

ABOUT EGD THE FRIST CLINIC MEDICAL GROUP - GASTROENTEROLOGY

After careful medical assessment, your doctor has recommended that you have an EGD (esophagogastroduodenoscopy) , also commonly referred to as an Upper GI Endoscopy. During this procedure, a thin, flexible fiberoptic scope (endoscope) is passed through the mouth and throat into the upper digestive tract. The physician will be able to examine the lining of the esophagus (food tube), stomach and duodenum (first portion of the small intestine). Ulcers, tumors, inflammation or areas of bleeding or other abnormalities may be identified.

In most cases, preparation for the EGD calls for patients to NOT eat or drink anything (including water) for at least 8 hours prior to the procedure. Also, patients taking insulin, heart or high blood pressure medication should consult their physician about when to take these drugs in relation to the test. Other drugs such as Coumadin (or other anti-coagulents) and anti-inflammatory medication (aspirin, Nuprin, Motrin, etc.) should be stopped 5-7 days before the procedure. Patients with artificial heart valves as well as those taking any of the aforementioned medications should tell their doctor as special attention to your case may be required. Allergies and a medical history are always considered prior to the test.

Before the procedure, all dentures and eyeglasses must be removed. Contact lenses may also be removed at this time depending on patient preference. A nurse will assess your base line vital signs (heart rate, oxygen level, and blood pressure). A needle for intravenous (IV) medicines will be placed in your arm vein. Medicine will be injected through this needle to make you sleepy and relaxed. You may be asked to gargle with a numbing medication or your throat may be spayed for the same effect.

As you lie on your left side, the doctor will

place a small mouthpiece between your teeth. You will be able to breath normally. The doctor will then help you to swallow the flexible endoscope tube and will then examine the lining of the esophagus, stomach and duodenum. A biopsy specimen (tiny bit of tissue) may be taken for microscopic examination or any polyps may be removed. You will not feel any sensation or discomfort if/when the biopsy is performed or if polyps are removed. Vital signs are monitored during and after the procedure.

The procedure takes approximately 15 minutes. Many people do not recall any of the procedure because of the effect of the medicine. After the procedure, you will probably feel drowsy and may sleep for up to an hour.

Before you leave, the doctor will discuss the findings with you. It can take up to seven days for pathology reports on biopsies or removed polyps to get to your physician. The GI nurse or technician will give you instructions to follow when you get home. Since you will be sedated, you will need a driver to get you home.

➤ **What are the benefits of an EGD?** The upper GI tract is the site of numerous disorders which can develop into a variety of diseases and/or symptoms. The procedure is performed primarily to identify and/or correct a problem in this part of the body. An EGD (or upper GI endoscopy) can help diagnose and/or treat conditions such as: ulcers, intestinal bleeding, esophagitis and heartburn, or gastritis. If a bleeding site is located, treatment can stop the bleeding. Polyps can be removed without a major operation. Other treatments can often be given through the endoscope.

➤ **Where will the EGD be performed?** Frist Clinic gastroenterologists generally

perform EGD at Centennial Medical Center on an outpatient basis. Some insurers require that Baptist Hospital or another facility be utilized. Please let your physician know if you are aware of such a requirement.

- **Who will perform my EGD?** Your EGD will be performed by either Thomas J. Lewis, M.D., Saeed Fakhruddin, M.D., or Wallace McGrew, M.D. Drs. Lewis, Fakhruddin and McGrew are board certified in gastroenterology and have successfully performed thousands of EGDs.
- **What insurance considerations are there?** Aside from ensuring that an in-network facility is utilized for the procedure, your physician's office will generally be required to obtain a preauthorization from the insurance company so that the procedure will qualify for third-party reimbursement. It is the patient's right and responsibility to confirm that this important administrative step has taken place prior to the procedure. Also, it is a good idea to make sure you are familiar with your insurance company's deductible, copay, or coinsurance requirements for this and all medical services. Patients may be asked to make a pre-payment if, after verifying benefits, it is determined that a significant amount due will ultimately be patient responsibility.
- **How is an EGD scheduled?** Once your physician has decided to recommend an EGD, he/she will notify the Gastroenterology nursing staff who, in turn, will contact you to identify a convenient time and date to schedule the procedure. The nurse will answer any questions you have at that time. We will then contact both the insurance company to obtain a preauthorization as well as the hospital to schedule the procedure. You will be contacted to confirm the date and time and will receive information

from the hospital regarding the admission processes, etc.

- **What happens after the procedure?** Your physician will formally contact you regarding the results and findings of your EGD and, if needed, of any recommended course of action going forward. Immediately following the procedure, you may experience mild throat irritation. Serious risks with upper GI endoscopy are very uncommon.
- **What are Medicare's coverage guidelines?** Medicare provides for coverage for both therapeutic and diagnostic EGD. Medicare publishes a lengthy, detailed list of diagnoses which, when used by your physician in conjunction with the billing for the EGD, almost always ensure coverage.

The Frist Clinic Gastroenterology Medical Staff:

Thomas J. Lewis, Jr., M.D. is board certified in both Gastroenterology and Internal Medicine. He performed his fellowship training in Gastroenterology at Vanderbilt University. Dr. Lewis has been practicing since 1995.

A. Saeed Fakhruddin, M.D. is board certified in both Gastroenterology and Internal Medicine. He performed his fellowship training in Gastroenterology at the University of Tennessee – Memphis. Dr. Fakhruddin has been practicing since 1996.

Wallace R. G. McGrew, M.D. is board certified in both Gastroenterology and Internal Medicine. He performed his fellowship training in Gastroenterology at Vanderbilt University. Dr. McGrew has been practicing since 1984.