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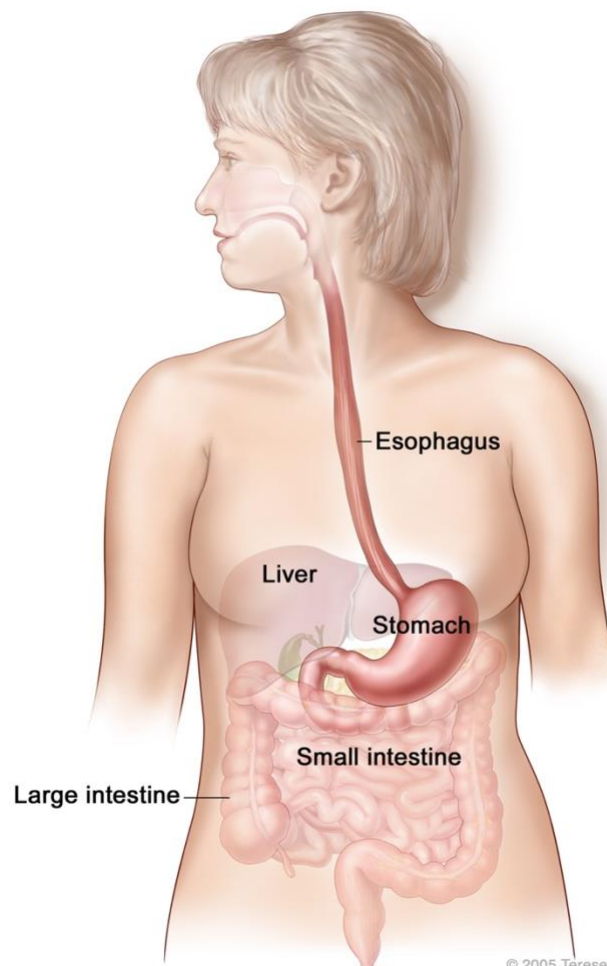
Upper Endoscopy

After a careful medical assessment, your doctor has recommended that you have a gastroscopy examination - a non-surgical technique that can aid in diagnosing problems of the upper digestive system. Your doctor can suggest the best treatment for your problem based on the exam results. More accurate than a barium X-ray and much simpler than exploratory surgery, gastroscopy is a safe and highly effective diagnostic technique.

Understandably, most patients are a bit apprehensive about the idea of “swallowing a scope.” However, with the help of modern technology and advances in Anesthesia, patients usually tolerate this test with ease. After completing the test, most patients are pleasantly surprised by its simplicity. Most have no recollection of the exam.

What is Gastroscopy?

Gastroscopy is a medical term with two parts – “gastro,” which refers to the stomach, and “scopy,” which means “looking into.” Therefore, gastroscopy is a test that lets your doctor look inside your stomach. The instrument used to perform this test is the gastroscope: a long, flexible tube about the width of a pencil. Within the end of this tube is a miniaturized color TV camera with a wide-angle lens. By passing this scope into your stomach, your doctor can directly examine the lining of your upper digestive system on a television monitor. The technical name for this test is Esophago-Gastro-Duodenoscopy. To simplify things, the shortened form of GASTROSCOPY or the initials EGD are usually used. The examination is quick and painless. There is no incision.



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Reasons for the Exam

Disorders of the upper digestive tract are quite common in our stressful society. Various factors, such as diet, environment, and heredity, contribute to these conditions. Gastroscopy is often helpful in diagnosing and treating problems such as:

- Abdominal pain Acid reflux (GERD)
- Bleeding from the digestive tract
- Cancers of the stomach or esophagus
- Chronic heartburn and indigestion
- Dilatation of esophageal strictures
- Gastritis, or stomach inflammation
- Helicobacter pylori ulcer bacteria
- Hiatal hernia
- Removal of swallowed objects
- Stomach Polyps
- Trouble Swallowing
- Ulcers of the Esophagus, Stomach

Alternate Testing

As part of your evaluation, your family doctor may have already ordered a barium x-ray of your upper digestive system - an UPPER GI SERIES. This x-ray exam may have helped direct attention to an area of possible abnormality. But X-rays often do not fully reveal what is wrong. It is believed that the standard Upper GI x-ray may miss up to 30% of peptic ulcers. Fortunately, gastroscopy permits a much more accurate view of your upper digestive system. Rather than studying an indirect X-ray shadow picture of your stomach, gastroscopy lets your doctor directly view your upper digestive tract in living color and examine the lining in remarkable detail. Thus, it is much more accurate.

How Can You Help?

Must be Fasting

During a gastroscopy, your stomach must be totally empty to prevent aspiration (choking) during the exam and, so food particles do not block your doctor's view. **You should not eat or drink after 10 PM the night before your exam.** You may gargle and brush your teeth in the morning.



GLP-1 Medications

WARNING: individuals taking the semaglutide class of medications (known as (GLP-1) receptor agonists) may delay how their stomach empties. This may increase the risk of aspiration under anesthesia during upper endoscopy (EGD) exams.

All patients taking these medications once weekly MUST stop them temporarily for one week before their procedure appointment.

All patients taking these medications daily must stop them temporarily for 24 hours before their procedure appointment.

All patients taking these medications must be on a clear liquid diet the entire day prior to their procedure.

Failure to comply with these requirements will result in the cancellation of the procedure, which will have to be rescheduled.



Other Medications

You may continue taking any necessary medications your physician has prescribed - even on the morning of the test. Take them with a small sip of water at least two hours before your appointment. This allows time for the tablets to dissolve completely. You should not take any antacids on the day of the test. Please refrain from using all tobacco products, alcohol, chewing gum, and hard candy on the day of your procedure.

Special Medication Instructions for GASTROSCOPY (EGD) Exam

Ozempic, Rybelsus, Wegovy, Mourjero - Diabetic and Weight Loss Medications

IF daily capsule, stop 24 hours before the exam;

If there is a weekly injection, stop 1 week before the exam. Resume afterward at normal dose.

Metformin/Glucofage, Glucotrol/Glipizide, Trulicity, Byetta, Victoza, Januvia, Tradjenta

Stop the morning of the procedure and resume that evening.

Jardiance, Forxiga, Brenzavvy, and Invokana

Stop taking three days before the procedure and resume once you're back to eating normally.

Insulin - Please speak to your endocrinologist or PCP, as the following are only starting points:

Regular insulin: People who use a "sliding scale" or insulin with meals can continue to follow their normal dosing strategy.

Long-acting insulin: Beginning the day before the procedure, patients will be asked to cut their basal insulin dose by 20 to 50 percent, depending on the insulin they use and the type of diabetes they experience.

Anticoagulants, "Blood thinners,"

Coumadin, Warfarin, Jantofen, Eliquis, Xarelto, Pradaxa, Plavix, Aggrenox, Effient

Please speak to your physician or PCP because these drugs all act differently.

What To Wear

You will have to change into a patient gown before the examination. If this test is being done on an outpatient basis, you should wear loose, comfortable, casual clothing that is easily removed and folded. Avoid tight-fitting garments. Please leave your jewelry, valuables, and high heels at home. **NOTE: Three Rivers Endoscopy Center is not responsible for personal belongings that are lost, stolen, damaged, or left on the premises. Please leave your cell phone, headphones, etc. with your driver or leave them at home.**

Transportation

To prevent any discomfort, you will receive intravenous sedation before the gastroscopy. As this medication will make you drowsy for several hours, you cannot safely drive a car for the remainder of the day.

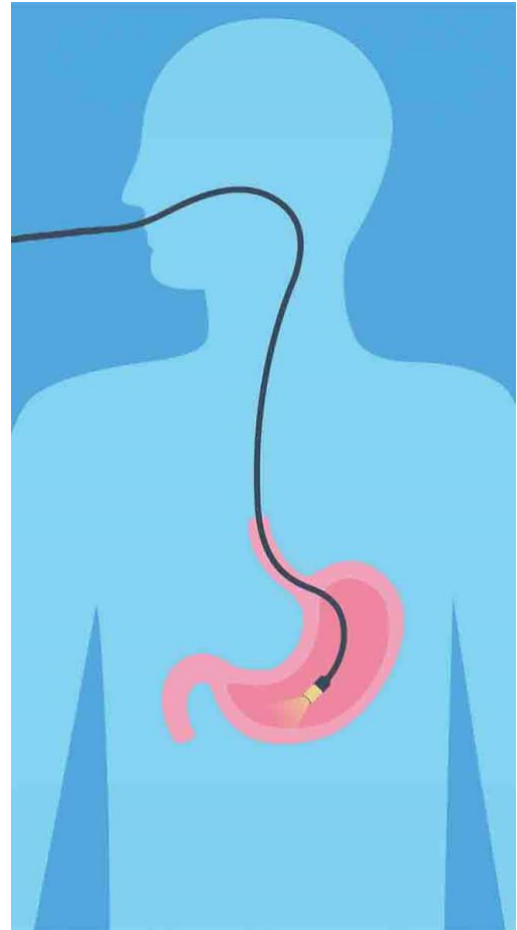
Therefore, if this test is being done on an outpatient basis, a family member or friend must accompany you to the office to drive you home. You should choose someone with whom the doctor can freely discuss your test results. **We request that your companion arrive with you and remain in the office during the entire test. Otherwise, the examination may be canceled.**

You must arrive at least 60 minutes before your procedure and plan to stay approximately two hours.

Your Permission

If you have any questions or concerns about this test, do not hesitate to ask your doctor about them. You will be asked to sign a written consent form - or permit - before the test begins to signify that you completely understand what this test involves.

Looking Inside



Before the test, you will be asked to remove your clothing and slip into a patient gown. After signing the permission form, you will be positioned comfortably on your left side on the padded gastroscopy table. A small painless pulse oximeter probe will be placed on your fingertip to monitor your heart rate and breathing function during the exam. A thin nasal oxygen tube is routinely used to administer low-flow oxygen during the exam. A blood pressure arm cuff automatically measures your blood pressure every 5 minutes.

You will be given an intravenous injection of a painkiller and sedative. These medications will make you drowsy and relaxed, thus preventing any discomfort during the examination. Most patients fall into “twilight sleep” during the examination. Please inform the doctor if you are allergic to any medications or if you chronically use Marijuana or take narcotic painkillers. Furthermore, rest assured that these medications will not prompt you to act or speak foolishly during the test.

A small mouthpiece will then be placed between your teeth, enabling you to relax your jaws. Once you are asleep, the doctor will gently insert the thin, flexible gastroscope. Since this scope does not enter your windpipe, it will not interfere with your ability to breathe. The most frequent fear expressed by patients is that they will be unable to swallow the scope because of gagging. Fortunately, the medications given before the procedure usually prevent this from happening. Even the most apprehensive patients tolerate the procedure quite well.

To better see the lining of your upper digestive tract, your stomach is gently filled with a small amount of air. While this air may cause the sensation of abdominal fullness, it should not be painful.

Your doctor can now begin to inspect the lining of your esophagus, stomach, and duodenum, an exam that takes about twenty minutes.

If your gastroscopy reveals any abnormal condition, such as an ulcer, your doctor may photograph it. This photo provides a permanent record for your medical chart and lets your other doctors see what is wrong. To better evaluate areas of abnormality, your doctor may take a biopsy. This procedure is performed painlessly with miniature forceps. After passing the forceps through a hollow channel inside the gastroscope, your doctor snips off a tiny tissue sample for laboratory analysis. If a small growth called a polyp is found, it can often be removed for analysis. This is done using a thin wire-loop snare that cuts off the polyp and then cauterizes the base using electric heat. This is also painless. Be assured that your doctor’s decision to take a biopsy does not necessarily mean that cancer is suspected. Biopsies of the digestive tract are routinely taken to investigate other problems, such as inflammation and ulcers.

Suppose you have difficulty swallowing when eating, and the doctor finds a narrowed area in your esophagus. In that case, it may be possible to dilate this stricture during this exam with a small balloon dilator passed through a channel in the gastroscope.

After the Test

Upon awakening, you will probably have little recollection of the procedure itself. After an outpatient gastroscopy, you will be asked to rest in the recovery room. Your companion will be asked to sit with you while the effects of the sedative begin to wear off. Once you are more alert, the doctor will meet with you and your companion to discuss the findings and any needed treatment.

You will then be able to return home with your companion's assistance. However, since you will still be somewhat drowsy and uncoordinated, you will be taken by office personnel directly to your car in a wheelchair. You must go directly home; do not stop to eat along the way. Although you may resume a regular diet at home, you should eat lightly at first and then gradually increase your intake of foods as tolerated. Since air was placed in the stomach during the examination, you may experience the discomfort of mild gas pains for several hours until the gas is expelled.

Because of the sedation's lingering effects, you should not drive, operate any machinery, drink alcohol, make any critical business decisions, or engage in any vigorous physical activity for the remainder of the day. If the test is performed as an inpatient, you will return to your hospital bed for recovery. If any specimens or polyps were extracted during the examination, the doctor will contact you and your physician when the laboratory results become available. Further treatment or tests, if necessary, will be discussed at that time.

Is This Test Dangerous?

While every medical procedure involves some risk, complications rarely occur in patients undergoing gastroscopy. With the advent of flexible fiber optic instruments, this test has become an extremely safe and straightforward method of directly examining the upper digestive tract. When performed by a physician who is specially trained and experienced in the procedure, the benefits of gastroscopy far exceed the risks.

Your doctor is a Gastroenterologist. In addition to standard medical training, he has received special instruction in diseases of the digestive system. He has been thoroughly trained in the safe and proper operation of the gastroscope. His expertise and your cooperation should make this test as safe and simple as possible. However, as with all medical procedures, complications can occur.

The principal risks are perforation of the upper digestive tract (a tear through the esophagus or stomach wall) or bleeding. Although perforation generally requires surgery, certain cases may be treated with antibiotics and intravenous fluids. Bleeding may occur at the site of a dilation, cauterization, biopsy, or polyp removal. Typically minor in degree, such bleeding may stop on its own or be controlled by cauterization. Occasionally, surgery is necessary. Fortunately, both perforation and bleeding are quite rare.

Other possible risks include drug reactions and complications related to other diseases that you may have. Consequently, you should inform your doctor of all allergic tendencies and medical problems. Occasionally, the site of the sedative injection may become inflamed and tender for

a short time. This is not serious. If inflammation occurs, applying warm compresses to the area is usually helpful. While any of these complications may occur, it is well to remember that each occurs infrequently. Your doctor will be happy to discuss the above risks further, especially regarding your particular situation and need for a gastroscopy.

How Are Instruments Sterilized?

We take your safety very seriously. Our facility has the latest Custom Ultrasonics Washer-Disinfector system, which is computer-controlled to ensure that all instruments are thoroughly cleaned and undergo high-level disinfection after each use. Only techniques known to kill all disease-causing bacteria and viruses, including hepatitis and AIDS, are employed in this process. All methods and sterilants are approved by the Food and Drug Administration (FDA), the American Society for Gastrointestinal Endoscopy (ASGE), the American Gastroenterological Association (AGA), the American College of Gastroenterology (ACG), and the Association for Professionals in Infection Control (APIC). Most accessories like biopsy forceps and polypectomy snares are single-use sterile items. Our dedicated staff cleans and sterilizes all other accessories using our two high-temperature steam autoclaves. Since 1996, when we opened Three Rivers Endoscopy Center, not one case of infection has been transmitted by endoscopy. Our patients can be confident they are not risking infection during an endoscopy examination.

How about insurance?

We are dedicated to providing the best possible care and service to our patients and regard their understanding of financial responsibility as an essential element of quality care and treatment. An extremely important factor that our patients need to be aware of is that when a sedated procedure is performed, there are usually THREE or FOUR SEPARATE FEES charged:

1. A PROFESSIONAL FEE from the doctor performing the procedure. Charges for the Center for Digestive Health and Nutrition will include services provided by the physician.
2. A FACILITY FEE from the surgical facility where the procedure was performed. Procedures may be performed at Heritage Valley Sewickley, Heritage Valley Kennedy, or Three Rivers Endoscopy Center. The facility fee includes fees for operating and recovery rooms, equipment, medications, nursing care, and standard supplies (as examples).
3. An ANESTHESIA FEE from the organization providing these services. Perioperative Anesthesia Consultants, Inc. provides these services for Three Rivers Endoscopy Center.
4. A PATHOLOGY FEE will be charged if a biopsy is taken during a procedure. These services are usually provided by the Center for Digestive Health and Nutrition, Heritage Valley Sewickley, or P4 Diagnostix.

Please contact our Billing Office for a Good Faith Estimate. Our notice regarding Patient Protections Against Surprise Billing is included on our website.

A Valuable Tool

In summary, gastroscopy is a valuable tool for diagnosing and treating upper digestive tract diseases. Over the past 50 years, it has proven to be an extremely safe and worthwhile procedure that is very well tolerated. If you have any questions or concerns regarding this procedure, do not hesitate to consult your doctor.

Robert Fusco MD
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The Center for Digestive Health & Nutrition is a private medical practice comprised of experienced gastroenterologists, nurse practitioners, and dedicated staff members committed to preventing and treating digestive disorders. Since 1977, our physicians have been fulfilling the needs of individuals in Western Pennsylvania and neighboring areas, having treated tens of thousands of patients with digestive concerns. Our mission is to deliver high-quality gastroenterology services efficiently and affordably. We acknowledge the sensitive nature of gastrointestinal illnesses and recognize the importance of providing our services in an environment that values patient privacy and confidentiality, where patient satisfaction is vital. Appointments can be quickly scheduled online through our website. To learn more about digestive issues, follow us on Instagram @thedigestivetract

DISCLAIMER: The content provided on this website is for general informational purposes only. It is not intended as definitive medical advice, and self-diagnosis should not depend on online information. If you experience any symptoms or health concerns, it is crucial to consult a physician for a thorough examination and professional evaluation. Only a qualified healthcare provider can deliver an accurate diagnosis and develop an appropriate treatment plan to rule out serious medical conditions.