Planning for the Procedure

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.

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.

If you have diabetes, ask your health care provider for diet and medicine instructions.

View the video describing risks and benefits of EGD

Visit: http://michmed.org/eaLgY

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.
Follow the instructions carefully to ensure a successful exam.

7 days before your upper endoscopy:

- If you take aspirin or NSAIDs such as Advil, Motrin, Celebrex, or ibuprofen, you may continue to take them as usual.
- If you take a blood thinner like Plavix, Pradaxa, Clopidogrel, Coumadin, warfarin, Effient, Prasugrel or Lovenox ask your health care provider for specific instructions.

1 day before your upper endoscopy:

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

Day of your upper endoscopy

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

<table>
<thead>
<tr>
<th>Allowed Clear Liquids</th>
<th>Non-Clear liquids – Not allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gatorade, Pedialyte or Powerade</td>
<td>Chicken, beef or vegetable broth</td>
</tr>
<tr>
<td>Gatorade, Pedialyte or Powerade</td>
<td>Red or purple items of any kind</td>
</tr>
<tr>
<td>Coffee or tea (no milk or non-dairy creamer)</td>
<td>alcohol</td>
</tr>
<tr>
<td>Carbonated and non-carbonated soft drinks</td>
<td>the milk or non-dairy creamers</td>
</tr>
<tr>
<td>the beef or vegetable broth</td>
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</tr>
</tbody>
</table>

Upper Endoscopy (EGD) Prep Instructions
Medical Procedures Unit

- Kool-Aid or other fruit-flavored drinks
- Juice with pulp
- Hard candy
- Apple juice, white cranberry, or white grape juice
- Jell-O (gelatin) or popsicles
- Any liquid you cannot see through
- Any liquid you cannot see through

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.

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

If you have diabetes and use an insulin pump, follow the instructions in the handout: Preparing for a Medical Procedure: Guidelines for Adults not on Insulin Pumps:

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:

Before your procedure

Stop everything by mouth, including all liquids, smoking and chewing gum/mints.

Prepare a list of your medications to bring with you, including any you take without a prescription.
Bring a list of all of your current medicines with you, including any over-the-counter medicines.

When should I call the call center?

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:

- Fever greater than 100.6
- Productive cough (where your cough is producing phlegm)
- Diarrhea
- Vomiting (not related to taking the bowel prep)

Turn the page to learn about the benefits, risks and alternatives for Upper Endoscopy.
What are the Benefits, Risks and Alternatives for an Upper Endoscopy (EGD)? (Arabic)

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.

What is the purpose of an EGD?

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.

What are the benefits of an EGD?

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

- Head and neck cancers
- Ulcers
- Tumors
- Infections
- Inflammations

Before the procedure, the doctor will ask you to start a specific preparation. This preparation is very important to reduce the risk of complications during the procedure.
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.

What are the risks of an EGD?

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

- A reaction to the sedating medication, including breathing or heart problems.
- The perforation: a tear or a hole in bowel. Occurs in less than 1 in 100 patients (less than 1%).
- Perforation: a tear or a hole in bowel. Occurs in less than 1 in 100 patients (less than 1%).
- Infection. Occurs in less than 1 out of 100 patients (less than 1%).
- Thrombus: a clot in the veins. Occurs in less than 1 in 100 patients (less than 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%).

المخاطر تكون أكثر عند الأشخاص الذين يتناولون الإستروييد أو الأدوية المضادة للتحت، أو لدى الأشخاص الذين يعانون من بعض الأمراض الخطيرة. قد تكون المخاطر أكثر أيضًا عند إجراء توسيع أو احتجاث الأنسجة.

Risks are higher in 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.

What are the alternatives?

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.