



CENTRO DI RADIOLOGIA E FISIOTERAPIA S.R.L.

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PREPARATION FOR THE ESOPHAGOGASTRODUODENOSCOPY (EGDS)

Dear Sir/Madame,

Your stomach is to be empty, so please do not eat nor drink anything after the midnight before the examination **(ABSOLUTE FAST)**.

In case the examination is held in the afternoon, you are allowed to have a clear liquid breakfast in the early morning (before 8 AM).

If you need to take medications, please take only small sips of water.

NB

1. In case of sedation, the patient will need to be accompanied by someone able to drive, or a person of age in charge, as the given tranquilizer may compromise the ability of driving in the hours following the examination.
2. Due to the tranquillizing effect of the given medications a 6-hour rest will be required, during this time driving, riding or potentially dangerous activities will not be allowed.
3. It is recommended to bring any previous radiologic exams of the digestive tube and any related medical documents with you.
4. Any possible allergy is to be reported on the day of the examinations to the Gastroenterologist before undergoing the examination itself.

WARNING

If you are on anticoagulant medications such as Coumadin or Sintrom, Pradexa, Eliquis, Xarelto or antiplatelet medications such as Cardio aspirin, Clopidogrel, Ticlopidine, Ticagrelor, etc., it will be necessary to ask the primary care clinician, TAO (Oral Anticoagulation Therapy) Centre or the practitioner who prescribed the therapy for the information about the duration of the suspension and the possible substitution with a subcutaneous low molecular weight heparin EBPM therapy.



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GASTROENTEROLOGY AND DIGESTIVE ENDOSCOPY

Dear Sir/Madame, in this page you will be provided with some information on the examination that you have been prescribed. Please read it carefully and, should you have any questions, please discuss it with the clinical personnel.

ESOPHAGOGASTRODUODENOSCOPY

WHAT IS THE L'ESOPHAGOGASTRODUODENOSCOPY (EGDS) EXAM? It is the diagnostic exam which allows to directly examine the inner lining of your esophagus, stomach and duodenum.

WHY IS IT NECESSARY? It is done to ascertain whether the disorders that you complain about and the disease that affects you are caused or a related to alterations of the esophagus, stomach or duodenum and to set a suitable therapy.

HOW DOES IT WORK? During an EGDS, a mouthpiece is set onto the patient (*should you wear a denture, please take it off*), who will have been fasting for at least 8 hours and lying on the left side, a long flexible scope (*the endoscope*) is inserted through your mouth and led down to the duodenum. When the above-mentioned organs have been examined the tool is slowly removed. During the EGDS biopsies may be collected, which are tissue samples to send to the laboratory for testing. In certain cases, therapeutic procedures may be required or needed (*such as removing polyps or cauterizing bleeders*) which are not predictable priorly to the examination. The examination usually lasts only a few minutes, it is not painful and doesn't affect your regular breathing. During the procedure, a calm and cooperative behavior is very useful, such as refraining from retching with deep breathes.

WHAT ARE THE POSSIBLE COMPLICATIONS? Years of experience demonstrate that it is a safe examination; however, as in any other medical procedure, it might present rare complications. These complications may occur in less than one case out of 1.000 and they are usually perforations, hemorrhages and cardiorespiratory disorders. In even rarer circumstances (1 case out of 10.000), these complications might require specific therapeutic procedures, also surgeries, or might endanger the patient's life.

WHAT IS THE DIAGNOSTIC ALTERNATIVE? It is represented by the X-ray exam of the digestive tube, which is less accurate in the diagnosis of the disease of those organs, doesn't allow to perform possible biopsic collections and which often needs an integration with a following ECGS.

TIPS ON HOW TO PREPARE FOR THE EXAM: The esophagogastroduodenoscopy requires about 6-8 hours fast; therefore, if the exam is performed in the morning, it is highly recommended fasting from before midnight of the previous day, while, on the other hand, when it is scheduled in the afternoon, a light breakfast is allowed in morning, such as tea. Before the exam, it is appropriate to take off any removable dentures. In case you are on medications, these are to be taken as usual until 2-3 hours before the exam. The consumption of solutions (e.g. antacids, sucralfate) which can make the exam more difficult to perform, by hindering the vision, is to be avoided.

MILD SEDATION

WHAT IS MILD SEDATION? It is a way of sedation by which the patient obtains a reduction or disappearance of anxiety related to the exam's execution, but still keeping the ability of controlling breathing and responding to tactile stimuli and verbal prompts.

WHY IS IT PERFORMED? The goals of the sedation during the endoscopy are to reduce the discomfort and make the exam less annoying.

HOW IS IT PERFORMED? By intravenously administering benzodiazepine tranquilizers. A non-sedative medication, sometimes used during the exam, is the Joscina N-butylbromide (Buscopan®), which has an antispasmodic effect. It is also recommended to undergo a local anesthesia of the mouth and pharynx with a spray anaesthetic.

WHICH ARE THE POSSIBLE COMPLICATIONS? The mild sedation, as any other medical procedure, might present rare complications, such as isolated cases of broncospasm and allergic reactions, altered blood pressure and heart rhythm and rate, respiratory depression, which in even rarer circumstances may require specific therapeutic procedures, also surgeries, or might endanger the patient's life. Furthermore, it can cause pain and phlebitis on the injection point. Due to this medication-induced sedation the patient will be allowed to leave the clinic only if accompanied and, during the 24 hours following the endoscopic examination, the patient should refrain from any activities requiring special surveillance (driving included).

WHAT IS THE ALTERNATIVE? It is to perform the endoscopic examination without sedation or local anesthesia.