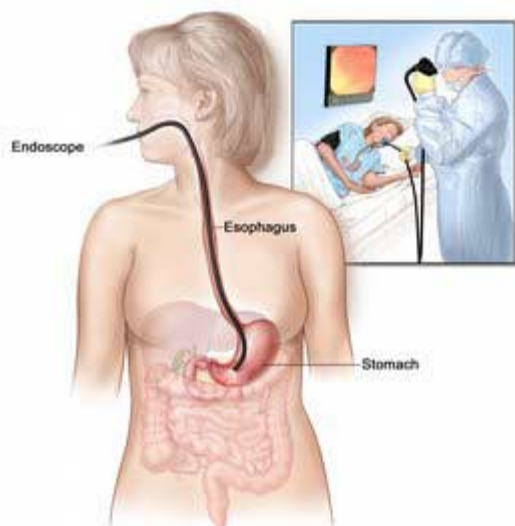


Recovery and Follow-Up

After endoscopy is finished, you will be taken to the recovery room where you will be monitored for 15-30 minutes. You are usually ready to go home at that time. Your written instructions, which may include new prescriptions, will be given to you before you leave. Your doctor may discuss results of the procedure at that time or in a follow-up visit to the office. Often it takes 4-5 days before any biopsy results are complete. Within a few hours of arrival home you should be able to resume most of your normal activities. A normal diet may be resumed unless otherwise instructed by your doctor.



CHEBOYGAN
SURGICAL
ASSOCIATES

810 South Main Street, Suite 1
Cheboygan, Michigan 49721
www.cheboygansurgical.com



CHEBOYGAN MEMORIAL HOSPITAL

748 South Main Street
Cheboygan, Michigan 49721
www.cheboyganhospital.org

Upper G.I.
Endoscopy



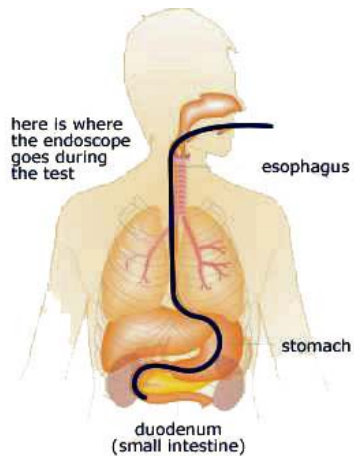
CHEBOYGAN
SURGICAL
ASSOCIATES

Timothy M. Burandt, D.O., FACOS
Craig A. Duncan, D.O., FACOS
Eric P. Miller, D.O.

810 South Main Street, Suite 1
Cheboygan, Michigan 49721
231-627-4364
www.cheboygansurgical.com

Upper G.I. Endoscopy

Upper G.I. (gastrointestinal) endoscopy is the visual examination of the upper G.I. tract - the esophagus, stomach and upper duodenum (first part of the small intestine). A thin, flexible fiberoptic scope is used to diagnose and treat problems of the upper digestive tract such as upper abdominal pain, swallowing difficulties (dysphagia), upper G.I. bleeding, anemia (low blood count), nausea or vomiting. It can also be used to view the upper digestive tract during or after surgery or to perform special procedures such as removal of foreign bodies or dilation of narrowed areas. Other names for this procedure include EGD (esophagogastroduodenoscopy), upper endoscopy or panendoscopy.

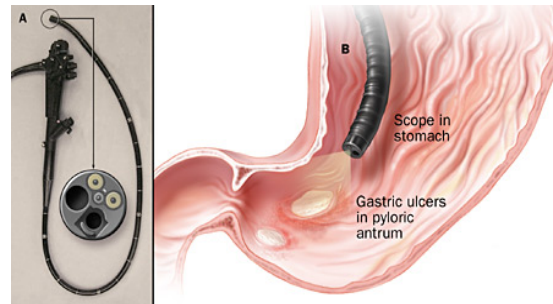


Upper G.I. Anatomy

The anatomy of your upper digestive tract includes the esophagus or swallowing tube, stomach, and duodenum, the first part of the small intestine. The lining of these organs, called the mucosa, is usually smooth. Abnormal anatomy may include: inflammation, ulcerations, non-cancerous (benign), cancerous (malignant) growth, pockets (diverticula) in the lining, narrowing (strictures) of the esophagus.

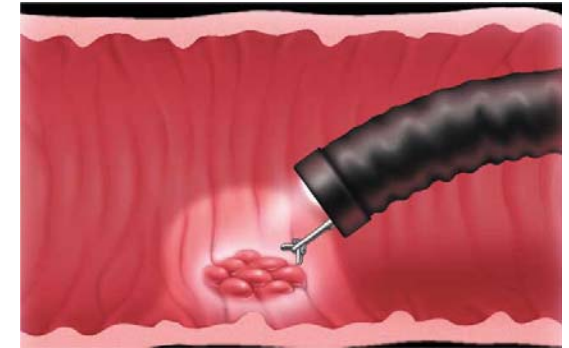
The Endoscope

The upper G.I. endoscope is a thin, flexible tube that uses fiberoptic technology – multiple fibers of bendable glass that can transmit light and send images back to the eyepiece. Some endoscopes can be attached to a camera to take pictures or use a computer to send images to a large viewing monitor. Its' flexible design allows your doctor to view your upper digestive tract from multiple angles. The scope has small channels so that your doctor can pass instruments to take biopsies and perform specialized procedures.



Preparation

Examination of your G.I. tract is best done on an empty stomach. You should abstain from eating or drinking anything 7 hours before the procedure. If your procedure is scheduled first thing in the morning you should have nothing by mouth after midnight. Important exceptions might include some medications which may need to be taken with a sip of water the morning of the procedure. Your doctor will also inform you of certain medications that may need to be stopped 5-7 days before the procedure. You should alert your doctor of any medication allergies you might have. You should also arrange for transportation home.



Growths can be biopsied or removed.

The Procedure

Just before going back to the procedure room you will be asked to gargle with an anesthetic solution in order to anesthetize the back of your mouth and throat. Sometimes an anesthetic is sprayed in the back of your throat just before the procedure is performed. A rubber or plastic bite block will then be placed in your mouth to protect your teeth and the scope. A sedative will be given to help you relax. As a result, you may not even remember the procedure. A flexible, thin scope will then be passed through your mouth and into the esophagus and then to your stomach and duodenum. Any procedures such as biopsy, removal of polyps or dilatation might be performed at this time. When the procedure is finished, you will be taken back to the recovery room. At this time, instructions will be given to you and you will be discharged home. Your doctor will discuss findings with you either in the recovery room or in a postprocedure office visit.