

DR. CHRISTOPHER ABRASLEY, DR. C MARK RIGGENBACH

Upper Endoscopy (EGD) Instructions

APPOINTMENT DATE: _____	APPOINTMENT TIME: Emerald Coast Surgery Center will call 2 DAYS PRIOR with arrival time	Location: Emerald Coast Surgery Center, 995 Mar Walt Drive, Ft Walton Beach, Phone: (850) 863-7887
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Pre-Registration:

At least one week prior to your procedure, pre-register at www.emeraldcoastsurgerycenter.com . If you do not have computer access, you may register by phone when the surgery center calls with your procedure time.

Financial:

The Emerald Cost Surgery Center will bill your insurance for facility fees & anesthesiologist fees. You may contact the Emerald Coast Surgery Center, 7-10 days in advance to discuss your out-of-pocket expenses, if applicable (850)863-7887.

Cancellations/Rescheduling:

Our goal is to provide quality individualized medical care in a timely manner. Late cancellations and reschedules create inconvenience and prevent scheduling of other patients who need access to medical care in a timely manner. We understand situations that arise when you may need to cancel your appointment or reschedule and we appreciate at least a **72 hour advance notice** when that happens. This helps us be respectful of other patients' needs and enables us to give the appointment time to another patient who needs to see us. Patients will be charged a \$150.00 (ECSC) / 250.00 (FWBMC) administration fee (for any NO SHOW occurrence) for a visit that includes a scheduled medical procedure. This fee is non – refundable by your insurance company.

EGD Instructions/Checklist

- Do not eat after midnight.
- You can have clear liquid up to 5 hours prior to the procedure - no red or purple(this looks like blood on the scope)
- Bring someone with you to drive you home after. You will be sedated for the procedure and will not be able to drive yourself. Taxi, Uber, and public transportation are NOT permitted

If you have any issues completing the instructions, call the procedure scheduling line at: 850-863-8260 opt #3

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Understanding Upper Endoscopy

What is upper endoscopy?

Upper endoscopy lets your doctor examine the lining of the upper part of your gastrointestinal tract, which includes the esophagus, stomach and duodenum (first portion of the small intestine). Your doctor will use a thin, flexible tube called an endoscope, which has its own lens and light source, and will view the images on a video monitor. You might hear your doctor or other medical staff refer to upper endoscopy as upper GI endoscopy, esophagogastroduodenoscopy (EGD) or panendoscopy. If your doctor has recommended upper endoscopy, this brochure will give you a basic understanding of the procedure - how it's performed, how it can help, and what side effects you might experience. It can't answer all of your questions, since a lot depends on the individual patient and the doctor. Please ask your doctor about anything you don't understand.

Why is upper endoscopy done?

Upper endoscopy helps your doctor evaluate symptoms of persistent upper abdominal pain, nausea, vomiting or difficulty swallowing. It's an excellent test for finding the cause of bleeding from the upper gastrointestinal tract. It's also more accurate than X-ray films for detecting inflammation, ulcers and tumors of the esophagus, stomach and duodenum.

Your doctor might use upper endoscopy to obtain a biopsy (small tissue samples). A biopsy helps your doctor distinguish between benign and malignant (cancerous) tissues. Remember, biopsies are taken for many reasons, and your doctor might order one even if he or she does not suspect cancer. For example, your doctor might use a biopsy to test for *Helicobacter pylori*, bacterium that causes ulcers.

Your doctor might also use upper endoscopy to perform a cytology test, where he or she will introduce a small brush to collect cells for analysis.

Upper endoscopy is also used to treat conditions of the upper gastrointestinal tract. Your doctor can pass instruments through the endoscope to directly treat many abnormalities with little or no discomfort. For example, your doctor might stretch a narrowed area, remove polyps (usually benign growths) or treat bleeding.

How should I prepare for the procedure?

An empty stomach allows for the best and safest examination, so you should have nothing to eat or drink, including water, for approximately six hours before the examination. Your doctor will tell you when to start fasting.

Tell your doctor in advance about any medications you take; you might need to adjust your usual dose for the examination. Discuss any allergies to medications as well as medical conditions, such as heart or lung disease.

What can I expect during upper endoscopy?

Your doctor will start by giving you a sedative to help you relax. You'll then lie on your side, and your doctor will pass the endoscope through your mouth and into the esophagus, stomach and duodenum. The

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endoscope doesn't interfere with your breathing, most patients consider the test only slightly uncomfortable, and many patients fall asleep during the procedure.

What happens after upper endoscopy?

You will be monitored until most of the effects of the medication have worn off. Your throat might be a little sore, and you might feel bloated because of the air introduced into your stomach during the test. You will be able to eat after you leave unless your doctor instructs you otherwise.

Your doctor generally can tell you your test results on the day of the procedure; however, the results of some tests might take several days.

If you received sedatives, you won't be allowed to drive after the procedure even though you might not feel tired. You should arrange for someone to accompany you home because the sedatives might affect your judgment and reflexes for the rest of the day.

What are the possible complications of upper endoscopy?

Although complications can occur, they are rare when doctors who are specially trained and experienced in this procedure perform the test. Bleeding can occur at a biopsy site or where a polyp was removed, but it's usually minimal and rarely requires follow-up. Other potential risks include a reaction to the sedative used, complications from heart or lung diseases, and perforation (a tear in the gastrointestinal tract lining). It's important to recognize early signs of possible complications. If you have a fever after the test, trouble swallowing or increasing throat, chest or abdominal pain, tell your doctor immediately.

Please contact your doctor promptly if you have any follow-up questions or if you are experiencing any complications due to the procedure.