

Date of Procedure: _____

Day before procedure:

We call you after 2 p.m. with these times:

1. Time to arrive: _____
2. Do not eat or drink after: _____

Important:

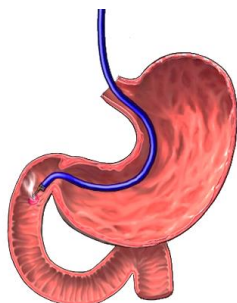
If you have not heard from us by 4:00 p.m.
please call the clinic at:

682-885-1990 or 682-885-3597

What is an EGD?

An EGD is a special procedure using a small tube called an endoscope. The endoscope has a light and camera at the very end. Your doctor gently guides the endoscope down into your stomach.

1. The camera lets your doctor see the inside of your food tube, stomach, and the first part of your small intestine.
2. The EGD helps us find ulcers, bleeding, or infections in the food tube, stomach, or the first part of your small intestine.
3. Your doctor may take very small tissue samples called biopsies.
4. During the EGD you are sleeping and will not feel anything.



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What I need to know before my EGD

1. List all medicines and times

We need to know **all** medicines your child takes:

This includes prescription and over-the-counter medicines, especially any aspirin, ibuprofen, blood thinners, etc.

Note: You may need to give the routine medicines at different times.

2. Food and fluid

Very important to have an empty stomach.

Do not to eat or drink anything after:

My Time:

3. Fever before procedure

Please call the clinic immediately for a fever of 101.5 or greater.

4. Plan child care

Plan care for your other children.

Please **do not** bring other children with you.

They cannot go into the prep room or the recovery room.

Day of EGD procedure

Important: If you need to cancel or will be late:

Call: 682-885-3597

If you need to cancel before the day of the procedure, call the GI Clinic as soon as possible.

682-885-1990

Patient Registration:

1. Cook Children's Medical Center:

Go directly to the *surgery waiting room* located on second floor. Check in and register. We will take you to the Special Procedure Area.

2. Cook Children's Northeast Hospital:

- Register at Surgery Registration.
- We will take you to the procedure room.

Consent for Procedure

1. We will answer all your questions.
2. We will ask you to read and sign the consent.

Before you sign **this consent** you need to know:

- What is an EGD?
- Why and how we are doing the EGD.
- Possible risks of the procedure.

During the EGD:

- One parent will need to stay in the waiting room during the procedure.
- An EGD takes about 30 to 45 minutes.

After the EGD What to know

1. You go to the recovery room to wake up.

- You will be on a monitor.
- You will have an IV.

2. Your doctor talks to your parents.

- Reviews the procedure.
- Explains the EGD pictures.

3. How you may feel

You may have some abdominal (stomach) discomfort. This is from the air we used during the procedure or anesthesia.

- This will feel better the next day.
- You may have a sore throat.
- Your nurse can give medicine to help with discomfort.

4. Going home

- Your nurse will tell you about home care.
- We will give you a copy of our discharge instructions.

5. Biopsy results (if taken during EGD)

The lab doctor (called pathologist) looks at the biopsy tissue.

- We report the results to your doctor.
- Your clinic nurse will call you the results in 7 to 10 business days after the biopsy.

Please call the GI Clinic with any questions or concerns.

Gastroenterology

Doctor: _____

Phone: _____

These instructions are only general guidelines. Your health care providers may give you special instructions. If you have any questions or concerns, please call your health care providers.

The healthcare provider talked to me about the information in this handout.

- I know what I need to do.
- I know why doing this is important.
- All my questions have been answered.
- I have a copy of this handout.

Patient Name

Patient, Parent, or Legally Authorized Representative

Printed Name

Signed Name

Your Relationship to the Patient

Date

Time a.m. / p.m.

For staff use only

Esophagogastroduodenoscopy-EGD-GI-Prep

Healthcare Provider

MRN (Medical Record Number)

Printed Name

Signed Name

Date

Time a.m. / p.m.

Interpreter

Printed Name

Signed Name

Interpreter Number

Date

Time a.m. / p.m.

Print or imprint Patient Information

MRN _____

CSN _____