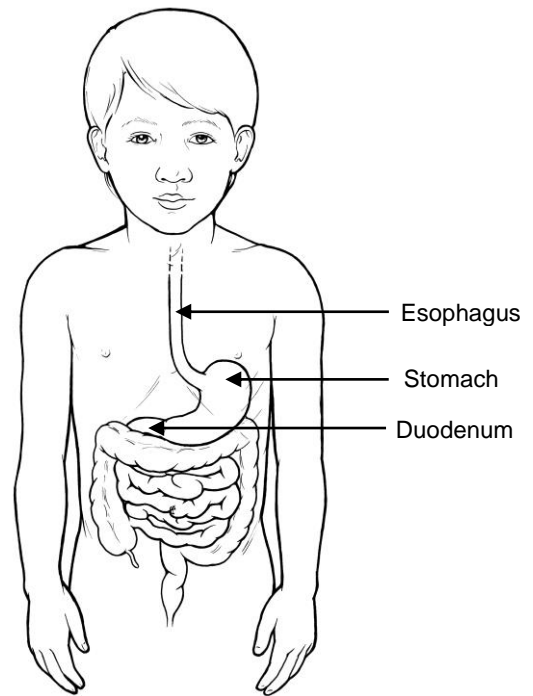


Upper Endoscopy with General Anesthesia

An upper endoscopy is a procedure used to see inside the esophagus, stomach, and duodenum (Picture 1). Your child's doctor or health care provider will use a small, bendy (flexible) tube called an endoscope to look for redness, swelling, bleeding, ulcers, or infections.

Before the Procedure

- Call your child's doctor or health care provider if they're sick before the endoscopy. It may need to be rescheduled.
- The nurse will call you to ask you questions about your child's health.
- The nurse will tell you when to stop giving your child food and liquids, when to get to the hospital, and the time of the surgery.
- Do not let your child have gum, cough drops, or hard candy. If they have been chewing gum, surgery will be delayed 2 hours from the time the gum is spit out. If the gum has been swallowed, surgery will be delayed up to 8 hours from the time it was swallowed.



Picture 1 The esophagus carries chewed food to the stomach.

Procedure Day

- A parent or legal guardian must be here to give information about the child's health and sign a consent form. If they cannot come, call the GI Department to make other plans.
- You'll register your child as instructed. Nurses will talk about your child's procedure and any health concerns.

- Your child will be taken back for their procedure while you wait in the waiting room. In the procedure room, they'll be given medicine to help them sleep (anesthesia). This is given through an IV or as a gas to breathe in.
- Your child will lie on their back or side, then the endoscope is placed in their mouth. The doctor or health care provider will guide it down their esophagus and into the stomach and duodenum.
- Very small pieces of tissue (biopsies) may be taken to test.
- The procedure is usually 15 to 20 minutes long.

After the Procedure

- Your child may have clear liquids. Once they handle liquids well, they can eat food.
- Your child may need help walking to and getting in the car.
- The doctor or health care provider will tell you when your child can return to their normal activities.

Risks

- **Bleeding**
 - There will be a little bleeding at the incision site.
 - Your child may have some blood in their spit. This is dangerous if your child has a bleeding disorder.
 - Watch your child closely. They shouldn't bleed for a long time.
- **Aspiration** – When food or liquid is breathed in (inhaled) through your airway instead of being swallowed and going through your esophagus.
 - This can happen if your child eats or drinks something before the procedure. Follow the eating and drinking guidelines to help prevent aspiration.
 - If aspiration happens, your child may get pneumonia.
- **Perforation** – This is a hole in the stomach, esophagus, or duodenum. It is very rare. Surgery may be needed to fix it.
- **Obstructed duodenum** – The duodenum has a blockage.
 - This can happen if there's a large bruise at a biopsy site.
 - This is more likely to happen if your child is at risk for a lot of (excessive) bleeding.

When to Call the Doctor

Call your child's doctor or health care provider if they have:

- Trouble breathing.
- A hard time being woken up.
- Quick, sharp belly pain.
- Hoarseness that lasts longer than 24 hours.
- Fever above 102.5° Fahrenheit (F) or 39.2° Celsius (C).
- Throwing up (vomiting).

Follow-up

You will get a call if your child's care plan needs to be changed. If you have any questions or concerns, call your child's doctor or health care provider.