UNIVERSITY OF MICHIGAN HEALTH
MICHIGAN MEDICINE

Upper Endoscopy (EGD) Prep for Gastroparesis and Achalasia

What are gastroparesis and achalasia?

Gastroparesis, also called **gastric stasis or gastric paralysis**, is condition where your stomach takes too long to empty its contents. This slows the movement of food through the digestive system and can cause an early feeling of fullness, bloating, nausea, abdominal pain, weight loss, or heartburn symptoms.

Achalasia occurs when nerves in the esophagus are damaged, and the esophagus eventually loses the ability to squeeze food down into the stomach. This can cause food to collect in the esophagus.

For an **endoscopy** to be effective and safe, we need to make sure that food and its digested products are not present in the esophagus or stomach before the procedure. Therefore, in patients with gastroparesis or achalasia, a longer period of **fasting** (not eating) is essential.

Planning for the procedure

- **You must have a driver** who is 18 years or older present at check in and discharge. If you do not have a driver with you at check in, we will need to reschedule your appointment. This person must remain in the unit during your entire visit so that they are available as soon as you are ready to be discharged. You will not be discharged unless this person is in the unit. Because your judgment may be impaired after this procedure, you will not be released to take public transportation, a taxicab, or even walk home without another responsible adult present to accompany you.
- The entire procedure appointment may take 3 to 4 hours to complete. Please advise your driver that they will need to remain in the facility for the duration of the procedure.

- If you have diabetes, ask your health care provider for diet and medicine instructions.
- If you need to cancel or reschedule your appointment, please call the Endoscopy Call Center as soon as possible at 734-936-9250 or toll-free 877-758-2626.

What are my instructions for preparing for the procedure?

Follow the instructions included below carefully to ensure a successful exam.

7 days before your upper endoscopy:

- If you take aspirin or NSAIDs, such as Advil®, Motrin®, Celebrex®, or ibuprofen, you may continue to take them as usual.
- If you take a blood thinner, such as Plavix®, Pradaxa®, Clopidogrel®, Coumadin®, warfarin, Effient®, Prasugrel®, or Lovenox®, ask your health care provider for specific instructions.

1 day before your upper endoscopy:

- **Stop eating all solid foods 24 hours before your procedure.** Clear liquids are okay to drink.

Clear Liquids – Allowed:	**Non-Clear Liquids – Not Allowed:**
• Gatorade, Pedialyte, or Powerade • Coffee or tea (no milk or non-dairy creamer) • Carbonated and non-carbonated soft drinks • Kool-Aid or other fruit-flavored drinks • Apple juice, white cranberry juice, or white grape juice • Jell-O (gelatin) or popsicles	• Chicken, beef, or vegetable broth • Red or purple items of any kind • Alcohol • Milk or non-dairy creamers • Juice with pulp • Hard candy • Any liquid you cannot see through

- You may take all your morning medicines (except for oral diabetes medicine) as usual with 4 oz. of water up to 4 hours before your procedure.
    - If you take oral diabetes medicine (pills), **do not** take the medicine the morning of your test.
- If you have diabetes and you take oral or injectable medicines but do not use a pump, follow the instructions in our **Preparing for a Medical Procedure: Guidelines for Adults with Diabetes not using an Insulin Pump** handout: https://michmed.org/RWGky.
- If you have diabetes and use an insulin pump, follow the instructions in our **Preparing for a Medical Procedure: Guidelines for Adults with Diabetes Using Insulin Pumps** handout: https://michmed.org/3AQwb.

2 hours before your procedure:

- Stop chewing gum.
- Stop drinking all clear liquids.

Bring a list of all your current medicines with you, including over-the-counter medicines.

➔ **Turn the page to learn about the benefits, risks, and alternatives for an Upper Endoscopy.**

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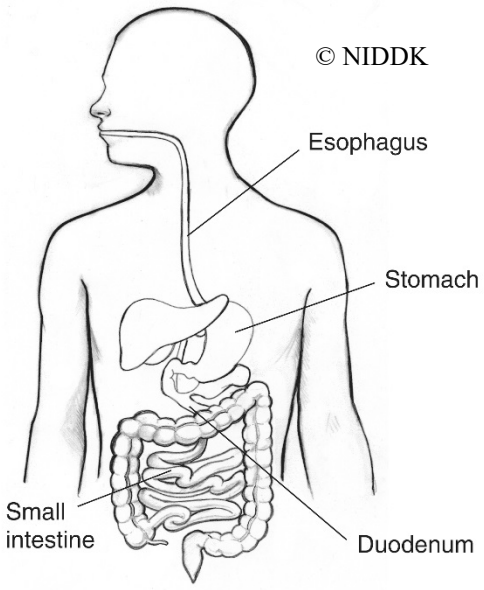
What are the Benefits, Risks, and Alternatives for an Upper Endoscopy (EGD)?

Before starting the procedure, a member of our team will ask you to sign an informed consent indicating that you understand the procedure, its benefits and risks, and the alternatives for an Upper Endoscopy procedure, also called an EGD (Esophago-Gastro-Duodenoscopy). Read this handout or view the video at: http://michmed.org/eaLgY to understand your informed consent.



What is the purpose of an EGD?

Upper GI endoscopy is a procedure in which a doctor passes a thin tube called an endoscope through your mouth to see the lining of the upper part of your digestive system also upper GI tract. EDG enables doctors to diagnose and treat many symptoms and conditions that affect the esophagus, stomach, and the first part of the small intestine also called duodenum.

What are the benefits of a EGD?

An EGD enables doctor to see the lining of these internal organs and diagnose many conditions such as:

- Gastroesophageal reflux disease (GERD)
- Ulcers
- Cancer
- Inflammation, or swelling
- Precancerous abnormalities such as Barrett's esophagus
- Celiac disease
- Strictures or narrowing of the esophagus
- Blockages

The endoscopy also enables the doctor to pass different instruments. One of these can obtain a small piece of tissue for testing; this is called a biopsy. Biopsies are needed to diagnose conditions such as cancer, celiac disease, and gastritis. Other instruments include various types of dilators for treating strictures, or ablation devices for treating bleeding, tumors, or abnormal tissue.

What are the risks of an EGD?

EGD is considered a safe procedure. The risks of complications from an EGD are low, but may include:

- A reaction to the sedating medication, including breathing or heart problems.
- Bleeding. Occurs in less than 1 out of 100 patients (less than 1%)
- Perforation: a tear or a hole in bowel. Occurs in less than 1 in 100 patients (less than 1%).
- Infection. Occurs in less than 1 out of 100 patients (less than 1%)
- Aspiration: stomach contents may get into the lungs leading to a lung infection (pneumonia). Occurs in less than 1 in 100 patients (less than 1%)

Rarely blood transfusion or surgery are needed to treat these conditions.

Risks are higher in in people taking steroids or anti-coagulation medicines, or in people that have certain serious diseases. Risks may also be higher when dilation or tissue ablation is performed.

What are the alternatives?

The only alternatives to EGD are other imaging tests such as x-rays or CT scans taken from outside the body. While imaging tests can be helpful in identifying problems in the upper GI tract, they are not able to provide the same level of detail as an EGD, and do not allow taking a biopsy or treating different conditions as described above.