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Understanding Upper Endoscopy

What is upper endoscopy?

Upper endoscopy allows Dr. Razavi to examine the lining of the upper part of your gastrointestinal tract, which includes the esophagus, stomach, and duodenum (first portion of the small intestine). A thin, flexible tube called an endoscope is used and the images will be viewed on a video monitor.

Why is upper endoscopy done?

Upper endoscopy helps Dr. Razavi to evaluate symptoms of persistent upper abdominal pain, nausea, vomiting, or difficulty swallowing. It is an excellent test for finding the cause of bleeding from the upper gastrointestinal tract. It is also more accurate than x-ray films for detecting inflammation, ulcers and tumors of the esophagus, stomach and duodenum. Dr. Razavi might use upper endoscopy to obtain a biopsy (small tissue samples). A biopsy helps him distinguish between benign (noncancerous) and malignant (cancerous) tissues. Remember, biopsies are taken for many reasons, and Dr. Razavi may take one even if he does not suspect cancer. For example, he might use a biopsy to test for *Helicobacter pylori*, a bacterium that causes ulcers.

How should I prepare for the procedure?

An empty stomach allows for the best and safest examination, so you should have nothing to eat or drink, including water, for eight (8) hours before the examination.

What can I expect during upper endoscopy?

After being sedated under anesthesia, you will lie on your left side and Dr. Razavi will pass the endoscope through your mouth and into the esophagus, stomach and duodenum. The endoscope does not interfere with your breathing.

What happens after upper endoscopy?

You will be monitored until most of the effects of the medications have worn off. Your throat may be a little sore, and you may feel bloated because of the air introduced into your stomach during the test. You will be able to eat after you leave unless you are instructed otherwise. Dr. Razavi can generally tell you results of your examination on the day of the procedure; however, any biopsy results will take several days. Since you receive anesthesia, you will not be allowed to drive after the procedure even though you may not feel tired. You should arrange for someone to accompany you home because the anesthesia may affect your judgment and reflexes the rest of the day.

What are the possible complications of upper endoscopy?

Although complications can occur, they are rare when doctors who are specially trained and experienced in this procedure perform the test. Dr. Razavi has performed more than **20,000** upper endoscopies with no perforation. Bleeding can occur at a biopsy site or where a polyp was removed, but it's usually minimal and rarely requires follow-up. Other potential risks include a reaction to the sedative used, complications from heart or lung diseases, perforation (a tear in the gastrointestinal tract lining). It is important to recognize early signs of possible complications. If you have a fever after the test, trouble swallowing, or increasing throat, chest or abdominal pain, call the office immediately.

DATE: _____

LOCATION: _____

NOTHING TO EAT OR DRINK EIGHT (8) HOURS PRIOR TO THE PROCEDURE. THIS INCLUDES WATER. YOU WILL NEED TO HAVE SOMEONE DRIVE YOU HOME.