

## Patient education: Upper endoscopy (The Basics)

[Written by the doctors and editors at UpToDate](#)

**What is upper endoscopy?** — Upper endoscopy is a procedure that lets a doctor look at the lining of the upper digestive tract ([figure 1](#)). The upper digestive tract includes the esophagus (the tube that connects the mouth to the stomach), the stomach, and the duodenum (the first part of the small intestine).

**Why might my doctor do an upper endoscopy?** — You might have an upper endoscopy if you have:

- Pain in your upper belly that you cannot explain
- A condition called “acid reflux”
- Nausea and vomiting that has lasted a long time
- Diarrhea that has lasted a long time
- Black bowel movements or blood in your vomit
- Trouble swallowing or feel as though food gets stuck in your throat
- Abnormal results from other tests of your digestive system
- Swallowed an object that you should not have swallowed
- Had growths or ulcers in your digestive tract, and your doctor wants to follow up

**What should I do before an upper endoscopy?** — Your doctor will give you instructions about what to do before an upper endoscopy. He or she will tell you if you need to stop eating or drinking, or stop taking any of your usual medicines beforehand. Make sure to read the instructions as soon as you get them. You might have to stop some medicines up to a week before the test. Let your doctor know if you have trouble getting ready for your upper endoscopy.

**What happens during an upper endoscopy?** — You will have an IV (needle) put in your arm or hand. Your doctor will give you medicines through the IV to make you feel relaxed. He or she might give you a mouth spray or gargle to numb your mouth. You will also get a plastic mouth guard to protect your teeth.

Then your doctor will put a thin tube with a camera and light on the end into your mouth and down into your esophagus, stomach, and duodenum. He or she will look for irritation, bleeding, ulcers, or growths.

During an upper endoscopy, your doctor might also:

- Do a test called a biopsy – During a biopsy, a doctor takes a small piece of tissue from the lining of the digestive tract. (You will not feel this.) Then he or she looks at the tissue under a microscope.
- Treat problems that he or she sees – For example, a doctor can stop bleeding or sometimes remove a growth. He or she can also widen any narrow areas of the esophagus. Narrow areas of the esophagus can cause trouble swallowing.

**What happens after an upper endoscopy?** — After an upper endoscopy, you will be watched for 1 to 2 hours until the medicines wear off. Most doctors recommend that people not drive or go to work right after an upper endoscopy. Most can drive and go back to work the next day.

**What are the side effects of an upper endoscopy?** — The most common side effect is feeling bloated. Some people have nausea because of the medicines used before the procedure. If this happens to you, your doctor can

give you medicine to make the nausea better. Most people can eat as usual after the procedure.

Other side effects are not as common, but can occur. These can include:

- Food from the stomach getting into the lungs
- Bleeding, for example, after a growth is removed
- Getting a tear in the digestive tract lining
- Having redness or swelling of the skin around the IV

**Should I call my doctor or nurse?** — Call your doctor or nurse immediately if you have any of the following problems after your upper endoscopy:

- Belly pain that is much worse than gas pain or cramps
- A bloated and hard belly
- Vomiting
- Fever
- Trouble swallowing or severe throat pain
- Black bowel movements
- A “crunching” feeling under the skin in the neck

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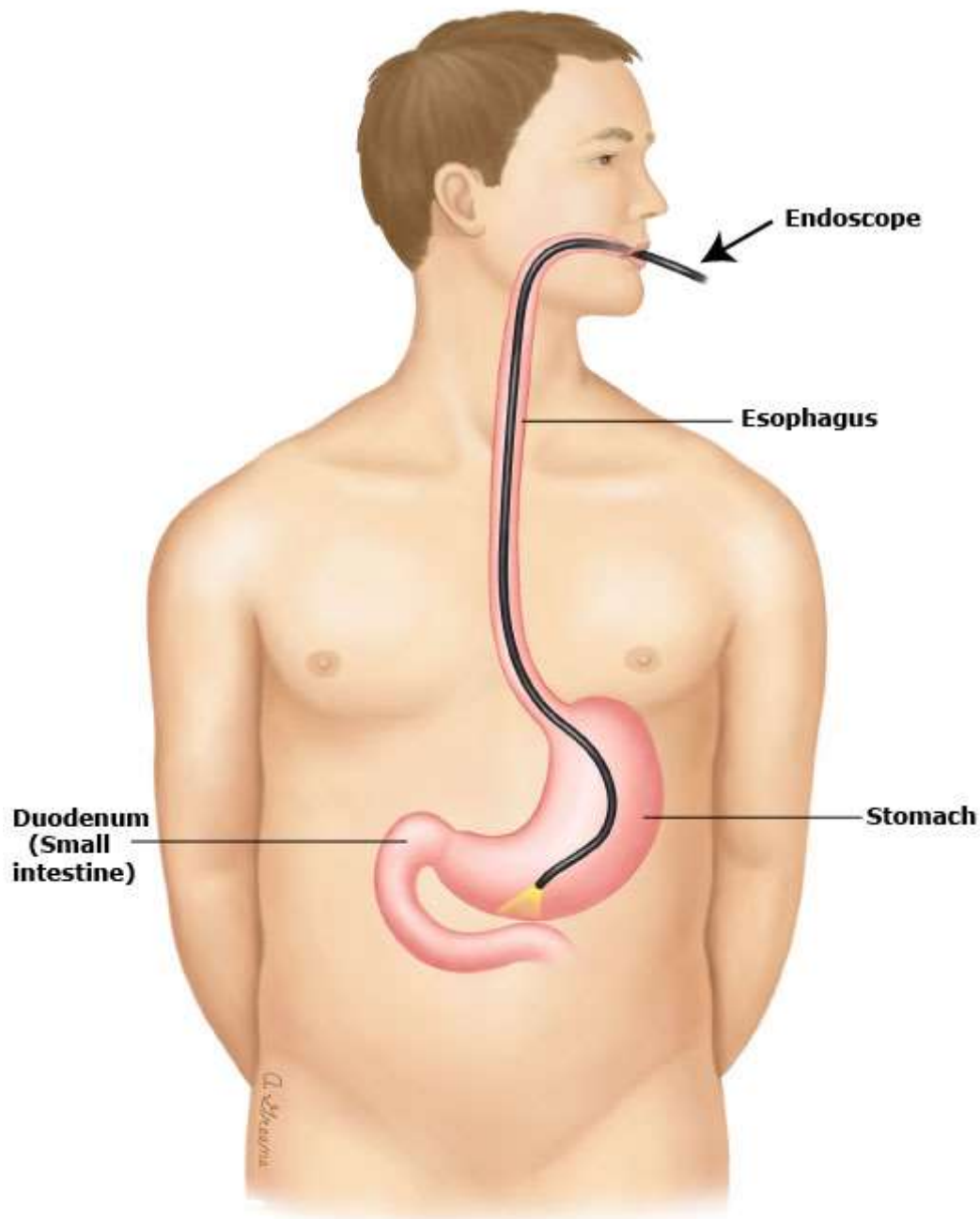
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## GRAPHICS

### Upper endoscopy

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During an upper endoscopy, you lie down and the doctor puts a thin tube with a camera and light on the end (called an endoscope) into your mouth and down into your esophagus, stomach, and duodenum (the first part of your small intestine). The camera sends video pictures from inside your body to a television screen. That way, your doctor can see the inside of your esophagus, stomach, and duodenum.

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