What is an esophagogastroduodenoscopy (EGD):
EGD (also known as an upper endoscopy, upper GI endoscopy, or panendoscopy) is a procedure that enables your physician to inspect the lining of the upper part of your gastrointestinal tract, i.e., the esophagus (swallowing tube), stomach, and duodenum (first portion of the small intestine) using a thin flexible tube approximately 130cm in length.

Indications of EGD:
1. Diagnostic:
   - Upper gastrointestinal bleeding as evidenced by hematemesis or melena
   - Heartburn and chronic acid reflux
   - Ulcer-related epigastric upset
   - Dysphagia - difficulty in swallowing
   - Odynophagia - painful swallowing
   - Unexplained anemia
   (usually along with a colonoscopy)
   - Persistent dyspepsia Persistent vomiting
   - Surveillance
   - Surveillance of GERD
     (gastroesophageal reflux disease)
   - Surveillance of gastric ulcer or duodenal ulcer
   - Occasionally after gastric surgery
   - Surveillance of gastric or metastatic cancers
   - Confirmation of diagnosis/biopsy
   - Abnormal barium swallow or barium meal Confirmation of celiac disease (via biopsy)
2. Therapeutic:
   - Treatment (banding/sclerotherapy) of esophageal varices
   - Injection therapy (e.g. epinephrine in bleeding lesions)
   - Cutting off of larger pieces of tissue with a snare device (e.g. polyps, endoscopic mucosal resection)
   - Application of cautery to tissues
   - Retrieval of foreign bodies that have been ingested
   - Dilating or stenting of stenosis or achalasia

Risks:
The complication rate is relatively rare (less than 1 in 1000), including: aspiration, bleeding, perforation, cardiopulmonary problems, stroke, etc.

Limitations:
Problems like irritable bowel syndrome and functional dyspepsia are usually not well diagnosed by endoscopy. Nonetheless, EGD may be helpful in excluding other potentially serious diseases.
Before the procedure:
1. Please feel free to discuss with your physician and endoscopy nurse before the procedure. Please contact the gastrointestinal endoscopy unit at phone number.
2. The stomach is supposed to be empty, so you should have nothing to eat or drink, including water after midnight the night before the procedure.
3. You may be asked to swallow some defoaming agent (gascon) and have your throat sprayed with a little local anesthesics which could occasionally make you feel a bit nausea.
4. And you need to have an intramuscular injection to relax the stomach and bowels.
5. Then the doctor will review with you the conditions why you are going to undergo the endoscopy.

The procedure:
1. Practices vary among our highly trained physicians. Just follow the physician's instructions during the procedure which usually takes no more than 10 minutes if only routine examination steps are done.
2. Generally breathe smoothly through the nose and avoid swallowing to prevent from aspiration.
3. Once you are positioned comfortably, the physician will pass the endoscope carefully and smoothly into the mouth, through the throat, down to esophagus and in turn the stomach and the duodenum. Then withdraw the endoscope at the end. Careful inspection will also be done simultaneously throughout the entire procedure.

Aftercare:
1. In most circumstances, your physician can inform you of your test results on the day of the procedure; however, the results of biopsies or cytology samples will not be available after 7 working days.
2. You are supposed to visit your doctor at OPD as appointed.
3. Your throat may be a little sore for a while.
4. And you may feel bloated for a while after the procedure because of the air introduced into your stomach during the examination.
5. You will be able to resume your diet 30 minutes after you leave the procedure area unless you are instructed otherwise.
6. Come back to ER for medical attention if any complications or serious symptoms occurred.

Wish you a good health and hope everything goes well with you.

Please contact us if there is any question.
Your attending physician is: ______________________
TEL: (05) 7837901