
Upper Endoscopy Fact Sheet

Upper Endoscopy

What is a Upper Endoscopy?

An **upper endoscopy** (or EGD) lets the doctor look inside your child's esophagus, stomach, and duodenum (first part of the small intestine). The procedure might be used to understand the reasons for

- swallowing difficulties
- nausea
- vomiting
- reflux
- bleeding
- indigestion
- abdominal pain
- chest pain

Upper endoscopy is also called **EGD**, which stands for esophago-gastroduodenoscopy.

For the procedure your child will swallow a thin, flexible, lighted tube called an **endoscope**. Right before the procedure the doctor will spray your child's throat with a numbing medicine that should help prevent gagging. Your child may also receive pain medicine and a sedative to help them relax during the exam. The endoscope sends a picture of the inside of the esophagus, stomach, and duodenum, so the doctor 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 doctor to examine the stomach.

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

put instruments into the scope to treat bleeding problems or take out samples of tissue (biopsy) for more testing.

Possible complications of upper endoscopy include bleeding or puncture of the stomach lining. However, such complications are not common. Most children will probably have nothing more than a mild sore throat after the procedure.

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

Preparation

Your child's stomach and duodenum must be completely empty for the procedure to be thorough and safe, so your child will not be able to eat or drink anything for at least 6 hours before the procedure.

Your physician may give you other special instructions to follow.