UPPER GI ENDOSCOPY (EGD)

Hamid Kalantari MD

Professor of GI and liver Disease

Isfahan University of Medical sciences

Aims of presentation (EGD)

- Patient preparation
- Patient education
- Technique (CLIP PRESENTATION)

PATIENT PREPARATION

- Diet :

- Prior to elective upper endoscopy:

- patients typically take no food by mouth for four to eight hours, and sometimes longer if there is known or suspected delayed gastric emptying.

- Alternatively, clear liquids can be taken up to two hours before endoscopy (American Society of Anesthesiologists guidelines.

PATIENT PREPARATION

- Medications

- Most medications can be continued up to the time of endoscopy and are usually taken with a small sip of water.
- Some medications may need to be adjusted prior to upper endoscopy, such as medications for diabetes, due to decreased oral intake around the time of the procedure.

PATIENT PREPARATION

- Management of anticoagulants:

- Decisions regarding the management of antiplatelet agents or anticoagulants must take into account the risk of bleeding engendered by maintaining the patient on the agent through the procedure and the risk of a thromboembolic event if the agent is discontinued in the periprocedural period.
- In general, aspirin and nonsteroidal antiinflammatory drugs can be continued safely in patients having an upper endoscopy.

PATIENT PREPARATION

- Antibiotic prophylaxis

- The risk of infection related to routine diagnostic upper endoscopy is low, antibiotic prophylaxis is not recommended.

PATIENT PREPARATION

- Preprocedure testing

- It is generally recommended that patients not undergo routine preprocedure laboratory testing, chest radiography, or electrocardiography .
- Instead, preprocedure testing should be used selectively based on the patient's medical history, physical examination findings, and procedural risk factors.

PATIENT PREPARATION

- Guidelines from the American Society for Gastrointestinal Endoscopy that recommend preprocedure testing in the following settings:

- Pregnancy testing (particularly if fluoroscopy is going to be used).

- Coagulation studies for patients with active bleeding, a known or suspected bleeding disorder (including a history of abnormal bleeding), an increased risk of bleeding due to medication use (eg, ongoing anticoagulant use, prolonged antibiotic use), prolonged biliary obstruction, malnutrition, or other conditions associated with acquired coagulopathies.

- We do not routinely check coagulation studies for patients who are receiving anticoagulants if the medication has been held for an appropriate amount of time prior to the procedure.

PATIENT PREPARATION

- Guidelines that recommend preprocedure testing in the following settings (Con:)
- Hemoglobin/hematocrit for patients with preexisting significant anemia or active bleeding, or if there is a high risk of significant blood loss during the procedure.
- Blood typing for patients with active bleeding or anemia who are likely to need a blood transfusion.
- Chest radiograph for patients with new respiratory symptoms or decompensated heart failure.

PATIENT PREPARATION

- SEDATION ASSESSMENT

- Taking a complete history of factors that might make sedation more difficult, such as :
  - Prior difficulties with sedation, narcotic or benzodiazepine use, diminished mental capacity, and agitation or severe anxiety.
  - Increased risk for aspiration (eg, ascites, non-empty stomach, active bleeding)
  - Difficult airway management (eg, obesity, non-visibility of the uvula, prior history of difficult intubation)
  - Increased cardiopulmonary complications of endoscopy (eg, comorbidities, obesity, older age, etc)

PATIENT PREPARATION

- INFORMED CONSENT

- Informed consent is not merely a form.
- Informed consent includes a clear and complete explanation of all portions of the procedure.
- The use of clear and simple language is critical during the process of obtaining consent.
- For example, upper endoscopy might be explained as "a procedure in which a doctor passes a flexible tube with a light and a camera though your mouth and then swallowing tube (esophagus) into your stomach and the upper part of your small intestine.
- A discussion of the possible risks of upper endoscopy, including bleeding, perforation, and missed lesions must occur.

Patient education: Upper endoscopy

- What is upper endoscopy?

- Why might my doctor do an upper endoscopy?

➢ You might have an upper endoscopy if you have:

- Pain in your upper belly that you cannot explain
- A condition called "acid reflux"
- Nausea and vomiting that has lasted a long time
- Diarrhea that has lasted a long time
- Black bowel movements or blood in your vomit
- Trouble swallowing or a feeling of food getting stuck in your throat

Patient education: Upper endoscopy

- What happens during an upper endoscopy?

- Your doctor will give you an IV, a thin tube that goes into a vein.
- You will get medicines through the IV to make you feel relaxed.
- They might give you a mouth spray or gargle to numb your mouth.
- You will also get a plastic mouth guard to protect your teeth.

- Then your doctor will put a thin tube with a camera and light on the end into your mouth and down into your esophagus, stomach, and duodenum. They will look for irritation, bleeding, ulcers, or growths.

- During an upper endoscopy, your doctor might also:
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- Do a test called a biopsy – During a biopsy, a doctor takes a small piece of tissue from the lining of the digestive tract. (You will not feel this.) Then they look at the tissue under a microscope.

Patient education: Upper endoscopy

- What happens after an upper endoscopy?
- After an upper endoscopy, you will be watched for 1 to 2 hours until the medicines wear off
- Most doctors recommend that people not drive or go to work right after an upper endoscopy. Most can drive and go back to work the next day.

Patient education: Upper endoscopy

- What are the side effects of an upper endoscopy?

- The most common side effect is feeling bloated.
- Some people have nausea because of the medicines used before the procedure. If this happens to you, your doctor can give you medicine to make the nausea better.
- Most people can eat as usual after the procedure.

- Should I call my doctor or nurse?

- Call your doctor or nurse immediately if you have any of the following problems after your upper endoscopy:

- Belly pain that is much worse than gas pain or cramps
- A bloated and hard belly
- Vomiting
- Fever
- Trouble swallowing or severe throat pain
- Black bowel movements
- A "crunching" feeling under the skin in the neck

TECHNIQUE OF UPPER GI ENDOSCOPY (EGD)

CLIP PRESENTATION

A GLANCE OF DEPTH

نگاهی به اعماق