Pioneer GI Clinic, APC
1200 Airport Heights Drive Suite 210
Anchorage, AK 99508

Phone 907 562-6001
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INFORMATION REGARDING YOUR UPPER ENDOSCOPY

PLEASE READ CAREFULLY

Direct visualization of the digestive tract with lighted instrument is referred to as gastrointestinal endoscopy. Your physician has advised you of your need for this type of examination. The following information is presented to help you understand what will happen and the possible risk of the procedure. Endoscopy gives better information than radiological studies and allows biopsy and minor surgical procedures.

WHAT DOES THE ENDOSCOPY LOOK LIKE?

The endoscope is a flexible tube about 1/3 inch in diameter and 4 feet long which uses fiber optics (the ability of small glass fibers to transmit light) to allow us to look inside the esophagus, stomach, and small bowel.

WHAT WILL HAPPEN?

A nurse will proceed to start an IV catheter in your hand or arm to administer fluids and medications. Please make sure the doctor and the endoscopy staff are aware of any medical allergies prior to this.

The endoscope is then placed in your mouth, to the back of your throat, and into your esophagus. The entire study will take approximately 15-30 minutes. A biopsy, cautery, or dilation may be done at this time.

After the examination, you will be taken to the recovery room where you can sleep. Please make arrangements for someone to pick you up and drive you home. Do not plan on returning to work, driving, or operating any heavy machinery for the remainder of the day.

WHAT ARE THE RISKS OF THIS STUDY?

1. Injury to the lining of the digestive tract by the instrument which may result in perforation of the wall and leakage into body cavities; if this occurs, surgical operation to close the leak and drained the region is often necessary. This is most common when strictures or weak areas such as ulcers are present.
2. Bleeding if it occurs, usually as a complication of a biopsy. Management of this complication may consist only of careful observation. If severe, a transfusion or surgical intervention may be necessary.

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Upper Endoscopy Information Sheet

Name: _____

Check in on _____/_____/_____ **(Date) at time:** _____ **(AM/PM)**

NOTHING TO EAT AFTER MIDNIGHT THE NIGHT BEFORE and

NO CLEAR LIQUIDS AFTER _____ **(AM/PM) THE DAY OF YOUR PROCEDURE**

____ **Alaska Regional Hospital**	**(907) 264-1232** 2801 Debarr Rd, Anchorage, AK 99508
____ **Providence Day Surgery**	**(907) 212-6013** 3200 Providence Dr. Anchorage, AK 99508
____ **Surgery Center of Anchorage**	**(907) 563-1800** 4001 Laurel St Suite 101, Anchorage, AK 99508
____ **South Anchorage Surgery Center**	**(907) 929-8790** 1917 Abbott Rd, Anchorage, AK 99507
____**Susitna Surgery Center**	**(907) 861-6540** 2490 S. Woodworth Loop Palmer, AK 99645

Arrange For Ride. Due to sedation, you will be unable to drive yourself home. Please make the proper arrangements with an adult you know to drive you home and stay with you. **You may not ride in a taxi/ride share unescorted.** Failure to make arrangements will result in the cancellation of your procedure.

Please note that there are separate fees for a colonoscopy procedure. There is a fee for the doctor's services, a fee for the facility, and anesthesiologist fee (if necessary) and finally there is a fee for the Pathologist if biopsies are obtained.