FAQs (UPPER ENDOSCOPY)

RISKS AND LIMITATIONS OF UPPER ENDOSCOPY (EGD-EUS-ERCP)

Upper endoscopy is the best way we have to examine the inside of the upper gastrointestinal tract, i.e., the esophagus (swallowing tube), stomach, and duodenum (first portion of the small intestine) using a thin flexible tube with its own lens and light source. This procedure is very safe, but there are risks and limitations of the procedures that are important to understand. These may include, but are not limited to:

1. **Bleeding.** If it occurs, it is usually a complication of biopsy or dilation. This happens in fewer than 1% of cases. If you are on any blood thinners you should ask your physician when to stop these prior to the procedure and when to restart them after the procedure.

2. **Perforation** (causing a tear or hole). This occurs in fewer than 1 in a 1000 cases and is usually apparent before you are sent home. Surgery may be required to repair the injury.

3. **Reaction to the sedation or possible aspiration.** In rare instances, people may have allergic or adverse reactions to the medications given. In addition, there is a small chance that fluid from your mouth or stomach could enter your windpipe and cause pneumonia. This is very uncommon, and you are monitored closely during the procedure. Please inform you doctor if you have had any prior trouble with sedation or anesthesia.

4. **Infection.** The risk of developing an infection from a contaminated gastroscope is extremely low due to the strict adherence to disinfection protocols.

5. **Pancreatitis (only for ERCP).** Pancreatitis is inflammation of the pancreas that can occur in about 10% of cases. This usually resolves in a few days with pancreatic rest, but rarely can be life-threatening.

It is very 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.

**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.

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