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

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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.

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

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, you must contact 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.

HepzAle

Follow the instructions carefully to ensure a successful exam.

• NSAIDs: Advil, Motrin, Celebrex, Ibuprofen
• Blood Thinners: Plavix, Pradaxa, Clopidogrel, Coumadin, Warfarin, Effient, Prasugrel, Lovenox

Before your procedure:

- Ensure all medications are taken as directed.
- Avoid excessive caffeine intake.
- Follow any dietary restrictions specified by your provider.

In the hours before your procedure:

- Drink only clear liquids up to 8 hours before the appointment.
- Fast for at least 12 hours before the procedure.

Contact your provider if you have concerns or need additional guidance.
Achalasia

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

Day of your upper endoscopy

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 took oral diabetes pills, you may take them with 4 oz. of water up to 4 hours before your procedure.

 Allowed Clear Liquids:

- Gatorade
- Pedialyte
- Powerade
- Coffee or tea (no milk or non-dairy creamer)
- Carbonated and non-carbonated soft drinks
- 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

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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:

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

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• Before your procedure:
  - Stop chewing gum
  - Stop drinking all clear liquids

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)
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- Hyperglycemia
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)?

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/ealGlY 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. EGD 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:

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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.**
- **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%).
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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%).

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

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.