entire visit so that they are available as soon as you are ready to be discharged. You will not be discharged unless this person is in the unit. Because your judgment may be impaired after this procedure, you will not be released to take public transportation, a taxicab, or even walk home without another responsible adult present to accompany you.

- 完成整个可能需 3 到 4 小时。嘱咐您的司机在整个过程中他必留在医院。

The entire procedure appointment may take at least 3 to 4 hours to complete. Please advise your driver that they will need to remain in the facility for the duration of the procedure.

- 如果您有糖尿病，有关食和物的注意事项咨您的医保健提供者。If you have diabetes, ask your health care provider for diet and medicine instructions.
- 如果您有吞咽困难，胃轻瘫或者贲门失弛缓症，请见第二页说明中的“特殊考量”。

If you have dysphagia, gastroparesis or achalasia, please see the "Special Considerations" instructions on page 2.

- 观看描述 EGD 的风险和益的视频

View the video describing risks and benefits of EGD

链接: <http://michmed.org/eaLgY>

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- 如果您必须取消或重新安排，请尽快打内呼叫中心的：734-936-9250 或免 877-758-2626。

If you must cancel or reschedule your appointment, please call the Endoscopy Call Center as soon as possible at 734-936-9250 or toll-free 877-758-2626.

以下是您所服用药物和准备事项的注意事。

Following are your instructions for taking medicines and preparing for your procedure.

格遵循注意事，以确保成功。

Follow the instructions carefully to ensure a successful exam.

上消化道内前 7 天：

7 days before your upper endoscopy：

- 如果您正服用阿司匹林或非甾体类抗炎（NSAIDs）类药物，如 Advil、Motrin、Celebrex 或 ibuprofen，您可以照常服用。If you take aspirin or NSAIDs such as Advil, Motrin, Celebrex, or ibuprofen, you may continue to take them as usual.
- 如果您服用如 Plavix、Pradaxa、Clopidogrel、Coumadin、warfarin、Effient、Prasugrel 或 Lovenox 等血液稀，具体注意事咨您的医保健提供者。
If you take a blood thinner like Plavix, Pradaxa, Clopidogrel, Coumadin, warfarin, Effient, Prasugrel or Lovenox ask your health care provider for specific instructions.

上消化道内前 1 天：

1 day before your upper endoscopy：

您可以在前一天正常食。

You may have your normal diet the day before the procedure.

特殊考量：

Special considerations:

吞咽困难和胃轻瘫

Dysphagia & Gastroparesis

- 如果您的内窥镜预约时间是在中午 12 点以前，请在前一天晚上午夜之后禁食。

If your Endoscopy Appointment is scheduled to take place before 12pm, do not eat or drink after midnight the night before.

- 如果您的内窥镜预约时间是在中午 12 点或之后，您在预约时间之前的 8 小时可以喝澄清流质。

If your Endoscopy Appointment is scheduled to take place at 12pm or later, you may have clear liquids up to 8 hours before your scheduled appointment time.

贲门失弛缓症

Achalasia

- 您在做检查的前一天只能喝澄清流质；午夜后请禁食。You may only have clear liquids the day before your procedure; do not eat or drink after midnight. You may only have clear liquids the day before your procedure; do not eat or drink after midnight.

上消化道内窥镜检查当日：

Day of your upper endoscopy：

检查前 8 小时停止进食所有固体食物。可以用澄清流质。

Stop eating all solid foods 8 hours before your procedure. Clear liquids are acceptable to drink.

<p>允许的澄清流质：</p> <p>Allowed Clear Liquids：</p> <ul style="list-style-type: none">• 佳得乐 (Gatorade)、Pedialyte 或 Powerade Gatorade, Pedialyte or Powerade• 咖啡或茶 (无牛奶或非乳制奶精) Coffee or tea (no milk or non-dairy creamer)• 碳酸和非碳酸软饮料 Carbonated and non-carbonated soft drinks	<p>非澄清流质 —— 不允许</p> <p>Non-Clear liquids – Not allowed</p> <ul style="list-style-type: none">• 肉、牛肉或蔬菜清汤 Chicken, beef or vegetable broth• 任何红色或紫色的流质 Red or purple items of any kind• 酒类 alcohol• 牛奶或非乳制奶精 Milk or non-dairy creamers
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<ul style="list-style-type: none"> • Kool-Aid 或其他水果味饮料 Kool-Aid or other fruit-flavored drinks • 苹果汁、白蔓越莓或白葡萄汁 Apple juice, white cranberry, or white grape juice • 果冻 Jell-O (明胶) 或冰棒 Jell-O (gelatin) or popsicles 	<ul style="list-style-type: none"> • 含有果肉的果汁 Juice with pulp • 硬糖果 Hard candy • 任何看起来不透明的液体 Any liquid you cannot see through
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- 直到术前 4 小时，您可以用 4 盎司水，像往常一样服用所有早晨服用的药物（糖尿病口服药除外）。

You may take all of your morning medicines (except for oral diabetes pills) as usual with 4 oz. of water up to 4 hours before your procedure.

- 如果你服用糖尿病口服药（药片）：在术当天的早晨不要服用此药物。

If you take oral diabetes medicine (pills): **do not** take the medicine the morning of your test.

- 如果您有糖尿病，并且在用口服或注射药物，但不使用泵，请遵循分发材料中的注意事项：医学科的指南：不使用胰岛素的成人的指南

If you have diabetes and you take oral or injectable medicines but do not use a pump, follow the instructions in the handout: Preparing for a Medical Procedure: Guidelines for Adults not on Insulin Pumps:
<http://www.med.umich.edu/1libr/MEND/Diabetes-PreOpAdultsNoPump.pdf>

- 如果您患有糖尿病并使用胰岛素泵，请遵循分发材料中的注意事项：医学科的指南：使用胰岛素的成人的指南

If you have diabetes and use an insulin pump, follow the instructions in the handout: Preparing for a Medical Procedure: Guidelines for Adults on Insulin Pumps:
<http://www.med.umich.edu/1libr/MEND/Diabetes-PreOpInsulinPumpAdults.pdf>

术前 2 小时

2 hours before your procedure

- 停止嚼口香糖 Stop chewing gum
- 停止饮用所有澄清液体 Stop drinking all clear liquids

带上您目前所服药物的清单，包括所有非处方药。

Bring a list of all of your current medicines with you, including any over-the counter medicines.

我什么时候致呼叫中心？

When should I call the call center?

如果您在预约的 48 小时内生病和出现以下任何症状，致呼叫中心（734）936-9250：

If you have been ill and have had any of the following symptoms within 48 hours of your appointment, please call the call center at (734) 936-9250:

- 体温超过 100.6
Fever greater than 100.6
- 咳嗽咳痰（咳嗽并有痰液产生）
Productive cough (where your cough is producing phlegm)
- 腹泻
Diarrhea
- 呕吐（与服用肠道清肠液无关）
Vomiting (not related to taking the bowel prep)

→ 翻阅了解上消化道内镜的益处、风险和替代方案：

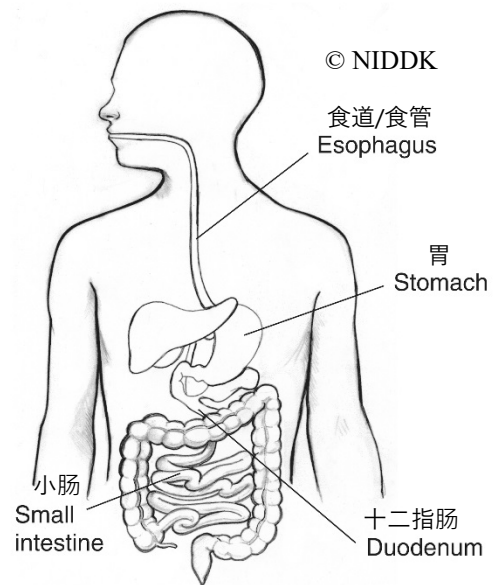
→ Turn the page to learn about the benefits, risks and alternatives for Upper Endoscopy :

上消化道内窥 (EGD) 有哪些益处、风险和替代方案？

What are the Benefits, Risks and Alternatives for an Upper Endoscopy (EGD)? (Chinese)

在开始之前，我们的成员将请您签署一份知情同意书，以表明您了解此程序、其益处和风险，以及上消化道内窥（也称 EGD 食道胃十二指肠内窥）的替代方案。请本材料或看视频：<http://michmed.org/eaLgY> 以了解知情同意书。

Before starting the procedure, a member of our team will ask you to sign an informed consent indicating that you understand the procedure, its benefits and risks, and the alternatives for an Upper Endoscopy procedure, also called an EGD (Esophago-Gastro-Duodenoscopy). Read this handout or view the video at: <http://michmed.org/eaLgY> to understand your informed consent.



EGD 的目的是什么？

What is the purpose of an EGD?

上消化道内窥是一个程序，医生运用一个被称为内窥的管子通过口腔入到消化系统的上部亦即上消化道来观察内膜。医生能够运用 EGD 来诊断和治疗许多影响食道、胃和第一部分小肠（也称之十二指肠）的症状和病症。

Upper GI endoscopy is a procedure in which a doctor passes a thin tube called an endoscope through your mouth to see the lining of the upper part of your digestive system also upper GI tract. EDG enables doctors to diagnose and treat many symptoms and conditions that affect the esophagus, stomach, and the first part of the small intestine also called duodenum.

EGD 有哪些益处？

What is the benefits of an EGD?

医生能够运用 EGD 看到一些内的内膜，并可多种疾病作出诊断，例如：

An EGD enables doctor to see the lining of these internal organs and diagnose many conditions such as:

- 胃食道反（逆）流疾病（GERD）
Gastroesophageal reflux disease (GERD)
- 溃疡
Ulcers
- 癌症
Cancer
- 炎症或肿胀
Inflammation, or swelling
- 癌前异常病变，如巴雷特（Barrett）食道
Precancerous abnormalities such as Barrett's esophagus
- 乳糜泻
Celiac disease
- 食道狭窄或阻塞
Strictures or narrowing of the esophagus
- 梗阻
Blockages

医生也可以运用内镜送入不同的仪器。这些仪器之一可以取一小块组织进行活检，称活检。对于一些疾病，比如癌症、乳糜泻和胃炎等疾病，需要活检来诊断。其他仪器包括用于治疗狭窄的各种类型的扩张器，或用于治疗出血、肿瘤或异常组织的消融装置。

The endoscopy also enables the doctor to pass different instruments. One of these can obtain a small piece of tissue for testing, this is call a biopsy. Biopsies are needed to diagnose conditions such as cancer, celiac disease and gastritis. Other instruments include various types of dilators for treating strictures, or ablation devices for treating bleeding, tumors, or abnormal tissue.

EGD 有哪些风险？EGD 有哪些风险？

What are the risks of an EGD?

EGD 被认为是一种安全的程序。EGD 并发症的风险很低，但可能包括：

EGD is considered a safe procedure. The risks of complications from an EGD are low, but may include:

- 镇静药物的反应，包括呼吸或心脏问题。

A reaction to the sedating medication, including breathing or heart problems.

- 出血。100 例患者中出血不到 1 例（小于 1%）
Bleeding. Occurs in less than 1 out of 100 patients (less than 1%)
- 穿孔：肠道撕裂或穿孔。100 例患者中出血不到 1 例（小于 1%）。
Perforation: a tear or a hole in bowel. Occurs in less than 1 in 100 patients (less than 1%).
- 感染。100 例患者中出血不到 1 例（小于 1%）
Infection. Occurs in less than 1 out of 100 patients (less than 1%)
- 吸入：胃内容物可吸入肺部，致肺部感染（肺炎）。100 例患者中出血不到 1 例（小于 1%）
Aspiration: stomach contents may get into the lungs leading to a lung infection (pneumonia). Occurs in less than 1 in 100 patients (less than 1%)

需要用血或手术来治疗这些情况是很罕见的。

Rarely blood transfusion or surgery are needed to treat these conditions.

服用类固醇或抗凝物的人，或有某些严重疾病的人的风险比之高。若有做或消融，风险也可能更高。

Risks are higher in people taking steroids or anti-coagulation medicines, or in people that have certain serious diseases. Risks may also be higher when dilation or tissue ablation is performed.

有哪些替代方案？

What are the alternatives?

EGD 的唯一替代方案是其他影像学检查，如从体外照射的 X 光或断层扫描（CT）扫描。虽然影像学检查有助于识别上消化道中的问题，但它无法提供与 EGD 同等程度的详细情况，并且无法进行活检或上述不同情况进行治疗。

The only alternatives to EGD are other imaging tests such as x-rays or CT scans taken from outside the body. While imaging tests can be helpful in identifying problems in the upper GI tract, they are not able to provide the same level of detail as an EGD, and do not allow taking a biopsy or treating different conditions as described above.

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Translation: Michigan Medicine Interpreter Services

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