

General Guidelines for Your Esophagogastroduodenoscopy (EGD)

Why It's Performed:

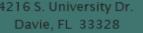
EGD is an endoscopic procedure that allows your doctor to examine your esophagus, stomach, and duodenum. It is used to look for a number of digestive disorders. Your gastroenterologist may use EGD to check:

- Abdominal pain
- Heartburn
- Persistent nausea or vomiting
- Swallowing difficulties
- Upper gastrointestinal bleeding
- Chest pain (without evidence of heart disease)
- Bloody stool
- Periodic screening, if your doctor thinks you are at risk for developing a digestive disorder
- Screening for another procedure you are scheduled to have
- Monitoring an existing condition
- Removing foreign substances
- Controlling bleeding

Before the Procedure:

- You will receive a phone call by 6 PM the night before the procedure to inform you of your arrival time.
- Arrival times are given to admit you to the unit and prepare you for your procedure. It is important that you arrive at the specified time. Please note: This unit treats both inpatients and outpatients, and emergencies may cause delays in the scheduled procedure. Please be patient; we will provide you with the best care when it is your turn. Due to the unpredictable nature of procedure units, please be prepared to spend the day here.







Davie: 954-331-0104



954-378-9914









- Do not bring valuables or wear any jewelry on the day of your procedure, as there is no space to secure belongings.
- You will receive medication to help you sleep during the procedure, so it's essential to
 have someone accompany you to take you home. For your safety, you cannot drive or
 use public transportation alone for 24 hours following the procedure. Please make sure
 you have a responsible adult available to drive you to and from the appointment.
 Without confirmation of a post-procedure driver, we will be unable to proceed with the
 procedure.

Medications:

- If you are taking medications for high blood pressure, seizures, or if you are taking prednisone, you may take these medications the morning of the procedure or at least 2 hours before the procedure with a small sip of water.
- If you are diabetic:
 - o If you take a "sugar" pill, do not take it on the day of your procedure.
 - o If you are taking regular insulin (R), do not take it on the day of your procedure.
 - If you are taking any other insulin preparation, please contact your prescribing physician for instructions.
- If you are taking Coumadin (Warfarin), Plavix (Clopidogrel), or other blood thinners, contact your prescribing physician for instructions on when to stop taking this medication.
- If you take aspirin daily, continue to take this medication.
- Inform your doctor if you have any allergies.

Prep/Diet:

• Do not eat or drink anything 8 hours before your procedure to ensure your esophagus is clear of food products.

Day of Procedure:

• Arrive 1 ½ hours before your scheduled procedure time. When you arrive, you will register and provide your medical history. You will need a responsible adult with you to accompany you home. Bring a photo ID, insurance card, and a list of medications that you take.

During EGD:







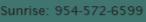
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- We will start an IV in your vein to administer fluids, medications to put you to sleep, and other needed medications.
- A small plastic mouthpiece will be placed between your teeth to prevent damage to the endoscope.
- After you are asleep, the endoscope will be inserted through your mouth into your esophagus, stomach, and duodenum.
- The mucosal lining will be examined as the endoscope moves through your gastrointestinal tract, with images displayed on a monitor.
- Instruments may be passed through the endoscope if needed to obtain samples of tissue or digestive fluid, which will be sent to a laboratory for testing.

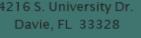
After the Procedure:

- Once the procedure is finished, you will recover from anesthesia in the recovery area. Your doctor will discuss the procedure with you. Please be advised, it is common after receiving anesthesia to forget some of the conversation you had with your doctor. For this reason, we suggest a family member be available for this conversation at your request.
- Do not drive, operate heavy machinery, or drink alcohol for 24 hours after your procedure. You should go home and rest after your procedure.
- We recommend that you eat something light since you have not eaten for over 8 hours. Avoid fried foods, fatty foods, and large quantities of food. Foods such as scrambled eggs, toast, or a sandwich are good choices. You may eat more food once you have tried something light to ensure you do not become nauseous. You may also have excess gas, so you may choose to avoid foods that cause additional gas, such as beans or carbonated beverages.

Call Your Doctor Right Away If You Experience:

- Severe or new onset abdominal pain that doesn't improve by passing gas
- Rectal bleeding that turns the entire toilet bowl red
- Fever greater than 101.5°F or chills
- Vomiting blood or black, coffee ground-like material
- Severe dizziness, fainting, or chest pain









Sunrise: 954-572-6599



954-378-9914







Common Side Effects:

- Nausea or vomiting
- Excessive gas, bloating, or cramping
- Throat discomfort

Note: These symptoms usually resolve on their own within 24-72 hours after your procedure. If your symptoms are severe and persist, please notify your physician or visit the emergency department.

Medications After Discharge:

You can resume your daily medications following your procedure. If you are taking any
medications that thin your blood, discuss with your doctor when to restart these
medications.

Commonly Prescribed Blood Thinners Include:

- Rivaroxaban (Xarelto)
- Dabigatran (Pradaxa)
- Apixaban (Eliquis)
- Heparin
- Warfarin (Coumadin)
- Clopidogrel (Plavix)
- Aspirin (acetylsalicylic acid)
- Enoxaparin (Lovenox)
- Ticagrelor (Brilinta)

Follow-Up:

• Contact your physician to schedule a follow-up appointment.



