

Upper GI Endoscopy

National Digestive Diseases Information Clearinghouse



U.S. Department
of Health and
Human Services

NATIONAL
INSTITUTES
OF HEALTH

NIDDK
NATIONAL INSTITUTE OF
DIABETES AND DIGESTIVE
AND KIDNEY DISEASES

What is upper gastrointestinal (GI) endoscopy?

Upper GI endoscopy is a procedure that uses a lighted, flexible endoscope to see inside the upper GI tract. The upper GI tract includes the esophagus, stomach, and duodenum—the first part of the small intestine.

What problems can upper GI endoscopy detect?

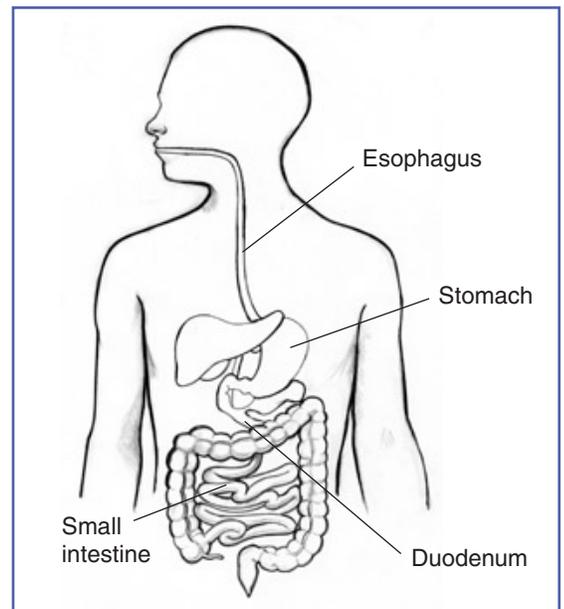
Upper GI endoscopy can detect

- ulcers
- abnormal growths
- precancerous conditions
- bowel obstruction
- inflammation
- hiatal hernia

When is upper GI endoscopy used?

Upper GI endoscopy can be used to determine the cause of

- abdominal pain
- nausea
- vomiting
- swallowing difficulties
- gastric reflux



Upper GI endoscopy is a procedure that uses a lighted, flexible endoscope to see inside the esophagus, stomach, and duodenum.

- unexplained weight loss
- anemia
- bleeding in the upper GI tract

Upper GI endoscopy can be used to remove stuck objects, including food, and to treat conditions such as bleeding ulcers. It can also be used to biopsy tissue in the upper GI tract. During a biopsy, a small piece of tissue is removed for later examination with a microscope.

How to Prepare for Upper GI Endoscopy

The upper GI tract must be empty before upper GI endoscopy. Generally, no eating or drinking is allowed for 4 to 8 hours before the procedure. Smoking and chewing gum are also prohibited during this time.

Patients should tell their doctor about all health conditions they have—especially heart and lung problems, diabetes, and allergies—and all medications they are taking. Patients may be asked to temporarily stop taking medications that affect blood clotting or interact with sedatives, which are often given during upper GI endoscopy.

Medications and vitamins that may be restricted before and after upper GI endoscopy include

- nonsteroidal anti-inflammatory drugs such as aspirin, ibuprofen (Advil), and naproxen (Aleve)
- blood thinners
- blood pressure medications
- diabetes medications
- antidepressants
- dietary supplements

Driving is not permitted for 12 to 24 hours after upper GI endoscopy to allow sedatives time to completely wear off. Before the appointment, patients should make plans for a ride home.

How is upper GI endoscopy performed?

Upper GI endoscopy is conducted at a hospital or outpatient center.

Patients may receive a local, liquid anesthetic that is gargled or sprayed on the back of the throat. The anesthetic numbs the throat and calms the gag reflex. An intravenous (IV) needle is placed in a vein in the arm if a sedative will be given. Sedatives help patients stay relaxed and comfortable. While patients are sedated, the doctor and medical staff monitor vital signs.

During the procedure, patients lie on their back or side on an examination table. An endoscope is carefully fed down the esophagus and into the stomach and duodenum. A small camera mounted on the endoscope transmits a video image to a video monitor, allowing close examination of the intestinal lining. Air is pumped through the endoscope to inflate the stomach and duodenum, making them easier to see. Special tools that slide through the endoscope allow the doctor to perform biopsies, stop bleeding, and remove abnormal growths.

Recovery from Upper GI Endoscopy

After upper GI endoscopy, patients are moved to a recovery room where they wait about an hour for the sedative to wear off. During this time, patients may feel bloated or nauseated. They may also have a sore throat, which can stay for a day or two. Patients will likely feel tired and should plan to rest for the remainder of the day. Unless otherwise directed, patients may immediately resume their normal diet and medications.

Some results from upper GI endoscopy are available immediately after the procedure. The doctor will often share results with the patient after the sedative has worn off. Biopsy results are usually ready in a few days.

What are the risks associated with upper GI endoscopy?

Risks associated with upper GI endoscopy include

- abnormal reaction to sedatives
- bleeding from biopsy
- accidental puncture of the upper GI tract

Patients who experience any of the following rare symptoms after upper GI endoscopy should contact their doctor immediately:

- swallowing difficulties
- throat, chest, and abdominal pain that worsens
- vomiting
- bloody or very dark stool
- fever

Points to Remember

- Upper gastrointestinal (GI) endoscopy is a procedure that uses a lighted, flexible endoscope to see inside the upper GI tract.
- To prepare for upper GI endoscopy, no eating or drinking is allowed for 4 to 8 hours before the procedure. Smoking and chewing gum are also prohibited.
- Patients should tell their doctor about all health conditions they have and all medications they are taking.
- Driving is not permitted for 12 to 24 hours after upper GI endoscopy to allow the sedative time to wear off. Before the appointment, patients should make plans for a ride home.
- Before upper GI endoscopy, the patient will receive a local anesthetic to numb the throat.
- An intravenous (IV) needle is placed in a vein in the arm if a sedative will be given.
- During upper GI endoscopy, an endoscope is carefully fed into the upper GI tract and images are transmitted to a video monitor.
- Special tools that slide through the endoscope allow the doctor to perform biopsies, stop bleeding, and remove abnormal growths.
- After upper GI endoscopy, patients may feel bloated or nauseated and may also have a sore throat.
- Unless otherwise directed, patients may immediately resume their normal diet and medications.
- Possible risks of an upper GI endoscopy include abnormal reaction to sedatives, bleeding from biopsy, and accidental puncture of the upper GI tract.

Hope through Research

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) conducts and supports basic and clinical research into many digestive disorders.

Participants in clinical trials can play a more active role in their own health care, gain access to new research treatments before they are widely available, and help others by contributing to medical research. For information about current studies, visit www.ClinicalTrials.gov.

For More Information

Fact sheets about other diagnostic tests are available from the National Digestive Diseases Information Clearinghouse at www.digestive.niddk.nih.gov, including

- *Colonoscopy*
- *ERCP (Endoscopic Retrograde Cholangiopancreatography)*
- *Flexible Sigmoidoscopy*
- *Liver Biopsy*
- *Lower GI Series*
- *Upper GI Series*
- *Virtual Colonoscopy*

American College of Gastroenterology

P.O. Box 342260

Bethesda, MD 20827-2260

Phone: 301-263-9000

Fax: 301-263-9025

Email: info@acg.gi.org

Internet: www.acg.gi.org

American Gastroenterological Association

4930 Del Ray Avenue
Bethesda, MD 20814
Phone: 301-654-2055
Fax: 301-654-5920
Email: member@gastro.org
Internet: www.gastro.org

American Society for Gastrointestinal Endoscopy

1520 Kensington Road, Suite 202
Oak Brook, IL 60523
Phone: 630-573-0600
Fax: 630-573-0691
Email: info@asge.org
Internet: www.asge.org

Society of American Gastrointestinal Endoscopic Surgeons

11300 West Olympic Boulevard, Suite 600
Los Angeles, CA 90064
Phone: 310-437-0585
Fax: 310-437-0585
Email: sagesweb@sages.org
Internet: www.sages.org

Acknowledgments

Publications produced by the Clearinghouse are carefully reviewed by both NIDDK scientists and outside experts. This publication was reviewed by Michael Wallace, M.D., Mayo Clinic.

You may also find additional information about this topic by visiting MedlinePlus at www.medlineplus.gov.

This publication may contain information about medications. When prepared, this publication included the most current information available. For updates or for questions about any medications, contact the U.S. Food and Drug Administration toll-free at 1-888-INFO-FDA (1-888-463-6332) or visit www.fda.gov. Consult your doctor for more information.

The U.S. Government does not endorse or favor any specific commercial product or company. Trade, proprietary, or company names appearing in this document are used only because they are considered necessary in the context of the information provided. If a product is not mentioned, the omission does not mean or imply that the product is unsatisfactory.

National Digestive Diseases Information Clearinghouse

2 Information Way
Bethesda, MD 20892-3570
Phone: 1-800-891-5389
TTY: 1-866-569-1162
Fax: 703-738-4929
Email: nddic@info.niddk.nih.gov
Internet: www.digestive.niddk.nih.gov

The National Digestive Diseases Information Clearinghouse (NDDIC) is a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). The NIDDK is part of the National Institutes of Health of the U.S. Department of Health and Human Services. Established in 1980, the Clearinghouse provides information about digestive diseases to people with digestive disorders and to their families, health care professionals, and the public. The NDDIC answers inquiries, develops and distributes publications, and works closely with professional and patient organizations and Government agencies to coordinate resources about digestive diseases.

This publication is not copyrighted. The Clearinghouse encourages users of this fact sheet to duplicate and distribute as many copies as desired.

This fact sheet is also available at
www.digestive.niddk.nih.gov.



U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES
National Institutes of Health

NIH Publication No. 09-4333
May 2009