



UPPER ENDOSCOPY
ESOPHAGOGASTRODUODENOSCOPY

YOU HAVE BEEN SCHEDULED FOR AN UPPER ENDOSCOPY, BELOW IS A COPY OF OUR INFORMED CONSENT. PLEASE READ IT OVER CAREFULLY. YOU WILL BE ASKED TO SIGN A CONSENT FORM THE DAY OF YOUR PROCEDURE. ANY QUESTIONS WILL BE ADDRESSED AT THAT TIME.

THE NATURE OF UPPER ENDOSCOPY: Upper endoscopy is looking at the lining of the esophagus, stomach and duodenum with a lighted flexible endoscope inserted through the mouth, usually under sedation – medication given through an IV to help you relax during the test. It is a very good way of looking for diseases, such as ulcers, inflammation, cancers, polyps, bleeding sources, infection, etc, of the upper GI tract, missing problems only 2% of the time. Biopsies, specimens and photographs will be taken as needed. Bleeding will be stopped if possible with cautery or the injection of medicines, and polyps removed. If there is narrowing of the esophagus, producing trouble swallowing, dilators will be used to stretch the narrow spot.

ALTERNATIVES TO UPPER ENDOSCOPY: The alternatives to upper endoscopy depend upon what symptoms you have, and what other tests you had. For upper bowel, the best and most sensitive is usually upper endoscopy. The main alternative is to do an upper GI series. (In this test you drink barium to coat the wall of the upper bowel, and then x-rays are taken) This test is not nearly as sensitive as the upper endoscopy. It will miss flat bleeding lesions, much gastritis and many ulcers. This is especially true if there were previous ulcers or surgery. Since it uses no sedatives, however, the risk is less.

THE RISKS OF UPPER ENDOSCOPY: Upper endoscopy is a safe procedure, but it is invasive and uses IV sedatives. Side effects and complications are possible. Minor side effects are common, such as bloating from the air used, soreness in the throat or irritation of the vein from the IV could occur.

Serious complications requiring treatment are rare. They include, but are not limited to:

- *Over sedation* from medications, resulting in overly slow breathing, low blood pressure, or altered heart rhythm needing treatment. (odds: < 1 in 300) **You have the option not to be sedated**
- *Aspiration*, the passage of foreign matter into the windpipe leading to choking and pneumonia. (odds: < 1 in 300)
- *Dental injury or damage* (odds: < 1 in 500)
- *Allergic reactions* to the medicines, such as hives, wheezing, or anaphylaxis or other adverse drug effects. (odds: < 1 in 300)
- *Perforation* (making a hole) in the upper bowel that would require emergency surgery. (odds: < 1 in 2000 usually, but < 1 in 200 with dilation, polyp removal or bleeding control)
- *Bleeding* which could require surgery or transfusions. (odds: < 1 in 1000 usually, but < 1 in 200 with dilation, polyp removal or bleeding control)

The chance that a complication of the procedure could result in death is < 1 in 5000.

There also risks if you decide not to have this procedure performed or choose an alternative test. The correct diagnosis might not be made early enough to best treat the problem. The problem could worsen in the meantime, making for a poorer outcome.

THE BENEFITS OF UPPER ENDOSCOPY: Offsetting these risks are the benefits to your health that would result from having the test done. The best result is when a disease has a specific effective treatment that can be started early. Even if there is no true cure for a disease, symptoms can be treated, and perhaps the disease process slowed. There also is benefit from a test when the number of possible diagnosis is reduced. It also helps if worrisome diagnoses, such as cancer, etc can be ruled out.

CONCLUSION: The main points of upper endoscopy have been addressed in this consent. For more information, please visit our website, www.ohiogastro.com.