

What are the complications of endoscopy?

As with all invasive procedures, even the EGDS is burdened with possible complications. This risk is very small. The problems that may arise sometimes require hospitalization or surgery, and are more frequent in cases where it is an operational component, especially if performed in emergency regime. On the other hand in the latter situations the endoscopy examination can solve serious acute illness or avoid surgeries. The most frequent complications are:

- the bleeding
- The perforation
- cardio-respiratory acute disease.

Other adverse events, very rare, are related to sedation.

What to do after gastroscopy

After the exam may eat freely, avoiding hot foods and drinks, if biopsies have been performed.

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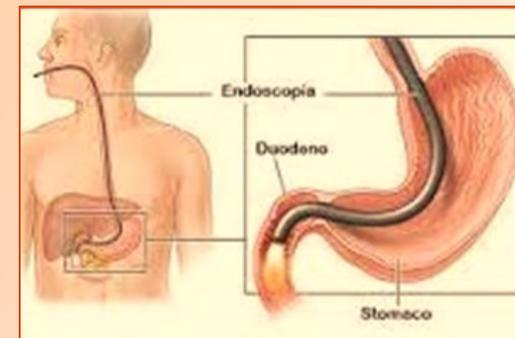
Editet by Endoscopic centre
Realization July 2014



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EGDS - Esophagogastro- duodenoscopy -



Background notes for the patient

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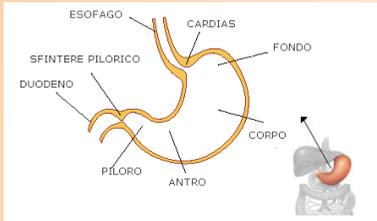
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ESOFAGOGASTRODUODENOSCOPY

- EGDS -

What is it? Why is it done?

The esophagogastroduodenoscopy is an examination that allows you to explore the inside of the upper digestive tract (esophagus, stomach and duodenum) using a thin flexible tube with a small camera. It allows to check any diseases of these organs in order to prescribe the best treatment.



For this purpose the EGDS is the most sensitive test currently feasible. The alternative diagnostic is radiology study (through digestive tract first Rx or, in selected cases, using tomography).

The EGDS is often supplemented by small samples of tissue (biopsies), that can complete the diagnosis.

This diagnostic procedure is also suitable, in some cases, such as:

- removal of polyps,
- bleeding injuries treatment,
- removal of foreign bodies,
- expansion,
- demolition of the masses,
- positioning of prostheses.

What to do before the exam?

For the EGDS is not needed any preparation: fast is required for **at least 8 hours before the exam**.

The presence of food in the stomach in fact limits the vision, making the examination poorly reliable and could also lead to vomiting.

It is allowed to take the usual medication, with some water, but at least 2 hours before the examination.

Before the exam you will be handed a personal history: it is very important that it compiles properly. If taking anticoagulants (such as Coumadin or Sintrom) or antiaggregator (example Plavix, Tiklid, Cardirene), contact your doctor as it may be appropriate to suspend such treatment a few days before the exam to allow biopsies. If the suspension is not possible, it is important that, before the exam, you tell the failure to suspend the physician endoscopist.

How is it done?

The examination is performed in the supine position on the left side.

To make the procedure more tolerable it will be administered intravenously a sedative drug sometimes associated to a local anesthetic (for the pharynx). After this sedation is not recommended driving vehicles or performing activities that require particular attention unsuitable, for this **we ask you to be accompanied by someone**.

When you enter the endoscopic room you have to remove any prostheses (dental, hearing, etc..) and glasses.

It will be placed in your mouth a plastic device between the teeth to avoid trauma to the teeth or tongue.

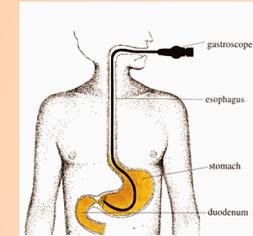
The exam does not cause pain but only a small discomfort that can be minimized by performing long, smooth breaths, leaving saliva flowing outside, and do not swallowing.

During the examination may be taken, without any pain, the fragments of tissue for microscopic analysis. May be also performed to complete the survey endoscopic pictures.

In general, the EGDS lasts 5 to 10 minutes.

All equipment used is subjected to rigorous sterilization or disinfection according to national guidelines.

It also uses almost exclusively disposable accessories.



Sedation

The ultimate goal of sedation in endoscopy is to allow the patient to be subjected to endoscopic examination without feeling pain and with less discomfort as possible, but in absolute safety for his health.

Today we are able to offer a personalized sedation that is "tailor-made" for each user who will be submitted to an endoscopic examination.

In fact, some procedures are painful and require deep sedation, but others (such as endoscopy) are well tolerated and often only require a lighter sedation (conscious sedation). In addition, each person has a different emotional response to endoscopic investigation, ranging from the extremely agitated or frightened, who is absolutely calm and relaxed.

Therefore, our current behavior is to choose the most suitable sedation for each patient according to his state of health, his psychological attitude and the procedure to be done.

The aspect of security is particularly taken care of. Our medical and nursing staff, are skilled to deal with the use of drugs and with any emergency related to sedation or the endoscopic procedure.