

Endoscopy

Information for patients preparing for their procedure

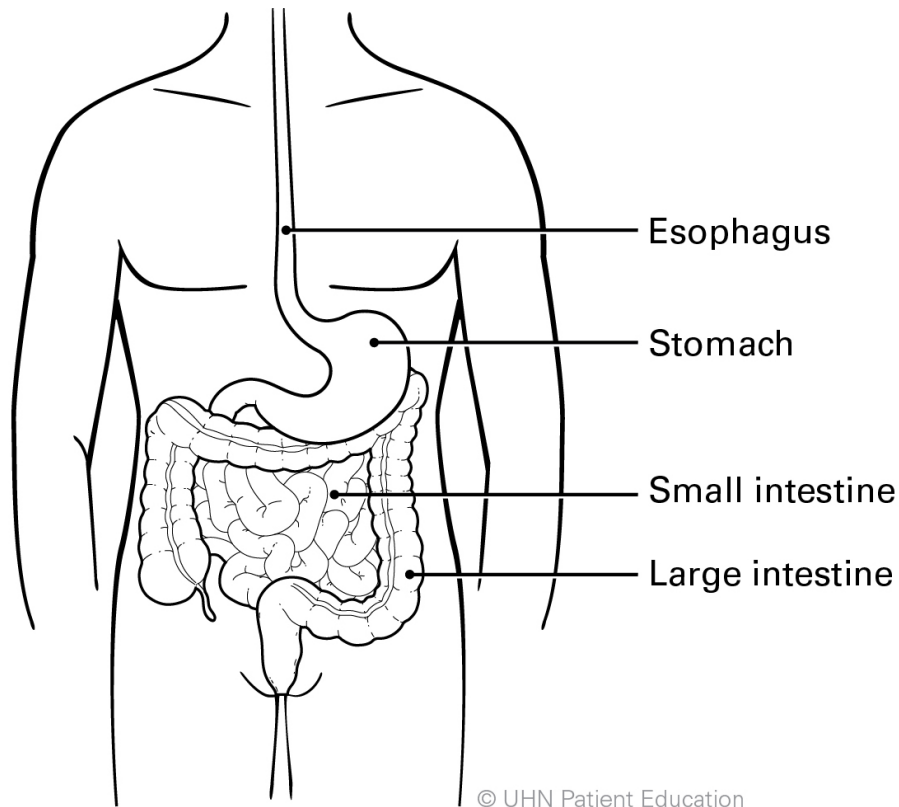
Read this resource to learn:

- What endoscopy is used for
- How to prepare for this procedure
- What are the risks
- What to expect after the procedure



What is an endoscopy?

An endoscopy is a procedure that examines the gastrointestinal (GI) tract using a flexible tube with a camera and a light on the end. The GI tract includes the organs that food and liquids pass through when you eat and drink—the mouth, throat, esophagus, stomach, intestines, rectum and anus.



The doctor will give you medicine to make you feel very relaxed and sleepy, but you will be awake. You can talk and respond normally.

The doctor may also take a small sample of tissue during the procedure (biopsy) or open a tight area of your esophagus with either a balloon or dilator device.

Endoscopic ultrasound

You may also need to do a procedure called an endoscopic ultrasound. The doctor uses the flexible tube with the camera and sound waves (ultrasound) to take photos of areas in your GI tract like the lymph nodes.

Why do I need this procedure?

An endoscopy is usually done to check health issues such as:

- dysphagia (trouble swallowing)
- acid reflux
- infections of the GI tract
- hernias
- cancers
- strictures (tight areas of the esophagus)

How do I prepare for this procedure?

- Do NOT eat or drink after midnight before the procedure.
 - You can take your usual medicines with sips of water.
- You must STOP taking blood thinners before having your endoscopy:
 - Apixaban – stop taking 48 hours before your procedure
 - Rivaroxaban – stop taking 48 hours before your procedure
 - Dalteparin – stop taking 24 hours before your procedure
 - Enoxaparin – stop taking 24 hours before your procedure
 - Warfarin – stop taking 5 days before your procedure
 - Plavix – stop taking 7 days before your procedure
 - ASA 325mg – stop taking 7 days before your procedure
 - Ibuprofen – stop taking 5 days before your procedure
 - Unfractionated heparin – stop taking 4 hours before your procedure
- **If you take aspirin (ASA 81 mg), you do not need to stop.**

Important: Please tell your doctor if you are taking any blood thinners. Ask your surgeon's office if you are not sure when to stop taking your medication.

What are the risks of this procedure?

Most endoscopies are done without any problems, but they can happen.

Risks include:

- a tear in the esophagus, stomach or intestines
- bad reaction to sedation (the medicine that helps you feel relaxed and comfortable during the procedure)
- bleeding
- infection

Where do I recover after the procedure?

You are moved to the recovery room after your procedure. You may feel sleepy or drowsy for 30 to 60 minutes. A nurse checks your blood pressure and heart rate during this time.

Once the nurses check that the sedation has worn off you can leave the hospital.

Do not drive yourself home. Arrange for an adult friend or family member to pick you up at the hospital and take you home after the procedure, for example by car, taxi, rideshare or TTC. You will be drowsy after the procedure.

What should I expect after the procedure?

- You will not be able to eat or drink anything until the anesthetic has worn off because your throat will be too numb to swallow safely. The numbness usually passes after about 1 hour.
- Your throat may feel a little sore for 24 to 48 hours. Using cough drops or gargling with warm salty water can help.
- You may have some bloating, stomach cramps, and a feeling of fullness because of the air we put in during the procedure. This will get better over several hours.
- You can take your regular medications again.

Who can I call if I have questions or to reschedule my appointment?

- Dr. Wakeam: 416 340 5415
- Dr. Yeung: 416 340 3121
- Esophageal Nurse Navigator: 416 340 4800 ext. 2751

Follow-up appointment

You will have an appointment scheduled with your surgeon after your endoscopy in 2 to 3 weeks. If you have not received an appointment, please contact your surgeon's office or nurse navigator.



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