

# What to Know Before Your EGD

By Alarica Dietzen, MD MPH

## What is an EGD?

- Stands for *esophagogastroduodenoscopy*, otherwise known as an *upper endoscopy*.
- Used to visualize and treat problems in the esophagus, stomach, and the first part of the small intestine, which together are known as the *upper GI tract*
- Uses an endoscope (long, flexible tube with a camera at the end—see Figure 2).

## Why Do I Need a Diagnostic EGD?

- Trouble swallowing solids and/or liquids
- Sensation of food sticking in the throat or chest
- Frequent nausea or vomiting that does not improve with medication
- Chronic heartburn that does not improve with medication
- Vomiting blood
- Black, tar-like stools
- Unintentional weight loss
- Frequent upper abdominal pain
- Pre-cancerous conditions, like Barrett's esophagus and gastric intestinal metaplasia

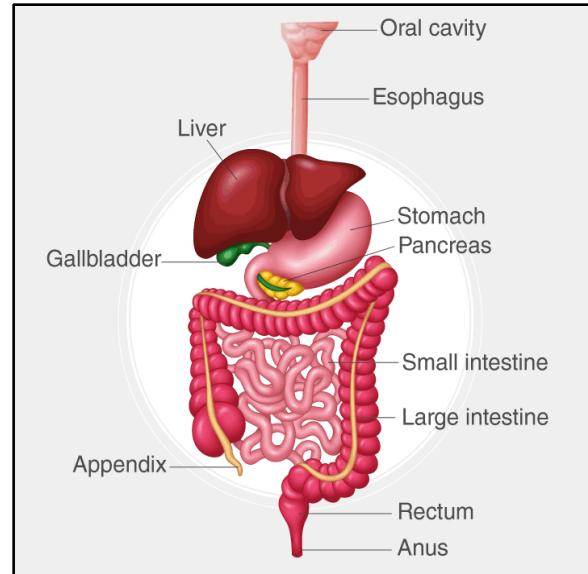


Figure 1: Diagram of GI tract

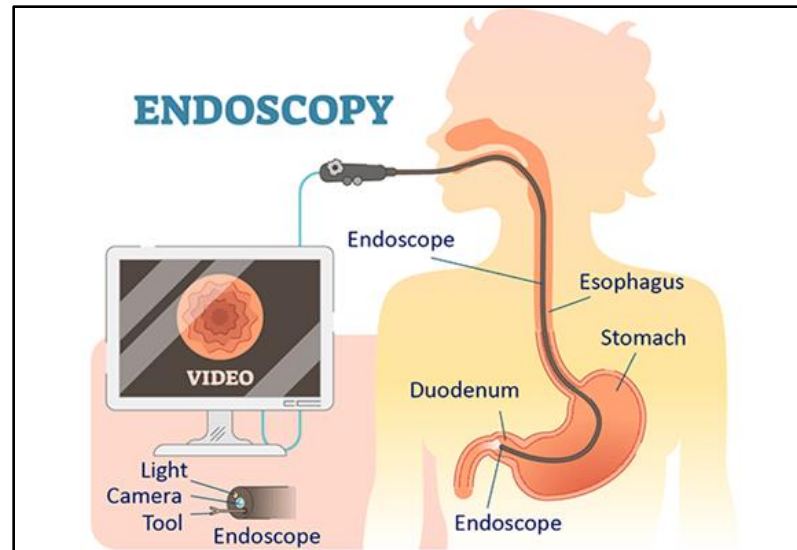


Figure 2: Diagram of Endoscopy

## What Happens During an EGD?

First, you will be given sedation medication to help keep you comfortable and likely asleep during the procedure.



A bite block will be placed into your mouth to protect your teeth from the endoscope. An endoscope will be placed down your throat to examine the upper GI tract (see Figure 2).



Your doctor may take tissue biopsies from the esophagus, stomach, or small intestine to help diagnose your condition, or may perform other treatments (see slide 2).



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## Before Your Procedure:

- Talk to your doctor about any medications you take that may need to be held before your EGD particularly:
  - Blood thinners, such as Aspirin, Warfarin, Apixaban, Rivaroxaban, etc.
  - Diabetes medications, such as Insulin and injectable GLP-1 agonists such as Semaglutide, Liraglutide, etc.
- Tell your doctor if you have a pacemaker or other implantable devices.
- **Do not eat or drink after midnight (includes chewing gum) after midnight before your EGD, except for a small sip of water with morning meds.**
- You should ask someone to accompany you **to and from** the procedure. You should not drive or operate heavy equipment on the day of the procedure.

## What conditions can be treated during an EGD?

| Narrowing, known as a <i>Stricture or Stenosis</i> of the Upper GI Tract   | Bleeding of the Esophagus, Stomach, or Small Intestine   | Polyps and Pre-Cancerous Lesions   | Malnutrition and Obstruction  |
|--|--|--|---|
| <p>Treatments include:</p> <ul style="list-style-type: none"> <li>• Widening a narrowing using a balloon or dilator.</li> <li>• Injection of Botox® to decrease abnormal muscle contraction.</li> <li>• Inserting a metal tube into a blockage.</li> </ul> <p><b>Goal:</b> to help food to pass more easily.</p> | <p>Treatments include:</p> <ul style="list-style-type: none"> <li>• Applying heat, also known as <i>electrocautery</i>.</li> <li>• Applying argon gas and heat, also known as <i>argon plasma coagulation</i> (APC).</li> <li>• Placing MRI-compatible metal clips at location of bleed.</li> </ul> <p><b>Goal:</b> to stop active bleeding.</p> | <p>Treatments include:</p> <ul style="list-style-type: none"> <li>• Removal of benign and pre-cancerous polyps with a metal loop.</li> <li>• Applying extreme cold to pre-cancerous tissue.</li> </ul> <p><b>Goal:</b> to remove tissue that may be pre-cancerous.</p> | <p>Treatments include:</p> <ul style="list-style-type: none"> <li>• Placement of a feeding tube to provide additional nutrition.</li> <li>• Removal of trapped materials.</li> </ul> <p><b>Goal:</b> to improve nutrition and remove trapped food or objects.</p> |

- Following the procedure, you may experience a mild sore throat, abdominal bloating, or mild cramping.
- **Call your doctor** if your symptoms do not resolve in 1-2 days, or you develop uncontrollable nausea and vomiting, fever, shortness of breath, or persistent blood in your vomit or stool after the procedure.

References:

