



GHADIALI

General Surgery

P R E S E N T S

Dr. Mufa T. Ghadiali is skilled in all aspects of General Surgery.
His General Surgery Services include:

- General Surgery
- Advanced Laparoscopic Surgery
- Surgical Oncology
- Gastrointestinal Surgery
- Hernia Surgery
- Endoscopy

Upper GI Endoscopy

Multimedia Health Education

Disclaimer

This movie is an educational resource only and should not be used to manage Upper GI Endoscopy. All decisions about surgical management of Endoscopy must be made in conjunction with your Physician or a licensed healthcare provider.

Mufa T. Ghadiali, M.D., F.A.C.S

Diplomate of American Board of Surgery

6405 North Federal Hwy., Suite 402
Fort Lauderdale, FL 33308

Tel: 954-771-8888

Fax: 954- 491-9485

www.ghadialisurgery.com

GHADIALI

MULTIMEDIA HEALTH EDUCATION MANUAL

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INTRODUCTION

Upper GI endoscopy is a procedure performed by an endoscopist, a well-trained subspecialist who uses the endoscope to diagnose and in some cases, treat problems of the upper digestive system.

Upper GI endoscopy can be helpful in the evaluation or diagnosis of various problems, including difficult or painful swallowing, pain in the stomach or abdomen, and bleeding, ulcers, and tumors.

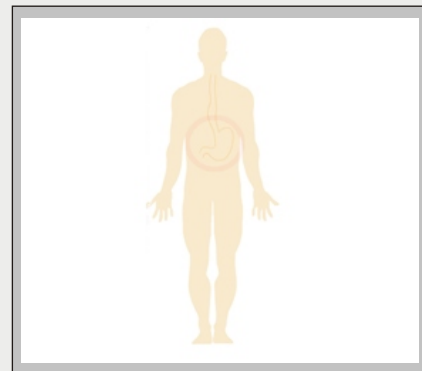
Introduction

Upper GI endoscopy is usually performed on an outpatient basis.

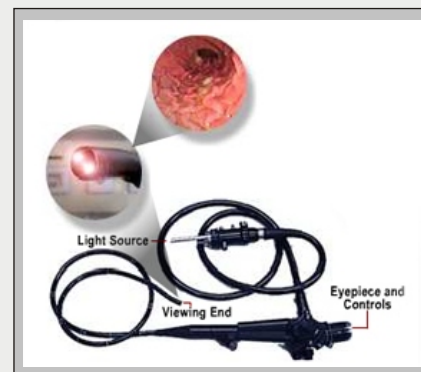
The endoscope is a long, thin, flexible tube with a tiny video camera and light on the end. By adjusting the various controls on the endoscope, the endoscopist can safely guide the instrument to carefully examine the inside lining of the upper digestive system.

The high quality picture from the endoscope is shown on a TV monitor; it gives a clear, detailed view. In many cases, upper GI endoscopy is a more precise examination than X-ray studies.

(Refer fig.1 & 2)



(Fig.1)



(Fig.2)

Benefits

An upper GI endoscopy is both diagnostic and therapeutic. This means the test enables a diagnosis to be made upon which specific treatment can be given. If a bleeding site is identified, treatment can stop the bleeding, or if a polyp is found, it can be removed without a major operation. Other treatments can be given through the endoscope when necessary.

Therapeutic upper G.I. Endoscopy:

- Sclerotherapy for varices
- Dilatation of strictures
- Pneumatic dilatation of achalasia
- Removal and surveillance of gastric polyps
- Removal of foreign bodies

Indications

- Difficulty or pain on swallowing
- G.I. bleeding- hematemesis, melena, or iron-deficiency anemia
- Troublesome heartburn
- Persistent ulcer-like pain
- Dyspepsia
 - With anorexia or weight loss
 - Taking aspirin or NSAIDs
 - With a history of gastric ulcer
 - With a normal barium meal
- Persistent nausea, vomiting, or symptoms suggestive of pyloric obstruction
- Gastric ulcer demonstrated by barium meal
- Duodenal biopsy for suspected malabsorption

Repeat Endoscopy

You may be asked to repeat endoscopy for one or more of the following reasons

- To determine healing of gastric ulcer
- Surveillance of dysplasia in Barrett's esophagus
- Progress of duodenal ulcer complicated by previous hemorrhage or perforation
- Duodenal ulcer not responding to adequate ulcer therapy

Please note that repeat endoscopy is not indicated in uncomplicated duodenal ulcer.

Preparation

Your medical team will also want to know if you have heart, lung, or other medical conditions that may need special attention before, during, or after upper GI endoscopy.

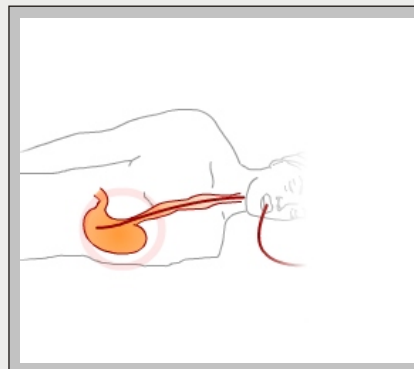
It is important not to eat or drink anything for at least eight hours before the endoscopy. Your doctor will instruct you about the use of regular medications, including blood thinners, before the exam.

Unit 6:

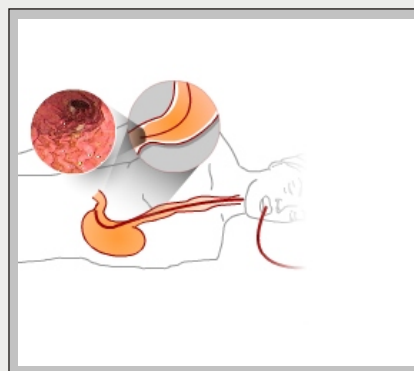
Procedure

Procedure

- Prior to the procedure you will be given intravenous medications to relax and sedate you.
- The procedure is performed by an experienced endoscopy physician.
- You are asked to wear a hospital gown and to remove your eyeglasses and dentures.
- A local anesthetic (pain-relieving medication) may be applied at the back of your throat
- You are given a pain reliever and a sedative intravenously (in your vein)
- You will feel relaxed and drowsy.
- A mouthpiece is placed in your mouth. It does not interfere with your breathing.
- You will lie on your left side during the procedure.
- The physician inserts an endoscope into your mouth, through your esophagus (the "food pipe" leading from your mouth into your stomach) and into your stomach. The endoscope does not interfere with your breathing.
- The procedure lasts from 15 to 20 minutes.
- After the procedure, you will stay in the recovery room for about 30 minutes for observation.
- Your doctor will explain the results to you and your family. If the effects of the sedatives are prolonged, your doctor may suggest an interview at a later date when the results can be fully understood.
- If a biopsy has been performed or a polyp removed, the results are not available for three to seven days.



(Fig.3)



(Fig.4)

- Your endoscopy report and biopsy results will be sent to your referring physician.
- Have someone available to take you home, you will not be able to drive for at least 24 hours.
- Do Not drink or eat anything in the car on the trip home. The combination of anesthesia, food, and car motion can quite often cause nausea or vomiting.
- Inform your doctor if you have severe abdominal pain, a continuous cough, fever, chills, chest pain, nausea or vomiting within 72 hours after the procedure.

(Refer fig.3 & 4)

Complications

Apart from minor sore throat significant complications are extremely rare for diagnostic endoscopy in patients with adequate cardio-respiratory status.

Therapeutic endoscopy carries an increased risk. Possible complications of therapeutic endoscopy include bleeding and puncture of the stomach lining. However, such complications are rare.

Disclaimer

An upper G.I. Endoscopy is a common procedure that allows the doctor to look inside the Upper G.I. Tract and also treat if there is any detectable problem.

With minor indigestion or heartburn, particularly in younger patients, it is advisable to first try antacids or H2 antagonists. If the problem does not respond or it recurs, proceed to endoscopy.

YOUR SURGERY DATE

READ YOUR BOOK AND MATERIAL

VIEW YOUR VIDEO /CD / DVD / WEBSITE

PRE - HABILITATION

ARRANGE FOR BLOOD

MEDICAL CHECK UP

ADVANCE MEDICAL DIRECTIVE

PRE - ADMISSION TESTING

FAMILY SUPPORT REVIEW

Physician's Name : _____

Patient's Name : _____

Physician's Signature: _____

Patient's Signature: _____

Date : _____

Date : _____