



FAQs – Upper Endoscopy

For more information and some patient education videos on upper endoscopy or ERCP, please visit our website at <http://www.oregonclinic.com/procedure-upper-endoscopy> or <http://www.oregonclinic.com/procedure-ERCP>. (What to Expect and FAQs).

If anything changes in your MEDICAL CONDITION or your MEDICATIONS, or you have recently been sick or in the hospital or ER, please contact your physician to let him/her know before you come to your procedure.

How long is this procedure going to take?

- Answer:* The total time from arrival to discharge varies. Please allow 1-3 hours.

Can I drive myself home? How about taking a taxi or a bus home? Can I walk home – I only live a few blocks away?

- Answer:* NO. You will be sedated (made sleepy) for the test and, therefore, SOMEONE MUST DRIVE YOU HOME. You will not be allowed to take a taxi or bus UNLESS ACCOMPANIED BY SOMEONE. NO, you cannot walk home after the procedure. You will be rescheduled if you have no ride or don't have someone to accompany you home.

I have a cold. Can I come in for my procedure?

- Answer:* MAYBE. Please reschedule if you have a fever, a productive cough, difficulty breathing, or if you feel very ill. If you have recovered but still have a lingering cough, it is usually safe to proceed, but you may have a higher risk of complications if you receive sedation. It is safest to proceed when your cough has resolved completely.

Can I take my medications while I am preparing for the procedure?

- Answer:* YES. It is important to continue to take all your regularly scheduled prescribed medications up until 4 hours before your procedure, ESPECIALLY ANTI-SEIZURE, PAIN, and BLOOD PRESSURE or HEART MEDICATIONS, unless your doctor told you otherwise.
- If they are due during the last 4 hours before your procedure, you may need to take them earlier than scheduled. Check with the person who prescribed them.

I take antibiotics before my dental procedures because of a heart murmur. Will I need them before the procedure?

- Answer:* It depends on the exact heart problem for which you get antibiotics. For some procedures, particularly a colonoscopy, antibiotics are rarely required. Please make sure you mention this to your physician at the time of the office visit.

I take Xanax/Valium/Ativan for anxiety. Can I take it before I come in for my procedure?

- Answer:* YES. Take your usual dose of the prescribed medication 4 hours or more before your procedure. However, be aware that you will be receiving additional sedation and you need to make sure your physician and the nurse are aware you took the medication.

I am getting hypoglycemic? What should I do?

- Answer:* You can take sugared products, even if you are diabetic. This includes Popsicles, Jell-O, sugared juices (e.g. apple, white grape), and sugared sodas. These are all fine to drink and are considered CLEAR LIQUIDS.

What will I feel like after the procedure?

- *Answer:* You should recover from the sedation very quickly, but you may feel a little unsteady at first. You should not drive, operate machinery, or make any significant decisions until the following day. You may have a sore throat from the scope and you may experience jaw discomfort from positioning your head for better breathing during sedation.

Understanding Upper GI Endoscopy:

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. A cytology test (introduction of a small brush to collect cells) may also be performed.

Upper endoscopy is also used to treat conditions present in the upper 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) 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 Can Be Expected During the Upper Endoscopy?

You doctor will review with you why upper endoscopy is being performed, whether any alternative tests are available, and possible complications from the procedure. Practices may vary among doctors, but you may have your throat sprayed with a local anesthetic before the test begins and may be given medications 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 endoscopy area until most of the side 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 of the procedure; however, the results of any biopsies or cytology samples taken will take several days.

Excerpt from: **Understanding Upper GI Endoscopy Provided by:**

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What are my out-of-pocket costs?

To estimate your costs, **contact your insurance carrier or check their website** for “Procedure Estimator” to fill in the worksheet below. If you have any questions, after contacting your insurance, please refer to the contacts on the Billing Information Sheet.

What is my deductible amount?	\$
How much of my deductible have I met this year?	\$
What are my estimated out-of-pocket costs for an EGD? (CPT code 43235)	\$
What if the physician takes a biopsy? (CPT code 43239)	\$
Estimated Facility Charges (Note: Procedures at the hospital are usually more expensive than in the Endoscopy Center)	\$
Estimated Pathology Charges (CPT codes 88305 and 88312)	\$
Estimated Sedation Charges (CPT codes 00731 and 00732)	\$
ESTIMATED TOTAL	\$