

# Instructions for Upper Endoscopy (EGD) and possible Biopsy

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Patient Name: \_\_\_\_\_

Appointment date and time: \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_:\_\_\_\_ [ ] am [ ] pm

Welcome to ThinkPark International Clinic. You have been scheduled for a procedure called an esophagogastroduodenoscopy (EGD). This procedure usually takes approximately 20 minutes. Be sure to bring the questionnaire and documents provided with you on the day of your procedure.

< What is an Upper Endoscopy? >

An Upper Endoscopy is a test that uses a scope to look inside your esophagus, stomach and first part of the small intestines called the duodenum. It is done to find out the reason for

- difficulty swallowing
- nausea or vomiting
- pain in the stomach or abdomen
- bleeding
- ulcers, gastritis or cancers
- chest pain
- infection with *helicobacter pylori* (specific test is available with procedure)

During the test you will swallow a long thin flexible tube called an endoscope. A small camera is attached to the scope so that your doctor can take pictures of the esophagus, stomach, and duodenum.

The endoscope allows the doctor to

- See abnormalities like inflammation or bleeding
- Take samples of abnormal areas called a biopsy
- Stop bleeding
- Remove polyps

An upper endoscopy is a very safe procedure. However, there are some risks or problems that might occur with the test and medication used.

Complications that may occur include:

- Sore throat or infections, bleeding, or damage to teeth
- Abdominal cramps
- Adverse reaction to the medications or agents, including inflammation of the vein at the IV site
- Temporary slowing of the heart rate or a decrease in breathing or a drop in blood pressure
- Serious medical problems that can result include: Perforation, a tear in the wall of the intestines. If this happens it is treated with hospitalization and antibiotics or surgery.

< A week before endoscopy>

- If you take Plavix, Coumadin (Warfarin), Aspirin or any other blood thinning medications, please discuss with the doctor who proscribed these medications if you could temporarily stop the medications a week before the procedure to prepare for a biopsy.

< The day before endoscopy>

- Don't eat food after 8 pm, and drink water or clear liquids (Such as sports drinks, Sprite, or tea) only (no milk, colored liquids or juices).
- Take cardiac medication such as nitroglycerin, anti-hypertensive regularly. Do not take diabetic medications while fasting. Ask individual medical questions you might have.

< During the endoscopy>

- Take off the accessories you are wearing, such as rings, neckless, glasses or dentures, if possible, and safely keep them by yourself.
- An intravenous (IV) line will be put in your arm. You will be given medications through the IV that will help you relax and may make you drowsy.

The doctor will spray the back of your throat with numbing medicine.

You will be asked to lie on your left side.

The doctor will pass the endoscope, a very thin flexible tube through your mouth into your esophagus, stomach and duodenum.

< After the procedure>

- Your throat may be numb from the local anesthesia which is applied by spray and might cause you to choke on foods or drinks. Wait more than 30 minutes to drink a water or to eat an easily digestible diet or very light soups etc., or follow the instruction provided by the doctor.
- You will not be able to drive afterwards If you receive procedural sedation that will make you sleepy and drowsy. If you have someone available to drive you home or accompany you home in a taxi or on public transportation after your procedure, it will be necessary.

Patient Questionnaire and Consent Form

Name \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_ years old

Address \_\_\_\_\_

Phone number \_\_\_\_\_

• Current Medications, Prescription / Over the Counter

Medication Name	Dose	Last Time Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

• Are you taking blood thinning medications such as *Plavix*, *Coumadin (Warfarin)*, *Aspirin* or any others?

Medication Name	Dose	Last Time Taken
_____	_____	_____

• Personal Medical History. If checked, please explain

- High Blood Pressure ( )       Diabetes ( )
- Heart Disease ( )       Lung Disease ( )
- Liver Disease ( )       Kidney Disease ( )
- Allergies ( )       Others ( )
- Anesthetic/side effect or allergy ( )
- Surgical Histories ( )
- Pregnant ( )      Prostatic Hypertrophy ( )

I understand the professional will do the best and appropriate managements under this procedure if any unexpected conditions occur. I was informed the benefits and risks of the performance and agree to have this procedure. I will follow the instruction direct by Doctors and Medical assistances.

Signature \_\_\_\_\_ date \_\_\_\_\_