



**YOUR ESOPHAGRAM and/or UPPER GI SERIES and/or  
SMALL BOWEL SERIES**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please take a few moments to read this explanation and to answer  
the questions that follow.**

You are about to have an **Esophagram and /or upper GI Series**, which is an x-ray of your upper digestive tract.

After you have changed into a gown, you will have a preliminary x-ray of your abdomen and be introduced to your radiologist. You will be given granules to swallow with a little water which are similar to Alka-Seltzer. They will fizz, producing gas in your stomach. Try not to belch this gas since it is needed to see your stomach clearly. Next, you will be given barium to drink while your radiologist watches on the fluoroscope. Once you are lying down, you will be turned on the table so that all parts of your stomach are coated and visible. Then you will drink a 2<sup>nd</sup> cup of barium and additional x-rays will be taken.

If your doctor or the radiologist has ordered a **Small Bowel Series**, you will be asked to drink an additional cup of barium in the waiting area. It is important that you drink all of it as quickly as possible so that your intestine can be properly filled. You will periodically return to the fluoroscopic room for additional pictures of your abdomen. This part of the examination takes an average of 1 ½ hours to complete. This time varies depending on the speed of your digestive system.

After your radiologist has determined that all parts of your small intestine have filled, you will return to the fluoroscopic room for a final set of x-rays.

The results of your examination will be mailed/faxed to your doctor within 24 hours.

Drink plenty of water after the examination.

**Please answer the questions on the reverse of this page**

1. Are you a diabetic? Yes No

2. Have you had anything to eat or drink since midnight? Yes No

3. Have you ever had an Upper GI Series? Yes No

If yes, where? \_\_\_\_\_ when? \_\_\_\_\_

4. Are you, or is there any chance you may be pregnant? Yes No

**If YES, we will not be able to do your exam until you have a Negative Pregnancy Test**

5. Have you had an examination of your stomach using a swallowed instrument

(endoscope)? Yes No

If yes, when? \_\_\_\_\_ Doctor's Name/Facility? \_\_\_\_\_

6. Do you have any of the following?

a. heartburn /reflux Yes No

b. trouble swallowing Yes No

c. pains in your abdomen Yes No

d. diarrhea Yes No

e. history of a hiatal hernia Yes No

f. history of a peptic ulcer Yes No

g. history of stomach surgery Yes No

h. history of colitis or Crohn's Disease Yes No

Please list medications you are presently taking: \_\_\_\_\_

\_\_\_\_\_

Briefly explain why you think your doctor ordered this examination:

\_\_\_\_\_

\_\_\_\_\_