

[Home](#) > [Navigating Cancer Care](#) > [Diagnosing Cancer](#) > [Tests and Procedures](#) > [Upper Endoscopy](#)

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Upper Endoscopy [1]

This section has been reviewed and approved by the [Cancer.Net Editorial Board](#) [2], 02/2014

Key Messages:

- During an upper endoscopy, a doctor uses a thin, flexible tube with a tiny camera on the end (endoscope) to examine the upper part of the gastrointestinal tract.
- Medication is given to help the person relax and reduce any discomfort the procedure may cause; many people fall asleep.
- During the procedure, the doctor can remove small samples of tissue so they can be tested for cancer or other conditions.
- After the procedure, you can usually return to your usual activities within 24 hours.

An upper endoscopy is a procedure that allows a doctor to examine the upper part of the gastrointestinal (GI) tract, including the esophagus (the muscular tube that connects the throat to the stomach), stomach, and duodenum (the top of the small intestine). It is also called upper GI endoscopy or esophagogastroduodenoscopy (EGD).

An endoscope (a thin, flexible tube with a light and a tiny camera on the end) is inserted into the mouth, down the throat, and into the esophagus to look for tumors or other health problems. The doctor views the images on a screen. During this procedure, the doctor can remove polyps (noncancerous growths) or other tissue samples for further study using tools passed through a channel in the endoscope.

In addition, some endoscopes incorporate a new technology called narrow band imaging, which uses colored light to find precancerous conditions in the lining of the [esophagus](#) [3].

The medical team

An upper endoscopy is done in a doctor's office, GI clinic, or hospital. A gastroenterologist (a doctor who specializes in the GI tract) most often performs the procedure, but many other specialists can also do it.

Preparing for the procedure

When you schedule the procedure, you will get detailed instructions about how to prepare.

Because your stomach and duodenum must be completely empty, you should not eat or drink anything, including water, for up to eight hours before your endoscopy. In addition, your doctor might tell you not to take aspirin or other over-the-counter pain medications for seven days before the exam. These medicines can increase the risk of bleeding during the procedure. Ask the doctor or nurse about these restrictions.

Before your appointment, you may want to check with your insurance provider to find out whether the procedure will be covered and how much you may need to pay yourself. Once you arrive for your upper endoscopy, you will be asked to sign a consent form that states you understand the benefits and risks of the procedure and agree to have the test done. Talk with your doctor about any concerns you may have.

During the procedure

An upper endoscopy usually takes 20 to 30 minutes to complete. Before the procedure begins, you will take off your shirt and put on a hospital gown. If you wear dentures, you may be asked to remove them.

You may be given anesthesia [4] (medicine that blocks the awareness of pain) and a sedative (medicine that relaxes you) through an intravenous (IV) needle in your arm. This will help reduce the discomfort you might otherwise feel during the procedure. You may feel a slight stinging where the IV needle is inserted.

At the beginning of the procedure, your throat may be sprayed with a local anesthetic to numb the area, or you may be given an anesthetic medication to gargle. This will help prevent gagging. The doctor may also insert a mouthpiece to hold your mouth open during the procedure.

You will lie on your left side or on your back on an exam table. As the doctor slowly inserts the endoscope, you will feel pressure through your esophagus. The endoscope inflates your stomach by blowing air into it. This gives the doctor a better view of the stomach lining.

You will be able to breathe on your own throughout the exam. Taking slow, deep breaths through your nose will help you relax. Many patients fall asleep.

When the procedure is over, the endoscope will be gently removed from your body, and you will go to a recovery room. Your throat may feel sore, and you may have bloating or cramping because of the air blown into your stomach. You may also feel some discomfort from lying still for a long time.

After the procedure

You will stay at the facility where you had the upper endoscopy for up to two hours while the effects of the anesthesia and sedative wear off. You will need a ride home because these medications can temporarily impair your reaction speed and judgment. The doctor or nurse will tell you how soon you can eat and drink. You can usually expect to go back to your usual activities the day after the procedure.

If you have a sore throat, you can gargle with salt water to relieve the discomfort. Problems after

an upper endoscopy are uncommon, but if you feel severe throat, chest, or abdominal pain or have a fever, shortness of breath, or trouble swallowing, call your doctor immediately.

Questions to ask your doctor

Before having an upper endoscopy, consider asking the following questions:

- Who will perform the upper endoscopy? Will anyone else be in the room?
- What will happen during the upper endoscopy?
- How long will the procedure take?
- Will it be painful?
- Will I be given any type of anesthesia or sedation?
- What are the risks and benefits of having an upper endoscopy?
- How accurate is an upper endoscopy at finding cancer?
- When will I learn the results? How will they be communicated to me?
- Who will explain the results to me?
- What other tests will I need if the upper endoscopy finds evidence of cancer?

More Information

[Types of Endoscopy](#) [5]

Additional Resources

[American Gastroenterological Association: Preparing for an Upper GI Endoscopy](#) [6]

[Society of American Gastrointestinal and Endoscopic Surgeons: Upper Endoscopy](#) [7]

[MedlinePlus Interactive Tutorials: Upper GI Endoscopy](#) [8]

Links:

[1] <http://www.cancer.net/navigating-cancer-care/diagnosing-cancer/tests-and-procedures/upper-endoscopy>

[2] <http://www.cancer.net/about-us>

[3] <http://www.cancer.net/node/18786>

[4] <http://www.cancer.net/node/24375>

[5] <http://www.cancer.net/node/24511>

[6] <http://www.gastro.org/patient-center/procedures/upper-gi-endoscopy>

[7] <http://www.sages.org/publications/patient-information/patient-information-for-upper-endoscopy-from-sages/>

[8] <http://www.nlm.nih.gov/medlineplus/tutorials/uppergiendoscopy/htm/index.htm>