



THE
GASTROENTEROLOGY
GROUP

**INSTRUCTION AND EXPLANATION TO PATIENT ABOUT:
ESOPHAGOGASTRODUODENOSCOPY (EGD)**

EXPLANATION

TELEPHONE 407-261-0000

Your doctor wishes you to have an examination of your esophagus, stomach and duodenum so that he can have an understanding of any disease process or condition which is present. This will help him to understand and treat your symptoms. Preparation for the examination requires that you have an empty stomach; therefore, please do not eat or drink anything after midnight the night before the examination unless otherwise instructed. When you arrive at the Endoscopy Room, your throat will be sprayed with a medicine to numb it. This is Hurriceine Spray. **Please advise your physician if you are allergic to Novocaine or Xylocaine.** We will give sedatives intravenously (IV) just prior to the examination to cause relaxation. The drugs used are Demerol or Valium. If you have had an unfavorable or allergic reaction to any of these drugs, please tell the physician before the medication is given. The drugs cause sedation and drowsiness and in fact, some people do not remember having the test performed.

The examination is conducted with you lying on your left side on a comfortable table in a partially darkened room. A long flexible tube is placed in the mouth and as you swallow, the doctor advances the tube into the esophagus. A mouth guard is usually present for the teeth to be rested upon and to protect the instrument from the teeth and mouth. As the examination is conducted, the doctor pumps a small amount of air into the esophagus and stomach and he may remove secretions by suction. You may feel some fullness and distension from the air. As the instrument is passed beyond the stomach into the duodenum or small intestine, there is usually a tugging sensation which many persons find unpleasant, but this subsides when the instrument is withdrawn into the stomach. This is not a painful examination, although it is uncomfortable initially as the tube is swallowed. There is a choking or gagging sensation at least initially, which tends to lessen or completely resolve as the procedure continues. You may have a slight sore throat after the procedure and for a day or so. If biopsy is necessary, tiny bits of tissue can be removed with this instrument so that they can be examined by a pathologist. This does not cause pain and there is no feeling associated with taking biopsies.

Photographs may be taken during the above described procedure(s) and used in any medical, scientific or educational manner that your physician may deem proper.

RISKS

There are some dangers to any examination. It is not possible to list every potential or conceivable complication. Fortunately, complications are very uncommon. Here are the major risks involved:

1. **Perforation of the esophagus (a hole is poked in the esophagus).** This is an uncommon, but very serious and life-threatening complication. Its occurrence usually necessitates an operation through the chest to close the hole in the esophagus.
2. **Risk of sedation:** *Rarely*, intravenous sedation can cause a patient to stop breathing which is a life-threatening problem. Usually this is transient and can be handled by the doctor. Occasionally an inflammation occurs in the vein where the medication was given. The area may get painful, swollen, and reddened, but it usually heals within several days.
3. **Cardiopulmonary reaction.** *Very rarely*, a patient can die during a procedure under the effect of an anesthetic. It is not usually necessary to use general anesthesia during our procedures, so this risk to you is extremely small.

We have been fully trained in these procedures and take every possible precaution to avoid complications. Unfortunately, occasionally, even when done properly in the best of hands, complications or unfortunate results can occur.

CONSENT FOR PROCEDURE

I hereby authorize Dr. Sprung to perform the following procedure: _____ EGD _____

MNH FL Hosp Altamonte on _____ at _____

The nature of the procedure, its indications, and alternative means of diagnosis or treatment have been explained to me. I have also been informed of the potential risks involved, and their possible consequences. I have read this information sheet regarding this procedure, and have had the opportunity to discuss my questions about this information with my physician

Arrival Time _____

_____ print name

MUST HAVE A DRIVER

_____ signed

DO NOT EAT OR DRINK AFTER MIDNIGHT

_____ date

_____ witness