



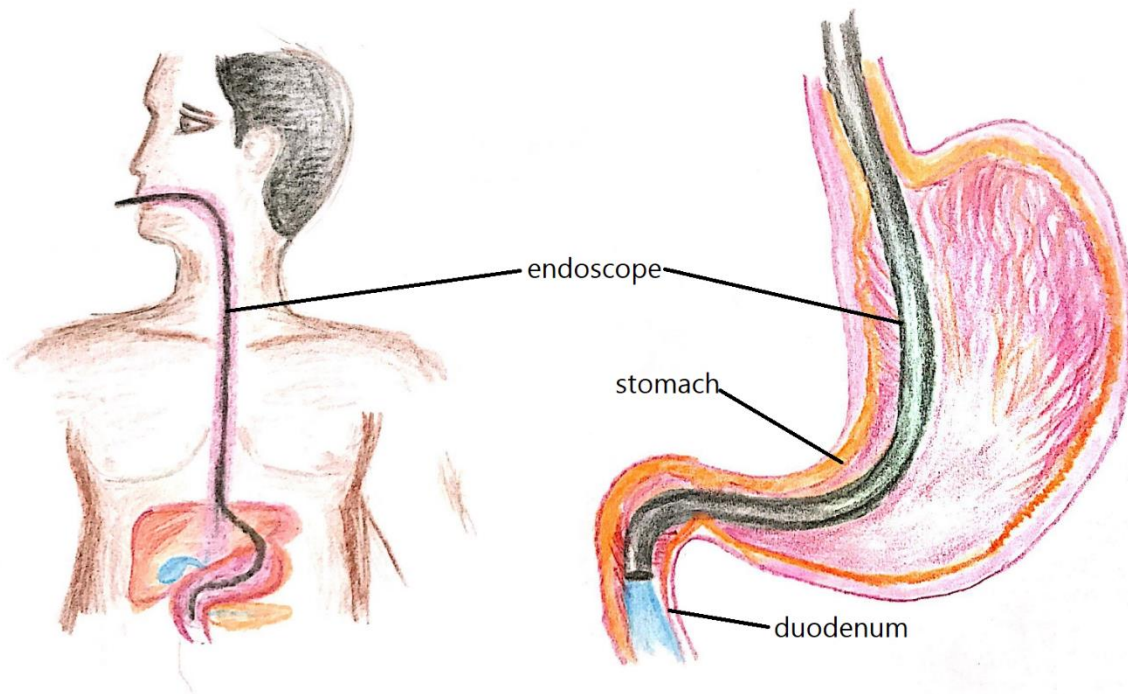
Upper Gastrointestinal Endoscopy

Information and advice for
patients

CSTH professorial surgical unit

What is an upper gastrointestinal endoscopy (UGIE)?

This is an examination of your food passage from inside using a flexible tube just larger than the diameter of a pencil that has a camera at the end (endoscope). It looks at your throat, gullet, stomach and first part of the small bowel. The camera sends images to a screen where the endoscopist can have a closer look at them. In addition to the examination, the endoscopist may take small tissue samples (biopsies) or may perform certain procedures depending on the abnormalities detected (discussed below).



Why do you need an UGIE?

UGIE may be advised to find out the cause for your symptoms.

Including:

- Difficulty in swallowing
- Anaemia
- Passage of tarry black stools or passage of blood in stools
- Vomiting of blood
- Loss of appetite
- Unintentional weight loss
- Heart burn not responding to medication

In addition, your surgeon may offer this study to perform certain treatment interventions. E. g.:

- Inserting an expandable tube (stent) for blockage of food passage due to cancer.
- Balloon dilatation of narrowed food passage due to various abnormalities.
- Glue injection or banding of engorged veins (varices) of food passage in cirrhosis.
- Stopping bleeding from varices or breakage (ulcers) of the lining of food passage.
- Removal of lumps arising from the lining of food passage (polyps)

How UGIE is performed?

A local anaesthetic drug is sprayed to your throat to numb the area so that discomfort and retching will be minimal.

If you are planned for a treatment procedure (mentioned above), you will be given medications to reduce your conscious level (sedation) so that you won't feel pain during the procedure. You will be kept lying on your left side (left lateral position).

Your mouth will be kept open using a mouth guard by a nurse throughout the procedure. An experienced endoscopist will pass the endoscope through your mouth. You will be asked to swallow once or twice once it is in the throat. Then the procedure will be done by the endoscopist and you only have to stay still. The endoscopist will inspect inside the food passage up to the first part of small bowel looking for abnormalities such as masses, ulcers and varices. Air will be inserted through the endoscope to allow a clear view. So you will feel some bloating for which you do not have to worry.

Multiple small tissue samples (biopsy) are taken if there are suspected lesions. These samples will be sent to a lab and assessed by a pathologist to identify the abnormality.

After visualizing, the air will be sucked out and the endoscope is removed from the mouth.

The procedure generally takes about 15 minutes which can be extended further if a treatment intervention is performed.

What are the complications of UGIE?

UGIE is generally a safe procedure; however, it carries a minor element of risk.

In order to make an informed decision, you need to be aware of the possible complications which are either related to the procedure or to sedation if used.

- Perforation of the food passage: Very rare. It requires treatment with intravenous antibiotics, placement of expandable tube or surgery.
- Bleeding from the site of the biopsy: Normally it heals by itself. Very rarely it may require repeat endoscopy to arrest bleeding.

Preparation for the procedure

This is routinely done as an outpatient procedure. It will be done in the same admission if it is an emergency.

You will be asked for details of your medical history, allergies and will be carried out relevant examination and investigations at the clinic prior to the procedure. Make sure that you bring the records of your other clinic follow ups, medications and previous surgical notes, if any.

Some of your routine medications may affect the procedure and sedation if needed. Therefore, you will be advised about the alteration of your routine medications. Specially blood thinning drugs such as

Warfarin and Clopidogel which should be stopped 5 days before the procedure.

Once the pre-procedure assessment is done, a routine date will be reserved and you will be asked to provide an informed written consent.

You will be asked to stay fasting for solids for 6 hours and clear fluid for 2 hours prior to procedure. You need to be present at endoscopy room by the given time (No need of admission unless mentioned). You are supposed to wear a white colour, loose-fitting and comfortable clothes for the procedure. Leave your valuables with your guardian.

Your recovery

After completing your UGIE you will be kept for 1/2 hour at endoscopy unit for monitoring purpose.

You can go home after that if there are no complications. A copy of the results of your assessment, follow up plan and medications will be given according to your condition. However, following certain therapeutic interventions, you may be admitted to the ward for monitoring purposes for one-day duration.

You can take sips of water once you are able to swallow saliva without difficulty as the numbness of the throat goes off. (takes about 1 hour) and then you will be able to manage a normal diet.

Resuming normal activity and returning to work

You will be able to attend day to day activities on the next day and be able to return to work.

You should seek medical advice if you develop any problem including worsening neck, chest or abdominal pain over next few days.

Contacts

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Preparation date – 29/06/2020

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