ABOUT YOUR UPPER ENDOSCOPY

Dear Patient:

Your physician has referred you for an exam of your upper digestive tract, which is called an upper endoscopy or an EGD. Sometimes it is called a gastroscopy. The purpose of this letter is to familiarize you with the nature of the exam, its benefits and its risks. What follows is absolutely essential for you to know, so please read this carefully. We consider your understanding of this material to be so important that we will ask you to sign this letter acknowledging you have read and understand this information. If you have any questions, please contact us by phone (970-663-2159) before the procedure so we can discuss your concerns with you.

What is an EGD? An EGD is a test done with an endoscope, which is a long, flexible tube that is thinner than most food you swallow. After you are sedated, the tube is passed through the mouth into the upper digestive tract. As a result of the sedation, you are unlikely to gag, feel discomfort, or remember the procedure. The test allows physicians to examine the lining of the esophagus, stomach and duodenum (the first portion of the small intestine).

If the doctor sees a suspicious area, he/she can take a small piece of tissue (a biopsy) for examination in the laboratory. Biopsies are taken for many reasons and do not necessarily imply cancer. The physician can also remove polyps and abnormal tissue during the exam. If a narrowing of the esophagus (also called stricture) is causing difficulty swallowing, the doctor might stretch the narrow spot. This is called an esophageal dilation.

The actual examination usually takes about 15 minutes. After the procedure, it will take you about half an hour to wake up enough to go home. Most people are in and out of the endoscopy center in about two hours.

Why is an EGD necessary? Many problems of the upper digestive tract cannot be as accurately diagnosed by x-ray. An EGD may be helpful in the diagnosis of inflammation of the esophagus, stomach and duodenum (esophagitis, gastritis, duodenitis), hiatal hernia, and to identify the site of upper gastrointestinal bleeding.

An EGD is more accurate than x-ray in detecting gastric (stomach) and duodenal ulcers, especially when there is bleeding or scarring from a previous ulcer. An EGD may detect early cancers too small to be seen by x-ray and can confirm the diagnosis by biopsies and brushings. Nonetheless, an EGD is not 100% accurate in some cases.

Alternatives to an EGD. Although an upper endoscopy (EGD) provides a more accurate assessment of the esophagus, stomach and duodenum, certain situations may favor x-ray examination of the stomach. In some circumstances, ultrasound tests, CT scans or even surgery can be considered as alternative studies.

Are there any complications from an EGD? An EGD is safe and is associated with very low risk when performed by physicians who have been specially trained and are experienced in this endoscopic procedure. Two serious problems that are rarely encountered are perforation (poking a hole) of the intestinal tract and severe bleeding. These events can be

life threatening. Treating either of these complications might require surgery and blood transfusions. The risk of either of these events is much less than one percent. Bleeding may occur from the site of biopsy or polyp removal. It is usually minimal, but rarely may require transfusions or surgery. Localized irritation of the vein (phlebitis) may occur at the site of medication injection. Other risks include drug reactions and complications from unrelated diseases such as heart attack or stroke.

In Summary: An EGD is an extremely worthwhile procedure that is very well tolerated and is invaluable in the diagnosis and proper management of disorders of the upper digestive tract. The decision to perform this procedure is based upon assessment of your particular problem. If you have any questions about your need for an EGD, do not hesitate to speak to the doctor. Both of you share a common goal—your good health – and it can only be achieved through mutual trust, respect and understanding.

Please contact us at 970-663-2159 if you would like to discuss any of this further. You will, of course, have an opportunity to speak to us immediately before the procedure.

Sincerely Yours,

Stephen R. Sears, MD | Lewis R. Strong, MD | Daniel A. Langer, MD | Crystal M. North, DO | Sean P. Caufield, MD

By signing here, you certify that you have read and understood the information pertaining to the EGD (Upper Endoscopy). If you have questions, please do not sign this until we have answered them for you.

Name_____ Date_____