

**Why is upper endoscopy done?** Upper endoscopy is usually performed to evaluate symptoms of persistent upper abdominal pain, nausea, vomiting, or difficulty swallowing. It is also the best test for finding the cause of bleeding from the upper gastrointestinal tract. Upper endoscopy is more accurate than x-ray films for detecting inflammation, ulcers, or tumors of the esophagus, stomach and duodenum. Upper endoscopy can detect early cancer and can distinguish between benign and malignant (cancerous) conditions when biopsies (small tissue samples) of suspicious areas are obtained. Biopsies are taken for many reasons and do not necessarily mean that cancer is suspected. Upper endoscopy is also used to treat conditions present in the gastrointestinal tract. A variety of instruments can be passed through the endoscope that allow many abnormalities to be treated directly with little or no discomfort, for example, stretching narrowed areas, removing polyps (usually benign growths) or swallowed objects, or treating upper gastrointestinal bleeding. Safe and effective endoscopic control of bleeding has reduced the need for transfusions and surgery in many patients.

**What preparation is required?** For the best (and safest) examination, the stomach must be completely empty. You should have nothing to eat or drink, including water, for approximately 6 hours before the examination. Your doctor will be more specific about the time to begin fasting, depending on the time of day that your test is scheduled. It is best to inform your doctor of your current medications as well as any allergies several days prior to the examination.

**What can be expected during the upper endoscopy?** You will be given medication through a vein to help you relax during the test. While you are in a comfortable position on your side, the endoscope is passed through the mouth and then in turn through the esophagus, stomach and duodenum. The endoscope does not interfere with your breathing during the test. Most patients consider the test to be only slightly uncomfortable and many patients fall asleep during the procedure.

**What happens after upper endoscopy?** After the test, you will be monitored in the recovery area until most of the effects of the medication have worn off. Your throat may be a little sore for a while, and you may feel bloated right after the procedure because of the air introduced into your stomach during the test. You will be able to resume your diet after you leave the procedure area unless you are instructed otherwise. In most circumstances, your doctor can inform you of your test results on the day of the procedure; however, the results of any biopsies or cytology samples taken will take several days. You will need to arrange to have someone accompany you home from the examination because sedatives may affect your judgment and reflexes for the rest of the day. You will not be allowed to drive for 24 hours after the procedure even though you may not feel tired.

**What are the possible complications of upper endoscopy?** Endoscopy is generally safe. Complications can occur but are rare when the test is performed by physicians with specialized training and experience in this procedure. Bleeding may occur from a biopsy site or where a polyp was removed. It is usually minimal and rarely requires blood transfusions or surgery. Localized irritation of the vein where the medication was injected may rarely cause a tender lump lasting for several weeks, but this will go away eventually. Applying heat packs or hot moist towels may help relieve discomfort. Other potential risks include a reaction to the sedatives used and complications from heart or lung diseases. Major complications, e.g. perforation (a tear that might require surgery for repair) are very uncommon. It is important for you to recognize early signs of any possible complication. If you begin to run a fever after the test, begin to have trouble swallowing, or have increasing throat, chest, or abdominal pain, let your doctor know about it promptly.