



## Frequently asked questions on Upper Gastro-intestinal Endoscopy

### Upper gastrointestinal endoscopy

Upper gastro-intestinal endoscopy is a minimally invasive test that lets your doctor see the inner lining of your upper digestive system which comprises the swallowing tube (oesophagus), stomach and the first part of the small intestine (duodenum).

### When is it needed

The presence of the following symptoms require endoscopy:

- Difficulty/pain while swallowing
- Heartburn
- Unexplained weight loss
- Low blood level(anaemia)
- Epigastric pain/dyspepsia
- Nausea/vomiting
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It is the best way to find the following:

- swelling (inflammation),ulcers (loss of covering surface)and abnormal growth in the upper digestive system.

This test can be used to treat some conditions present in the upper digestive system:

- Remove growths (polyps)
- Swallowed objects can be removed.
- Stretch narrowed areas.
- Bleeding can be stopped.
- Placement of feeding tube

### What is an endoscope?

An endoscope is a long, narrow, flexible tube containing a tiny light and camera at one end. This camera carries pictures of the inner lining of your upper digestive tract and shows it on a television screen for the doctor and assistant to see.

### How do I prepare?

- Your stomach should be empty. Do not eat or drink for 6hours before your test.
- However, if you take pills in the morning, drink only a small sip of water to help you swallow
- Do not take antacids.
- Bring all your prescription drugs along.

- Inform your doctor if you take antibiotics before having dental work.
  - If you are a diabetic, please ask your doctor if you should take your insulin and/or pills before your test.
  - Bring your medical records and X-ray films related to your current problem.
  - The medicines used during the procedure will not wear off for several hours.
- You will NOT be permitted to drive soon after procedure.  
Please come with an adult escort even if you intend to travel with public transport.

**When should it not be done?**

- Uncooperative patients
- Acute myocardial infarction
- Severe cervical arthritis
- Severe maxillofacial injuries
- Basilar skull fractures
- Seizures
- Perforated viscus
- Thoracic aortic aneurysm
- Shock
- Respiratory compromise

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