



Upper Endoscopy with General Anesthesia

An upper endoscopy (en DOS koe pee) is a test done to examine the lining of the esophagus (e SOF o gus), stomach and duodenum (du oh DEE num) (Picture 1). The exam is done with a black, flexible tube, or scope, which has a light on the end. The doctor will look for signs of redness, swelling, bleeding, ulcers or infections. Small tissue samples (**biopsies**) will be collected to be studied under a microscope.

- **If your child is ill with a fever, “stuffy nose”, or cough, he or she may need to be rescheduled.** Please call the GI Center at 614-722-3445 and ask to speak to a nurse in the GI Procedure Room.
- **A parent or legal guardian needs to be here.** That person will need to give information on the child’s health and sign a form agreeing to the procedure. If a parent or guardian cannot come, please call the GI Department to make other plans.
- For toddlers and small children, it may be helpful to bring a stroller and another comfort item from home.
- On the day of the procedure, you will register your child in the GI Center or Outpatient Surgery Unit as instructed. The nurses and anesthesiologists will discuss your child’s anesthesia and other health concerns with you.

Appointment

Child's Name: _____

Date _____ Arrival Time _____

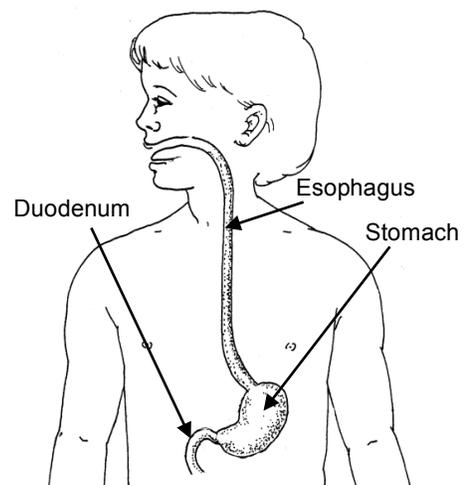
Check In:

GI (Center), 1st Floor, J West
(G Building)

Surgery Unit, 2nd Floor, C Building

If your child is already in the hospital
he will go to the appropriate area from
his room.

Parking: You may park in the Visitor
Parking Garage or Valet Park at the main
entrance of the hospital.

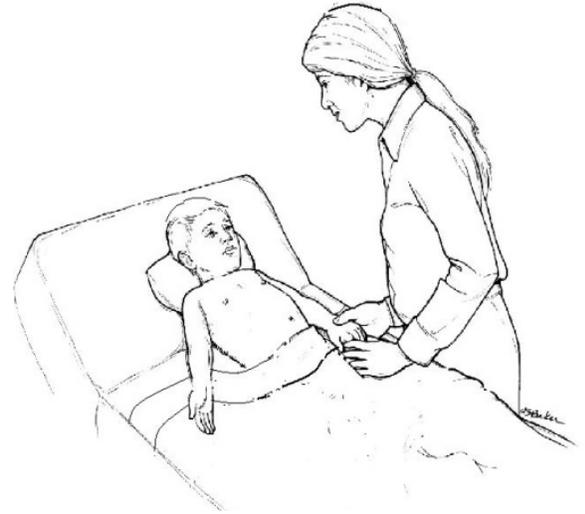


Picture 1 The upper digestive system
inside the body

How to prepare for the test

Food and Drink – It is very important to follow these instructions exactly:

- Your child may have CLEAR LIQUIDS up to 3 hours before surgery. After that, he may have nothing else to drink. Clear liquids allowed are water, apple juice, Pedialyte, and Lemon–Lime soda.
- Your child may have breast milk up to 4 hours and formula up to 6 hours before surgery. Water or Pedialyte can be continued up to 3 hours before the procedure. **All other liquids, semi-liquids and solid foods MUST BE STOPPED 8 hours before the procedure.**
- **Gum, cough drops and hard candy are not allowed.** If your child has been chewing gum, **the procedure will be delayed 2 hours** from the time the gum is spit out. If the gum has been swallowed, **the procedure will be delayed 6 hours** from the time it was swallowed.
- A nurse from the GI Center or Surgery Unit will call the day before the procedure to tell you when your child should stop eating.
- Your child **should not** take aspirin, ibuprophen (Motrin[®] and Advil[®]) or naproxen (Aleve[®]) 1 week before the procedure and for 3 days after the procedure. Your child may take acetaminophen (Tylenol[®]).



Picture 2 Getting ready to have an upper endoscopy.

How the test is done

- Your child will go to the Operating or procedure room. There he will receive general anesthesia so that he will sleep through the test.
- Parents are asked to wait in the waiting room during the test.
- Your child will lie on a cart on his back (Picture 2).
- The doctor will then place the endoscope through your child's mouth and into the esophagus, stomach and duodenum.
- Very small tissue samples (biopsies) of the lining of the esophagus, stomach and duodenum may be taken to be examined under a microscope.
- The test usually lasts 15 to 20 minutes.

After the test

- After the test your child's doctor will talk with you about what was seen during the test and the plan for treatment.
- Your child may have clear liquids when he is awake. If he does not have any problems with liquids, he may have his usual foods.
- If your child is an outpatient, you may take him to your car in a wheelchair or stroller, or you may carry him.
- Your child may be unsteady on his feet. He should have help with any activity for a few hours (or until the anesthesia has totally worn off). He should not ride a bike, play sports or do other things that require coordination or judgment for the rest of the day.

Risks and possible complications

- A small amount of bleeding occurs at biopsy sites, so children may spit up streaks of blood. This is rarely severe unless your child has a bleeding problem such as hemophilia or low platelet counts. This can usually be managed by watching the child closely. It rarely requires giving a blood transfusion or surgery.
- Aspiration (breathing food or saliva into the lungs) can happen during the procedure. This could happen if the patient eats or drinks something before the procedure or if there is excessive blood in the stomach. **It is very important to follow the guidelines for eating and drinking before the procedure.** If aspiration happens, your child may develop pneumonia and need to stay in the hospital.
- Perforation (a hole in the stomach, esophagus or duodenum) can happen. This is very rare unless the tissue is very diseased and thin. Perforation is serious. If there is a perforation, your child would need to stay in the hospital. Surgery might also be needed.
- Obstruction (blockage) of the duodenum (small intestine) can happen if there is a large bruise at a biopsy site. This is most likely to happen if your child is at high risk for bleeding.

When to Call the Doctor

Call your child's doctor if any of the following occurs:

- **If your child has trouble breathing, or is difficult to awaken, please call 911.**
- Sharp pain in the abdomen that comes on suddenly (different from the kind of pain your child may have had before the test).
- Hoarseness that lasts longer than 24 hours
- Fever above 102.5°F
- Vomiting

Follow-Up

Four or five days after your child's test you may call the Gastroenterology (GI) office at (614) 722-3450 for results of the tissue sample. If there is a need to change the plan of care, you will be told at that time.

If you have any questions or concerns, please ask your child's doctor or nurse, or call the GI Department at (614) 722-3450.