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.

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

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.

### Special considerations:

**Dysphagia & Gastroparesis**

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

- 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.

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

- 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.

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

- 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.

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

- 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.
### Achalasia

- You may only have clear liquids the day before your procedure; do not eat or drink after midnight.

### Day of your upper endoscopy

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

#### Allowed Clear Liquids:
- Gatorade,
- Pedialyte
- Coffee or tea (no milk or non-dairy creamer)
- Kool-Aid or other fruit-flavored drinks
- Apple juice, white cranberry, or white grape juice
- Jell-O (gelatin) or popsicles

#### Non-Clear liquids – Not allowed:
- Chicken, beef or vegetable broth
- Red or purple items of any kind
- Alcohol
- Milk or non-dairy creamers
- Juice with pulp
- Hard candy
- Any liquid you cannot see through
- Chicken or beef broth
- Tomato or purple items
- Alcoholic beverages
- Juice with pulp
- Hard candy
- 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.

• إذا كنت مصابا بداء السكري وتأخذ أدوية عن طريق الفم أو عن طريق الحقن ولكن لا تستخدم مضخة، اتبع التعليمات الواردة في البيان: التحضير للإجراء الطبي: إرشادات للبالغين المصابين بداء السكري الذين لا يستخدمون مضخة الأنسولين.

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:

http://www.med.umich.edu/1libr/MEND/Diabetes-PreOpAdultsNoPump.pdf

• إذا كنت مصابا بمرض السكري وتشتخدم مضخة الأنسولين، اتبع التعليمات الواردة في البيان: التحضير للإجراء الطبي: إرشادات للبالغين المصابين بداء السكري الذين يستخدمون مضخة الأنسولين.

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-PreOpAdultsNoPump.pdf

قبل إجراء التنظير بساعتين

2 hours before your procedure

• توقف عن تناول كل شيء عن طريق الفم، بما في ذلك جميع السوائل، التدخين و مضى العلامة.

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

أحضر قائمة أدوئتك التي تتناولها حالياً معك ، بما في ذلك أية أدوية تأخذها من دون وصفة طبية.

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

When should I call the call center?

• إذا كنت مريضاً و لديك أي من الأعراض التالية خلال 48 ساعة من موعدك ، فرجى الاتصال بمراكز الاتصال على 100.6 

(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:

• حراري أكثر من 100.6

• السعال المنتج (حيث ينتج السعال البلغم)
Diarrhea

• إسهال

Vomiting (not related to taking the bowel prep)

• القيء (لا يتعلق بأخذ محلول التحضير)

➡️ Turn the page to learn about the benefits, risks and alternatives for Upper Endoscopy
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 a EGD?

An EGD enables doctor to see the lining of these internal organs and diagnose many conditions such as:
• Gastroesophageal reflux disease (GERD)
• Precancerous abnormalities such as Barrett’s esophagus
• Ulcers
• Celiac disease
• Cancer
• Inflammation, or swelling

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.
• Bleeding. Occurs in less than 1 out of 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%).

What are the risks of an EGD?

EGD (endoscopic gastroscopy) 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.
• Bleeding. Occurs in less than 1 out of 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%).

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.
• Bleeding. Occurs in less than 1 out of 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%).

Endoscopy also enables the doctor to pass different instruments. One of these can obtain a small piece of tissue for testing, this is called 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 (endoscopic gastroscopy) 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.
• Bleeding. Occurs in less than 1 out of 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%).

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.
• Bleeding. Occurs in less than 1 out of 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%).

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.
• Bleeding. Occurs in less than 1 out of 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%).

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.
• Bleeding. Occurs in less than 1 out of 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%).

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.
• Bleeding. Occurs in less than 1 out of 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%).

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.
• Bleeding. Occurs in less than 1 out of 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%).

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.
• Bleeding. Occurs in less than 1 out of 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%).
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%).

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.

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.

Disclaimer: This document contains information and/or instructional materials developed by Michigan Medicine for the typical patient with your condition. It may include links to online content that was not created by Michigan Medicine and for which Michigan Medicine does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

Patient Education by Michigan Medicine is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International Public License. Last Revised 8/2021