



Upper GI Endoscopy

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What is upper GI endoscopy?

Upper gastrointestinal (GI) endoscopy is a procedure in which a doctor uses an endoscope—a flexible tube with a camera—to see the lining, or inside surface, of your [upper GI tract](#).

Does upper GI endoscopy have another name?

Doctors may also call the procedure endoscopy, upper endoscopy, or esophagogastroduodenoscopy (EGD).

Why do doctors use upper GI endoscopy?

Doctors use upper GI endoscopy to help diagnose and treat symptoms and conditions that affect the [esophagus](#), [stomach](#), and the first part of your small intestine, or [duodenum](#).

Upper GI endoscopy can be used to

- find the cause of unexplained symptoms, such as ongoing pain or [heartburn](#), [vomiting](#), or problems swallowing
- identify diseases and health conditions, such as [gastroesophageal reflux disease](#), [celiac disease](#), or cancer and [Barrett's esophagus](#)
- remove [polyps](#) or other growths
- treat bleeding from [ulcers](#) and other conditions
- perform certain weight-loss procedures

How do I prepare for an upper GI endoscopy?

To prepare for an upper GI endoscopy, you will need to talk with your doctor, arrange for a ride home, and not eat or drink before the procedure.

Talk with your doctor

Talk with your doctor about your medical history. Your medical history includes any current or past health problems, allergies, or symptoms. Talk with your doctor about all prescription and over-the-counter medicines, vitamins, and supplements you take, including

- aspirin or medicines that contain aspirin
- medicines for [arthritis NIH](#), [diabetes](#), or [blood pressure NIH](#)
- [blood thinners NIH](#)
- iron supplements
- nonsteroidal anti-inflammatory drugs (NSAIDs), such as [ibuprofen NIH](#) and naproxen



Before upper GI endoscopy, talk with your doctor about your medical history.

You can take most of your medicines as usual. However, you may need to adjust or stop some medicines for a short time before your upper GI endoscopy. Sometimes, your doctor may ask you to stop any blood thinners you are taking to decrease the chance of a problem with the procedure. Talk with your doctor about the specific medicines you take and if you need to change the routine you follow when taking your medicines before the procedure.

Before your procedure, make plans for your recovery. For safety reasons, arrange for a ride home after the procedure, as the [sedatives NIH](#) or [anesthesia NIH](#) need time to wear off before you drive.

Do not eat or drink before the procedure

To see your upper GI tract clearly, your doctor may ask you not to eat or drink for up to 8 hours before the procedure.¹ Some people may be given additional instructions. Talk with your doctor about specific instructions.

How do doctors perform an upper GI endoscopy?

A doctor performs an upper GI endoscopy in a hospital or outpatient center.

Before the procedure, you will likely be given a sedative or a medicine to help you stay relaxed and comfortable during the procedure. A health care professional will place an [intravenous](#) (IV) needle in your arm or hand to give you the sedative. In some cases, you may not need a sedative.

A health care professional may also give you a liquid medicine to gargle or a spray medicine to numb your throat. These medicines can help prevent you from gagging during the procedure.

During the procedure, you'll be asked to lie on your side on an exam table. The doctor will carefully pass the endoscope down your esophagus and into your stomach and duodenum. The endoscope can fill your stomach and duodenum with air, making the organs easier to see. A small camera mounted on the endoscope will send a video image to a monitor. The doctor will closely examine the lining of your upper GI tract on the monitor.

During the upper GI endoscopy, the doctor may

- take small samples of tissue, cells, or fluid in your upper GI tract for testing. The doctor will pass small tweezers through the endoscope to take the samples, and you will not feel it.
- stop any bleeding.
- perform other procedures, such as opening up narrow sections of the esophagus.

The upper GI endoscopy typically takes between 10 to 20 minutes.¹ The endoscope does not interfere with your breathing. Many people fall asleep during the procedure.

What should I expect after an upper GI endoscopy?

After an upper GI endoscopy, the sedatives take time to wear off. You can expect to stay at the hospital or outpatient center for about an hour after the procedure.¹ Some people may need to stay at the hospital overnight.² You may experience [bloating](#), [nausea](#), or a sore throat for a short time.

After the sedatives wear off, a health care professional will give you—or a friend or family member who is with you—instructions on how to care for yourself when you are home. You should follow all instructions. Because you won't be able to drive after the procedure, you'll need your prearranged ride home.

Some results from an upper GI endoscopy are available right away. Your doctor may share these results with you or, if you choose, with your friend or family member.

If your doctor took samples of tissue, cells, or fluid during the procedure, a pathologist will examine the samples. These results can take a few days or longer to come back. A health care professional will call you or schedule an appointment to go over the results.

What are some risks of upper GI endoscopy?

The risks from an upper GI endoscopy are low. Risks may include³

- a reaction to the sedative, including breathing or heart problems
- a [perforation](#), or hole, in the lining of your upper GI tract

bleeding

Bleeding is typically minor and stops without treatment. Your doctor can treat a reaction to a sedative with medicines or IV fluids during or after the procedure. Serious problems, such as perforation, are rare. Your doctor may need to perform surgery to treat some complications.

Seek care right away

If you have any of the following symptoms after an upper GI endoscopy, seek medical care right away

- problems breathing
- problems swallowing or throat pain that gets worse
- vomiting—particularly if your vomit is bloody or looks like coffee grounds
- pain in your chest or abdomen that gets worse
- bloody or black, tar-colored stool
- fever

References

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Last Reviewed October 2023

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NIDDK would like to thank:

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