

Patient Education Literature

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. An educated patient is the best patient.*

Esophagoscopy

Definition

Esophago = pertaining to the esophagus

- scopy = an action involving the use of an instrument for viewing

This procedure involves placing an instrument between the upper and lower teeth and over the tongue to allow visualization behind the voice box and esophagus.

Purpose of Procedure

There are several reasons why this procedure is done: to remove foreign bodies, to biopsy abnormal tissue to check for cancer, or to stretch narrow areas of the esophagus.

Preparation

As with any procedure in which anesthesia is administered, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. The procedure will not be performed if you are currently taking, or have recently taken any medication that may interfere with your ability to clot your blood (blood thinners, aspirin, anti-inflammatory medicines, etc...). *Please refer to the attached list and tell us if you took any of these within the past 10 days.* If your new medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your current medications with you during the pre-operative consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.

Procedure

This procedure involves placing esophagoscope, which is an illuminated hollow metal tube, between the upper and lower teeth, over the tongue, alongside of the voice box, and into the esophagus. This is done gently to avoid injury to the lining of the esophagus. If this is done to remove a foreign body, instruments are used to grasp the object and remove it. If the procedure is done to biopsy abnormal tissue, the location in the esophagus is determined to aid in future treatment. If the procedure is done to stretch the esophagus, the scope itself may be used. Sometimes other smaller instruments need to be used to slowly start the stretching process.

Post Procedure

Following this procedure, pain medication will be prescribed to manage discomfort. Post-operative pain medication may include a codeine type medication that may cause drowsiness. Operation of motor vehicles or machinery is not allowed while using this medication. If any injury to the lining of the esophagus was noted, then only a clear liquid diet will be allowed for 24 hours. Your temperature should be checked regularly during this time to watch for signs of infection, which could be an indication of a perforation of the esophagus. Other signs of a perforation could include: increased heart rate or pain in the neck, back or above the stomach.

Expectations of Outcome

This operation should result in complete removal of the foreign body or pushing it into the stomach. If the procedure was done for a biopsy, then treatment will be determined by the extent of involvement in the esophagus. Further studies will be needed to determine if there has been any spread of the cancer. If this procedure was done to dilate the esophagus, then it will probably need to be repeated as symptoms reoccur.

Possible Complications of the Procedure

Esophagoscopy is a safe procedure, however, there are uncommon risks to the procedure. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. It is important that every patient be made aware of possible outcomes that may include, but are not limited to:

- Anesthesia complications: There is always a small risk with general anesthesia. This risk is increased if there is any family history of trouble with anesthesia. The risks can range from nausea and vomiting to very rare life threatening problems. You can discuss any questions with your anesthesiologist.
- Bleeding
- Injury to the teeth
- Infection involving tissues surrounding the esophagus, although this is rare
- Perforation of esophagus, although this is rare

We provide this literature for patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have previously discussed in the office. Alternative treatments, the purpose of the procedure/surgery, and the points in this handout have been covered in our face-to-face consultation(s).