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EGD (Esophagogastroduodenoscopy) Exam

EGD, also called endoscopy or gastroscopy, is the most accurate means of detecting problems of the upper intestinal tract. The procedure involves passing a thin, flexible, videoelectronic instrument down your mouth and guiding it into the esophagus, stomach, and duodenum (the first part of the small intestine). At the Mount Kisco Medical Group, the entire procedure is performed by one of our seven gastroenterologists, Dr. Chinitz, Dr. Kahn, Dr. Geders, Dr. Lee, Dr Saidi, Dr. Tung or Dr. Aurisicchio.

We have made this a painless procedure by having an anesthesiologist administer a medicine called propofol. This medicine will cause you to fall asleep. As the medicine is short acting, you should expect to be wide awake soon after the procedure. However, you are not permitted to drive for **the rest of the day, so someone must drive you home.** This informed consent has been prepared to help you understand the procedure. You will be asked to sign a copy of this form before the procedure. You will be given ample time to ask questions before you sign it.

The procedure will be performed in the endoscopy suite at Putnam Hospital Center. Arrive one half hour before it is scheduled.

If you are woman of childbearing age you must give a urine sample upon arrival to the endoscopy suite. The procedure cannot be done during pregnancy except under extenuating circumstances.

PREPARATION As the stomach must be empty, you must not eat or drink for six hours before the procedure. If you are having a colonoscopy at the same time, you must not drink liquids for 2 hours before the procedure (ignore the above six hour liquid rule).

If you have an artificial heart valve or a history of endocarditis, inform the Gastroenterologist well before the day of the procedure since you will need antibiotics.

Let the gastroenterologist know if you are allergic to any medicines, and inform him or her of all the medications that you take. **Propofol may not be given if you are allergic to eggs or soy or if you are pregnant.**

If you are taking Coumadin (a blood thinner) you must discuss this with the gastroenterologist at least one week before the procedure. The procedure and biopsies can be done while on coumadin, but more extensive therapies require stopping the coumadin 5 days before.

YOU WILL NOT BE ALLOWED TO DRIVE AFTER THE PROCEDURE until the next day. Please bring a companion along who can take you home.

THE PROCEDURE You will be asked to change into a gown, and you will be placed on heart, blood pressure, and oxygen monitors. Nasal oxygen will be given. To prevent gagging, you may be asked to gargle with Xylocaine and/or have your throat sprayed with Xylocaine. The gargle and the spray taste bad, but are quite effective in eliminating the gag reflex. Either the nurse or the doctor will insert an intravenous (IV) needle in your arm. Then the anesthesiologist will administer the anesthetic propofol. **Anyone allergic to eggs or soybeans may not take propofol.** The advantages of propofol are its very short acting effect and its antinausea properties. At the discretion of the anesthesiologist or gastroenterologist, other medicines may be given in addition to or instead of propofol. The most common alternatives to propofol are intravenous Versed (a kind of valium) and fentanyl or demerol (opiod narcotics). You will lie on your left side and the procedure will begin.

THE PROCEDURE TAKES AN AVERAGE OF ONLY TEN TO FIFTEEN MINUTES.

During the procedure, you will be able to breathe. The instrument is thinner than the food you swallow, so it can be easily guided down your swallowing passage. The procedure is extremely well tolerated.

AFTER THE PROCEDURE You will be kept in the procedure area for about one half hour after the procedure. Your throat may be a little sore for two days. Your stomach may feel a bit bloated for a few minutes, as the doctor had put air in your stomach to improve the view. You will be able to eat one hour after the procedure is over.

Do not drive, drink alcohol, or perform any task requiring fine physical skills (such as operating machinery or riding a bicycle) for the rest of the day.

POSSIBLE COMPLICATIONS EGD is extremely safe and has very low risk. Complications are rare but may occur.

One possible complication is perforation (tearing through the wall of the area being examined). This complication may be managed simply by aspirating fluids until the opening heals, or it may require surgery.

Bleeding may occur. It is usually minimal but may require transfusions or surgery.

Vomiting during the procedure may cause pneumonia.

Bad reactions to the propofol, Versed or fentanyl/demerol occur rarely. The endoscopy room is equipped to handle such problems.

Localized irritation of the vein may occur at the site of the IV needle, and a tender lump may develop which may remain for several weeks or several months, but eventually goes away.

Other risks include complications unrelated to the procedure, such as heart attack or stroke.

BENEFITS OF EGD EGD is the best way to examine the esophagus, stomach, and duodenum. It is superior to an upper gastrointestinal series (upper GI series, X-rays). Inflammation, ulcers, cancers, pre-cancerous conditions and strictures may be detected with amazing accuracy.

Biopsies or brushing will be performed at the discretion of the doctor. Biopsies not only look for cancer, but also detect and confirm inflammation and a bacteria called helicobacter pylori. In some people, this bacteria causes ulcers, inflammation of the stomach and duodenum, and rarely cancer. It is treatable with antibiotics and powerful antacids.

EGD may be used to stop bleeding by means of injection of medicines or cautery. EGD also may be used to remove polyps, which are usually benign growths that may bleed or develop into cancer.

EGD may be used to stretch narrowed areas that inhibit the passage of food.

EGD also may be used to remove objects swallowed accidentally.

COST The cost of this procedure depends on your insurance policy. The fee includes the procedure and the extensive instrument sterilization required after each procedure. Medicare does cover the procedure in most circumstances (a deductible will apply). The procedure fee will not cover the doctor's consultation before the procedure. Other fees may apply: anesthesia, hospital or office room/equipment fees, hospital biopsy reports. Your insurance company and our billing staff will be glad to answer questions about the fees.

The gastroenterologist will discuss the results of the procedure with you immediately at its conclusion. If biopsies are taken, it will take five working days to obtain the results.

November, 2007



EGD (Esophagogastroduodenoscopy) Consent

I have read and I understand the preceding 3 pages of the EGD Consent version November, 2007. The procedure has been fully explained to me, and I have had the opportunity to ask any questions. I have been informed of the risks and reason for this procedure.

Note: Please leave all jewelry and valuables at home. MKMG is not responsible for the loss of any patient property.

Signed _____ Date _____

Witness _____

This brochure was written by Drs. Tung & Aurisicchio.