University of Vermont Health

UVM Medical Center Patient Instructions for Upper Endoscopy

This handout will help you get ready for your upper endoscopy procedure. It has information about:

- Where to go for your procedure
- Preparing ahead of time for your procedure
- Diet instructions before your procedure

It is important to read this paper right away. You start to get ready for your upper endoscopy **7 days before you have it.**

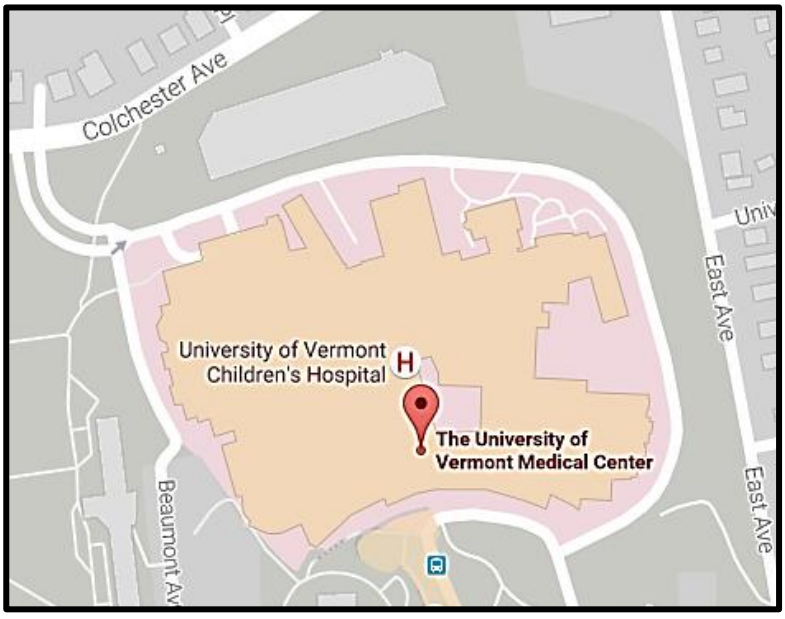
Important: Please read this entire handout now. It has instructions that you will need to follow several days before your procedure:

- If you do not follow these instructions, your GI tract may not be cleaned out well enough for your doctor to perform the procedure.
- For this reason, your endoscopy may need to be rescheduled if you do not follow these instructions.
- If you have any questions, please call the Gastroenterology Clinic at 802-847-8865.

Where to go for your procedure:

UVM Medical Center Endoscopy Suite
111 Colchester Avenue
West Pavilion, Level 4
Burlington, VT 05401

***Check in at registration on Level 3 (Main Lobby)**



Important things to do prior to your procedure:

7 days before procedure	1 day before procedure	Day of procedure
Review your medicines Arrange for a driver for your procedure	Stop any antacids, Carafate, sucralfate or any stomach coating products Do not eat or drink anything after **midnight** the night before your procedure, **including chewing gum**	IF procedure **BEFORE NOON:** Nothing to eat or drink prior to procedure IF procedure **AFTER NOON:** Ok to have one glass of water, gingerale or tea prior to **8 AM**

7 Days Before Your Procedure

1. **Review your medications:** Some medications should be stopped prior to your procedure.

   Insulin and Diabetes Medicines: Speak with the doctor who prescribes this medication about how to manage your insulin. You will be fasting for this procedure.

   Blood Thinners: Speak with the doctor who manages your blood thinners to determine when it is safe to stop and restart these medications including:

Warfarin (Coumadin)	Clopidogrel (Plavix)
Rivaroxaban (Xarelto)	Prasugrel (Effient)
Apixaban (Eliquis)	Ticagrelor (Brilinta)
Dabigatran (Pradaxa)	Heparin
Edoxaban (Savaysa)	Enoxaparin (Lovenox)
Dipyridamole (Aggrenox)	Fondaparinux (Arixtra)

   Our general recommendations for medications are included in the chart on the next page. **Do not stop taking your blood thinning medicine without first talking to the doctor who prescribes this medicine.**

Medication	Recommended time to stop
Aspirin	**Continue**
Warfarin (Coumadin)	**Call the doctor who prescribes these medications to find out how to manage them before and after your procedure.**
Rivaroxaban (Xarelto) **Apixaban (Eliquis)** **Dabigatran (Pradaxa)** **Edoxaban (Savaysa)**	
Dipyridamole (Aggrenox)	
Clopidogrel (Plavix) **Prasugrel (Effient)** **Ticagrelor (Brilinta)**	
Heparin **Enoxaparin (Lovenox)** **Fondaparinux (Arixtra)**	
Iron supplement: Ferrous sulfate, Ferrous gluconate, Ferrous fumarate	**Discontinue 7 days prior to procedure**
MAOI's: Selegiline, Phenelzine, Tranylcypromine	**Call and report this to the GI clinic (802) 847-8865**
Antacids (TUMS, rolaids, milk of magnesia, etc.), sucralfate (carafate)	**Stop 24 hours prior to procedure**
Omeprazole (Prilosec) **Pantoprazole (Protonix)** **Esomeprazole (Nexium)** **Lansoprazole (Prevacid)** **Rabeprazole (Aciphex)** **Ranitidine (Zantac)** **Famotidine (Pepcid)**	**Continue**

The Day Before Your Procedure

2. **Prepare for your procedure:**
   STOP taking any antacids, sucralfate, Carafate, or any stomach coating products 24 hours before your procedure.

   Do not EAT or DRINK anything after midnight the night before your procedure.

The Day of Your Procedure

3. **Prepare for your procedure:**
   ARRANGE for a driver to take you home after your procedure.

   IF procedure is BEFORE NOON: Nothing to eat or drink prior to procedure.

   IF procedure is AFTER NOON: It is okay to have one glass of water, gingerale or tea prior to **8 AM.**

   Leave any valuables you might have at home. Remove all jewelry you are wearing.

4. **Arriving For Your Procedure:**
   ARRIVE AT LEAST 1 HOUR prior to your procedure time to check in at Registration on the 3rd floor. You should check in at registration even if you have received a pre-screen phone call from the endoscopy office.

   Estimated time of stay after registration is **approximately 2 hours**.

   Your driver must park and pick you up from the Endoscopy Suite (West Pavilion, 4th floor). You are not permitted to walk unaccompanied to meet your ride at the front of the hospital. Please ensure that your driver is on time, sedated patients can not be left unattended.

What is an Upper GI Endoscopy?

Also known as:
Esophagogastroduodenoscopy; EGD; Upper Endoscopy; Gastroscopy

An Upper GI endoscopy is an examination of the upper gastrointestinal (GI) tract using a specialized video camera called an endoscope. This instrument is inserted down the throat and shows images of the lining of the esophagus, stomach and upper duodenum.

Why is an Upper GI Endoscopy Performed?

This test can help diagnose and potentially treat:

- The cause of upper GI (gastrointestinal) bleeding
- The cause of swallowing difficulties, removal of foreign objects
- The presence of tumors or other abnormalities of the upper GI tract
- Inflammation, narrowing, or tumors of the esophagus
- Acid reflux, gastroesophageal reflux disease (GERD)

How to Prepare

See **"Patient Instructions for Colonoscopy & Upper Endoscopy"**

How the test will feel:
The local anesthetic makes your throat numb. This wears off shortly after the procedure. The endoscope may stimulate some gagging in the back of the throat. There may be a sensation of gas and the movement of the scope may be felt in the abdomen. Biopsies, if needed, cannot be felt. Because of the intravenous sedation, you may not feel any discomfort and may have no memory of the test.

The Procedure

Please arrive <u>one hour</u> prior to your scheduled procedure time.

When you arrive at the Ambulatory Care Center (ACC), please:

- **Bring your medication list and tell the nurse about any drug allergies, medications you take regularly and any health problems (such as heart, breathing, sugar, or bleeding problems.)**
- Change into a hospital gown.

An intravenous (IV) line will be inserted into a vein in your arm. The IV will allow you to receive medications and fluids for the procedure.

After your arrival in the procedure room, you will:

- Be asked to remove dentures.
- Be asked to swallow a special type of paste that will numb your throat. This medication will help suppress the need to cough or gag when the endoscope is inserted.
- Receive medications through the IV, a combination of a sedative (relaxing) and narcotic (pain reliever).
- Be given a mouth guard to protect your teeth and the endoscope.
- Be instructed to lie on your left side.

The endoscope will be advanced through the esophagus to the stomach and duodenum (the first part of the small intestine). The endoscope will not affect your breathing. Air will be introduced through the endoscope to enhance viewing. This may make you burp. The exam typically lasts about 5 minutes, depending on examination findings.

After the test is completed, food and liquids will be restricted until your gag reflex returns. The entire process, from the time you arrive to when you leave, is estimated at two hours.

- **You will NOT be permitted to drive yourself home due to the sedative effects of medications given for the exam. Bring someone to drive you home. A taxi driver is not acceptable.**

Risks of The Procedure

There is a small chance of perforation (hole) of the stomach, duodenum, or esophagus or bleeding at the biopsy site. A patient could have an adverse reaction to the medication. The overall risk is less than 1 out of 2,500 people.

After The Procedure

If any of these symptoms occur after the test, please contact our office at 802-847-8865:

- Difficulty swallowing
- Fever or pain
- Black stools or blood in vomit

If biopsies were taken, results will be mailed to you within a 2 to 3 week period.