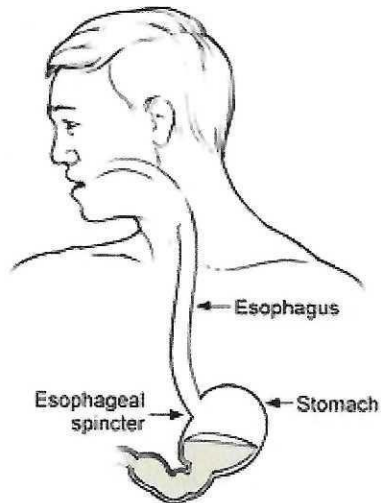


What is an upper endoscopy?

Upper endoscopy is a routine, outpatient procedure in which the inside of the upper digestive system is examined.



The procedure is commonly used to help identify the causes of:

- Abdominal or chest pain
- Nausea and vomiting
- Heartburn
- Bleeding
- Swallowing disorders
- Endoscopy can also help identify inflammation, ulcers and tumors.

Upper endoscopy is more accurate than X-rays for detecting abnormal growths and for examining the inside of the upper digestive system. The improved accuracy is especially important if you have had upper-digestive-tract surgery in the past.

How is an upper endoscopy done?

During the procedure, a physician uses an endoscope to examine the inside of the upper digestive system.

Abnormalities can be treated through the endoscope. Polyps (usually benign growths) can be identified and removed, and tissue samples (biopsies) can be taken for analysis. Procedures such as stretching narrowed areas, removing swallowed objects or treating bleeding from the upper digestive system can also be performed as part of upper endoscopy.

What do I need to do before the procedure?

Special conditions

Tell your physician if you are pregnant, have a lung or heart condition, or if you are allergic to any medications.

If you are taking blood-thinning medications – such as Coumadin® or Plavix® – these medications may have to be stopped for a period of time before the endoscopy. Please discuss this with your physician prior to the procedure.

Eating and drinking

An endoscopy requires that you have an empty stomach before the procedure. Do not eat any solid the day of your procedure. You may drink clear liquids up until 4 hours before the procedure. Clear liquids include clear broth, hard candy, plain Jell-O®, black coffee, black tea, apple juice, ginger ale, 7UP®, colas, Kool-Aid®, Gatorade®, Hi-C® and popsicles.

Transportation

You will need to bring a responsible adult with you to accompany you home after the procedure. You should not drive or operate machinery until the next day. The sedation given during the procedure causes drowsiness, dizziness and impairs your judgment, making it unsafe for you to drive or operate machinery.

On the day of the procedure

A physician will explain the procedure in detail, including possible complications and side effects. The physician will also answer any questions you may have.

What happens during the procedure?

The procedure is performed by an experienced endoscopy physician.

You are asked to wear a hospital gown and remove your eyeglasses and dentures.

A local anesthetic (pain-relieving medication) may be applied at the back of your throat.

You are given a pain reliever and a sedative intravenously (in your vein). You will feel relaxed and sleep during the procedure.

A mouthpiece is placed in your mouth. It does not interfere with your breathing.

You will lie on your left side during the procedure.

The physician inserts an endoscope into your mouth, through your esophagus (the "food pipe" leading from your mouth into your stomach) and into your stomach. The endoscope does not interfere with your breathing.

The procedure lasts from 15 to 20 minutes.

RECOVERY AND OUTLOOK

What happens after the procedure?

You will stay in a recovery room for about 30 minutes for observation.

You may feel a temporary soreness in your throat. Lozenges may help.

The physician who performs the endoscopy will send the test results to your primary or referring physician.

Your physician will discuss the results with you after the procedure. If the results indicate that prompt medical attention is needed, the necessary arrangements will be made and your referring physician will be notified.

If you have severe abdominal pain, a continuous cough, fever, chills, chest pain, nausea or vomiting within 72 hours after the procedure, please call your doctor.