

Preparation Instructions for Your Upper Endoscopy, Endoscopic Ultrasound (EUS) or Endoscopic Retrograde Cholangiopancreatography (ERCP)

In general, preparation for an upper endoscopy, EUS and ERCP are similar. As part of the preparation process, your gastroenterologist will discuss any difference with you and give you specific instructions to follow.

Before Your Procedure

- **Remind your doctor of any and all of your medications at least a week before the exam.** You may need to adjust your dosages or temporarily discontinue taking medications.
- **Remind your doctor of ANY blood thinning medications you are taking, such as Plavix, Effient, Brilinta, Coumadin, Pradaxa, Xarelto or Eliquis.** You may need to adjust your dosages or temporarily discontinue taking medications.
- **Make sure the doctor knows that you have a prosthetic valve.** If you have an artificial heart valve, you may need to talk to your primary care physician or cardiologist about whether the medication you are using needs to be adjusted or temporarily discontinued.
- **Nothing to eat or drink after midnight.** If you have been cleared to continue your regular medication regimen, take your medicines with a sip of water in the morning.

During Your Procedure

- The duration of the procedure typically varies depending on what is being done and may range from 10 minutes up to an hour.
- To begin, you'll be asked to lie down on the table on your back or your side. Monitors will often be attached to your body to allow your health care team to monitor your breathing, blood pressure and heart rate.
- You may receive anesthetic spray in your mouth, which will numb your throat in preparation for insertion of the endoscope, which is a long, flexible tube. You will also receive a sedative medication through a vein in your forearm to help you relax during the procedure.
- When the endoscope is inserted in your mouth, your doctor may ask you to swallow as the scope passes down your throat. You may feel some pressure in your throat, but you shouldn't feel pain. Though you should not attempt to talk after the endoscope passes down your throat, it will not interfere with your breathing.

- As your doctor passes the endoscope down your esophagus, a tiny camera at the tip of the instrument will transmit images to a video monitor in the exam room. Your doctor will watch the monitor to look for abnormalities in your upper digestive tract. If abnormalities are found, your doctor may record images for later examination.
- Gentle air pressure may be fed into your esophagus to inflate your digestive tract. This allows the endoscope to move freely so that your doctor can more easily examine the folds of your digestive tract. You may feel pressure or fullness from the added air.
- Your doctor may pass special surgical tools through the endoscope to collect a tissue sample or remove a polyp. When your doctor has finished the exam, the endoscope will be slowly retracted through your mouth.

After Your Procedure

- Following your procedure, you will be taken to a recovery area to sit or lie quietly for approximately an hour so that you can be monitored as the sedation begins to wear off. You will need to be driven home and may also need to take the day off from work. Don't make any important personal or business decisions for 24 hours.
- Once you are home, you may experience some mildly uncomfortable symptoms such as bloating and gas, cramping and sore throat. These will improve with time. Consult your doctor if you are concerned or if you experience severe discomfort.

Your Results

- If your doctor performed a procedure to look for an ulcer, you may learn the findings immediately after the exam. If a tissue sample was collected (biopsy), you may need to wait a few days to receive results from the testing laboratory.
- Ask your doctor when you can expect your results.