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## UPPER ENDOSCOPY with SEDATION

An upper endoscopy (en-DOS-koe-pee) is a test done to examine the lining of the esophagus (e-SOF-o-gus), stomach, and duodenum (du-oh-DEE-num). The exam is done with a black, flexible tube, or *scope*, which has a light on the end. The doctor will look for signs of redness, swelling, bleeding, ulcers or infections and will collect small tissue samples, or *biopsies*, to be looked at under a microscope.

### HOW TO PREPARE FOR THE TEST

- Your child may have clear liquids to eat or drink after midnight on the day of the test and up to 4 hours before the test.
- On the day of the test, your child should have nothing to eat or drink after (time) \_\_\_\_\_ on (date) \_\_\_\_\_.

### SEDATION

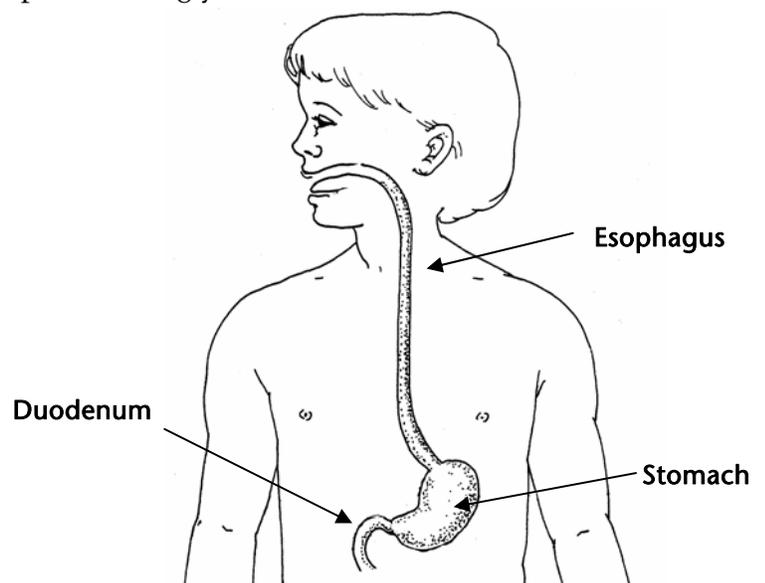
- **If your child is ill with a fever, "stuffy nose", or cough, you may need to be rescheduled.** Please call the GI Department and speak to a nurse.
- **A parent or legal guardian needs to be here.** They will need to give information on the child's health and sign a form giving consent for the procedure. If a parent or guardian is not available, please call the GI Department to make other arrangements.
- For toddlers and young children, it may be helpful to bring your stroller from home.

### HOW THE TEST IS DONE

This test is done in the GI Procedure Room (219a).

- If your child is a female who is menstruating, or is 12 years of age or older, she will have a urine pregnancy test at the hospital on the day of the test.
- Your child will lie on a cart on his left side (Picture 2, page 3).
- About 10 minutes before the test, an IV will be started and your child will be given some medicine into his vein to help him relax. Some toddlers and very young children may have sedation through a small tube placed in their rectum.
- Your child's blood pressure, heart rate, and oxygen level will be monitored throughout the test.

APPOINTMENT	
Child's Name	_____
Date	_____ Time _____
Registration Time:	_____
<input type="checkbox"/> <b>GI Procedure Room</b> - Enter the hospital through the Outpatient Care Center, 555 South 18 <sup>th</sup> Street. (You may ask at the Information Desk in the lobby for directions to the GI Procedure Room.) Follow the circles on the left side of the lobby floor to the elevators on your left marked A1 and A2. Take the elevator to the 2 <sup>nd</sup> floor and turn left. You will see a sign for <b>GI Procedures</b> . Register your child at the reception desk.	



**Picture 1** The upper digestive system inside the body.

## HOW THE TEST IS DONE (Continued)

- The nurse may spray a numbing solution into the back of your child's throat to help make the test less "gaggy." It will have a "hot cherry" flavor.
- A soft plastic mouthpiece will be put into your child's mouth between his teeth.
- The doctor will then place the black, flexible tube through the mouthpiece into your child's mouth and guide it down through the esophagus and stomach and into the duodenum.
- Very small tissue samples or biopsies of the lining of the esophagus, stomach, and the duodenum may be taken for further examination under a microscope. Your child will not feel these samples of tissue being taken.
- The test usually lasts 10 to 15 minutes.
- Parents are asked to wait in the waiting room during the test.

## WHAT YOUR CHILD WILL SEE AND FEEL

- The lights in the room will be turned down low during the test so the doctor can see the screen more clearly.
- Your child will probably gag as the tube passes down the back of his throat. If necessary the nurse will use a small suction tube to clear his mouth of saliva.
- Your child may burp during the procedure, which is normal.
- Your child may feel shortness of breath or pressure on his throat from the tube.
- Your child may not remember having the test because of the effects of the medicine used for sedation.

## AFTER THE TEST

- Your child may go to sleep after the test. He will stay in the Procedure Room until he is awake. If your child is a patient in the hospital, he will return to his room. If he is an outpatient, you will carry him or take him to your car in a wheelchair.
- Your child may be unsteady on his feet and should have help with any activity for a few hours, or until the sedation has totally worn off. He should not ride a bike, play sports or do other things that require coordination or judgment for the rest of the day.
- Your child may have clear liquids when he is awake. If he does not have any problems with liquids, he may have his usual foods.
- The tissue samples taken during the test will be sent to the lab. The test results will be ready in 4 to 5 working days.
- Your doctor will discuss the results of the test with you and the plan for medical care.

## RISKS AND POSSIBLE COMPLICATIONS

### Common

- Throat irritation may occur after the test. This should go away quickly, and is usually managed by throat lozenges or popsicles.
- Gagging always occurs during the test. It stops as soon as the test is over.

### Less Common

- Allergic reactions to the sedation medicines can occur. This may cause trouble breathing and low blood pressure, swelling and hives. Most allergic reactions are usually well controlled by medicine, although serious allergic reactions can be life-threatening.
- Sedation can cause slowed breathing. Patients are watched closely for this. Decreased breathing can often be treated with medicine. (In rare cases a breathing tube is needed until the medicine wears off.)
- Some children may become very sad or scared when they are sedated. This can be distressing. The only treatment is for the medicine to wear off.

## RISKS AND POSSIBLE COMPLICATIONS (Continued)

### Rare

- A small amount of bleeding occurs at biopsy sites, so children may spit up streaks of blood. This is rarely severe unless your child has a bleeding problem such as hemophilia or low platelet counts. This can usually be managed by watching the child closely. It rarely requires giving a blood transfusion or surgery.
- Aspiration (breathing food or saliva into the lungs) can occur during the procedure. This could happen if patients eat or drink something before the procedure, or if there is excessive blood in the stomach. **It is very important to follow the guidelines for eating before the procedure.** If aspiration occurs, the child may develop pneumonia and require a hospital stay.
- Perforation (a hole in the stomach, esophagus, or duodenum) can occur. This is very rare unless the tissue is very diseased and thin. Perforation is serious and requires a hospital stay and possible surgery.
- Obstruction (blockage) of the duodenum (small intestine) can occur if there is a large bruise at a biopsy site. This is most likely to occur in patients who are at high risk for bleeding.

## WHEN TO CALL THE DOCTOR

Call your child's doctor if any of the following occurs:

- Sharp pain in the abdomen that comes on suddenly (different from the kind of pain your child may have had before the test).
- Trouble breathing
- Hoarseness that lasts longer than 24 hours
- Fever above 102° F
- It is difficult to awaken your child.

If you have any questions or concerns, please ask your doctor or nurse, or call the GI Department at (614) 722-3450.



Picture 2 Ready to have an upper endoscopy.