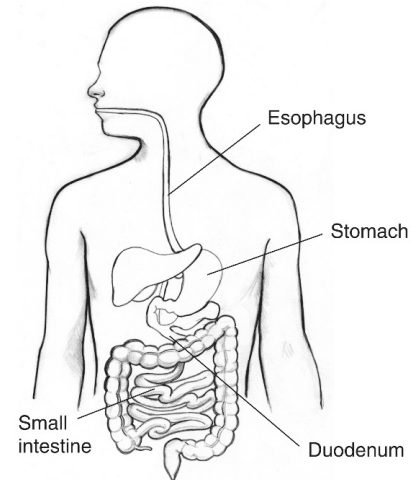


Upper Endoscopy (EGD) Prep Instructions for Gastroparesis and Achalasia

What is the purpose of an upper endoscopy (EGD)?

Upper endoscopy (also called an esophago-gastro-duodenoscopy, or **EGD**) 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 called your **upper GI tract**). EDG helps doctors diagnose and treat many symptoms and conditions that affect the esophagus, stomach, and the first part of the small intestine (called the duodenum).



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What are gastroparesis and achalasia?

Gastroparesis (also called gastric stasis or gastric paralysis) is a condition where your stomach takes too long to empty its contents. This slows the movement of food through your digestive system. It can cause an early feeling of fullness, bloating, nausea, stomach pain, weight loss, or heartburn symptoms.

Achalasia happens when nerves in your esophagus are damaged. Eventually, this causes your esophagus to lose the ability to squeeze food down into the stomach. This can cause food to collect in your esophagus.

For an EGD to be safe and effective, we need to make sure that there is no food in your esophagus or stomach before the procedure. This means that patients with gastroparesis or achalasia will need to have a longer fasting period (going a longer time without eating) before their EGD.

Planning for the procedure

- **You must have a driver** who is 18 years or older with you 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 stay in the unit during your entire visit so that they are available as soon as you are ready to be discharged (cleared to leave the clinic or hospital). 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 to walk home without another responsible adult to go with you.
- The entire procedure appointment may take at least 3-4 hours to complete. Please tell your driver that they must stay in the unit during your entire visit.
- If you have diabetes, ask your health care provider for diet and medicine instructions.
- **View this video describing the risks and benefits of EGD:** bit.ly/MM-EGD
- 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 at (877) 758-2626.

What are my instructions for taking medication and preparing for my procedure?

The timeline table below will help you figure out the days of the week for your prep. First, figure out what day of the week your appointment is. Then highlight or circle the correct row to see your other prep days.

- If you reschedule your appointment, you must redo the timeline table to match your new date.

My appointment is: _____
(Date, day, and time)

Medical Procedures Unit
Upper Endoscopy (EGD) Prep Instructions for Gastroparesis and Achalasia

Timeline table:

My appointment is on:	7 days before is:	4 days before is:	3 days before is:	1 day before is:
Monday	Monday	Thursday	Friday	Sunday
Tuesday	Tuesday	Friday	Saturday	Monday
Wednesday	Wednesday	Saturday	Sunday	Tuesday
Thursday	Thursday	Sunday	Monday	Wednesday
Friday	Friday	Monday	Tuesday	Thursday
Saturday	Saturday	Tuesday	Wednesday	Friday

Follow the instructions below carefully to ensure a successful procedure.

7 days before your endoscopy	Day: _____ (Fill in the day according to the timeline table)
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- 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, such as Plavix[®], Pradaxa[®], Clopidogrel[®], Coumadin[®], warfarin, Effient[®], Prasugrel[®], or Lovenox[®], ask your health care provider for specific instructions.
- Stop taking phentermine (Adipex-P[®], Lomaira[™], Fastin[®], Phentercot[®]) and phentermine and topiramate (Qsymia[®]). These are weight loss medications.
- If you take semaglutide (Ozempic[®], Wegovy[®]), dulaglutide (Trulicity[®]) or tirzepatide (Mounjaro[®]) once a week, stop taking it a week before your procedure.

4 days (96 hours) before your endoscopy	Day: _____ (Fill in the day according to the timeline table)
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- **96 hours before your endoscopy**, stop taking the following diabetic/weight loss medications: ertugliflozin (Steglatro®), ertugliflozin and metformin (Segluromet™), and ertugliflozin and sitagliptin (Steglujan®).
 - If you do not stop taking these medications exactly 96 hours before your endoscopy, your procedure may need to be cancelled and rescheduled.

3 days (72 hours) before your endoscopy	Day: _____ (Fill in the day according to the timeline table)
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- **72 hours before your endoscopy**, stop taking the following diabetic/weight loss medications: empagliflozin (Jardiance®), dapagliflozin (Farxiga®), canagliflozin (Invokana®), dapagliflozin and saxagliptin (Qtern®), dapagliflozin and metformin (Xigduo® XR), canagliflozin and metformin (Invokamet®, Invokamet® XR), empagliflozin and metformin (Synjardy®, Synjardy® XR), and empagliflozin and linagliptin (Glyzambi®).
 - If you do not stop taking these medications exactly 72 hours before your endoscopy, your procedure may need to be cancelled and rescheduled.

1 day (24 hours) before your endoscopy	Day: _____ (Fill in the day according to the timeline table)
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24 hours before your procedure, stop eating all solid foods. You may drink clear liquids. Look at the table below to check which liquids and drinks are allowed on a clear liquid diet.

You may drink these liquids:	Do not drink these liquids:
<ul style="list-style-type: none"> • Water • Gatorade®, Pedialyte®, or Powerade® • Coffee or tea (without milk, cream, or non-dairy creamer) • Carbonated or non-carbonated soda • Fruit-flavored drinks • Apple juice, white cranberry juice, or white grape juice • Jell-O (gelatin) or popsicles 	<ul style="list-style-type: none"> • Chicken, beef, or vegetable broth • Any red or purple liquids • Alcohol • Milk, cream, or non-dairy creamer • Juice with pulp • Any liquid you cannot see through

The day of your endoscopy	Day: _____ (Fill in the day according to the timeline table)
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- If you take semaglutide (Rybelsus®) or liraglutide (Saxenda®) every day, do not take it on the day of your procedure.
- You may take all your morning medications (except for oral diabetes medicine) as usual with 4 oz of water **up to 4 hours before your procedure.**
 - **If you have diabetes and you take oral or injectable medication but you do not use a pump**, follow the instructions in the handout “Preparing for a Medical Procedure: Guidelines for Adults Not on Insulin Pumps” online at med.umich.edu/1libr/MEND/Diabetes-PreOpAdultsNoPump.pdf.
 - **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” online at

med.umich.edu/1libr/MEND/Diabetes-PreOpInsulinPumpAdults.pdf

- **2 hours before your procedure**, stop chewing gum, stop smoking, and stop drinking all liquids.
- Bring a list of all your current medications with you, including over-the-counter medications.

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 Endoscopy Call Center at (734) 936-9250:

- Fever greater than 100.6° F
- Productive cough (your cough brings up a thick fluid)
- Diarrhea or vomiting (that is not related to taking the bowel prep if a colonoscopy is planned or a bowel prep was provided)

→ Turn the page to learn about the benefits, risks, and alternatives for an EGD.



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 a consent form. By signing this form, you are agreeing that we have given you information and you understand the procedure, its benefits and risks, and the alternatives (other options) for an upper endoscopy (EGD). Read this handout or view the video at: bit.ly/MM-EGD to understand your informed consent.

What are the benefits of an EGD?

An EGD helps doctors see the lining of your upper GI tract and its internal organs like the esophagus, stomach, and duodenum. It can help doctors diagnose many conditions, such as:

- Gastroesophageal reflux disease (GERD)
- Ulcers
- Cancer
- Inflammation or swelling
- Precancerous abnormalities, such as Barrett's esophagus
- Celiac disease
- Strictures or narrowing of the esophagus
- Blockages

The endoscopy also allows your doctor to take a **biopsy** (removing a small piece of tissue for testing). Biopsies are needed to diagnose conditions such as cancer, celiac disease, and gastritis. During the endoscopy, your doctor may be able to use other medical devices (like dilators for treating strictures or ablation devices for treating bleeding, tumors, or abnormal tissue) as needed.

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:

- Reaction to the sedation medication (the medication used to relax you during the procedure), including breathing or heart problems
- Bleeding (which occurs in less than 1 in 100 people)
- Perforation, meaning a tear or hole in the digestive tract (which occurs in less than 1 in 100 people)
- Infection (which occurs in less than 1 in 100 people)
- Aspiration, where the contents of the stomach get into the lungs, which may lead to a lung infection called pneumonia (this occurs in less than 1 in 100 people)
- Blood transfusion or surgery may be needed to treat the conditions above (this is rare)

Is there anything that increases my risk?

- Risks are higher if you are taking steroids or blood thinners, or if you have certain serious diseases such as heart failure or severe lung disease.
- Risks may also be higher when the procedure involves removing or expanding tissue through dilation or ablation.

What are the alternatives to an EGD?

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 they do not allow for taking a biopsy or treating different conditions as described above.

Disclaimer: This document contains information and/or instructional materials developed by University of Michigan Health for the typical patient with your condition. It may include links to online content that was not created by U-M Health and for which U-M Health 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.

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