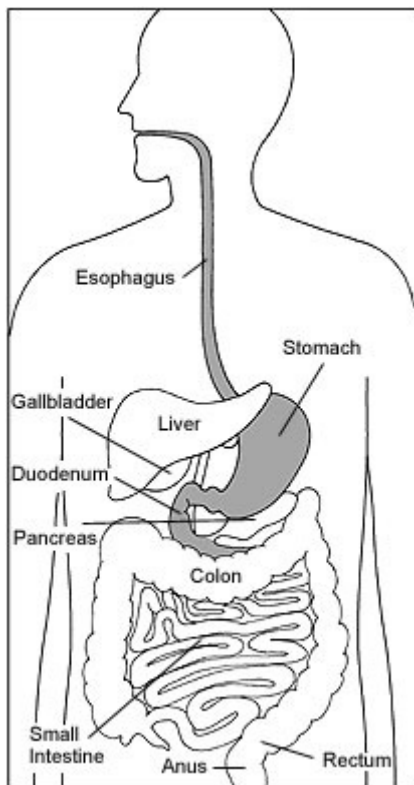




Advanced Pediatric Gastroenterology



Upper GI Endoscopy



Upper endoscopy enables the physician to look inside the esophagus, stomach, and duodenum (first part of the small intestine). The procedure might be used to discover the reason for swallowing difficulties, nausea, vomiting, reflux, bleeding, indigestion, abdominal pain, or chest pain. Upper endoscopy is also called EGD, which stands for esophagogastroduodenoscopy (eh-SAH-fuh-goh-GAS-troh-doo-AH-duh-NAH-skuh-peh).

Right before the procedure the anaesthetia will examine the child and will discuss different kind of anaesthesia he will be using, that depend on the child age, his previous medical history and his or her examination at that time. The endoscope transmits an image of the inside of the esophagus, stomach, and duodenum, so the physician can carefully examine the lining of these organs. The scope also blows air into the stomach; this expands the folds of tissue and makes it easier for the physician to examine the stomach.

The physician can see abnormalities, like inflammation, ulcer and bleeding, through the endoscope that don't show up well on x rays. The physician can also insert instruments

into the scope to treat bleeding abnormalities or remove samples of tissue (biopsy) for further tests.

Possible complications of upper endoscopy include bleeding and puncture of the stomach lining. However, such complications are rare. Most children will probably have nothing more than a mild sore throat after the procedure.

The procedure takes 20 to 30 minutes. Because child will be sedated, he or she will need to rest at the endoscopy facility for 1 to 2 hours until the medication wears off.

Preparation

Child stomach and duodenum must be empty for the procedure to be thorough and safe, so he or she will not be able to eat or drink anything for at least 6 hours beforehand. Your physician may give you other special instructions.