**Upper Endoscopy**

Upper endoscopy enables the physician to look inside the esophagus, stomach, and duodenum (first part of the small intestine). The procedure might be used to discover the reason for swallowing difficulties, nausea, vomiting, reflux, bleeding, indigestion, abdominal pain, or chest pain. Upper endoscopy is also called EGD, which stands for esophagogastroduodenoscopy.
For the procedure you will receive              either administered by your gastroenterologist or by an anesthesiologist in certain special cases. Right before the procedure the physician will spray your throat with a numbing agent that may help prevent gagging. The doctor will insert a thin, flexible, lighted tube called an endoscope. The endoscope transmits images of your esophagus, stomach, and duodenum, so the physician can carefully examine the lining of these organs. The scope also blows air into the stomach; this expands the folds of tissue and makes it easier for the physician to examine the stomach.
The physician can see abnormalities, like inflammation or bleeding, through the endoscope that don't show up well on x rays. The physician can also insert instruments into the scope to remove samples of tissue (biopsy) for further tests or treat bleeding abnormalities among other things. If a narrowing is found the physician may use devices through the endoscope to stretch out the affected area.
Possible complications of upper endoscopy include bleeding and puncture of the stomach lining. However, such complications are rare. Most people will probably have nothing more than a mild sore throat after the procedure.
The procedure takes 15 to 30 minutes. Because you will be sedated, you will need to rest at the endoscopy facility for 1 to 2 hours until the medication wears off.