

Endoscopy

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introduction

- Upper gastrointestinal endoscopy (esophagogastroduodenoscopy, EGD) includes visualization of the oropharynx, esophagus, stomach, and proximal duodenum, with real time assessment and interpretation of the findings encountered.

indication

Diagnostic examination

- Upper abdominal symptoms that fulfill any of the following criteria:

Are unresponsive to empiric therapy

Are associated with alarm symptoms

New-onset symptoms in a patient greater than 50 years of age

- Dysphagia
- Odynophagia

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- Persistent or recurrent esophageal reflux despite therapy
 - Persistent vomiting of unknown cause
 - Active or recent upper GI bleeding
 - Chronic blood loss and iron deficiency anemia if any of the following are present:
 - There is clinical suspicion of an upper GI source
 - Colonoscopy is negative

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- Lesion seen on upper GI tract imaging
 - Acute caustic ingestion
 - When sampling of tissue is indicated
 - Evaluation of diarrhea in a patient suspected of having small bowel disease (eg, celiac disease)
 - Intraoperative evaluation of anatomic reconstructions

Screening/surveillance

- Dysplasia surveillance in patients with Barrett's esophagus
- Gastric cancer screening in selected patients
- Screening for upper GI malignancies in patients with polyposis syndromes or Lynch syndrome
- Screening for esophageal varices in patients with portal hypertension

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- Screening for **squamous cell carcinoma** in patients with a history of **caustic ingestions**
 - Examination to identify upper GI pathology that might influence the treatment of other disorders (eg, evaluating a patient with a **history** of upper GI **bleeding** prior to initiating **anticoagulation**)

Therapeutic

- Treatment of bleeding upper GI tract lesions
- Prophylactic variceal banding
- Removal of foreign bodies
- Placement of feeding or drainage tubes
- Removal of selected polypoid lesions
- Dilation of stenotic lesions

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- Management of **achalasia**
 - **Palliation** of **stenosis** due to neoplasms
 - Endoscopic therapy of **intestinal metaplasia**
 - Management of **operative complications** (eg, dilation of anastomotic strictures)

contraindication

- ✓ Suspected perforated viscus
- ✓ Shock
- ✓ Seizures
- ✓ Recent M.I.
- ✓ Severe cardiac decompensation
- ✓ Thoracic aortic aneurysm
- ✓ Respiratory compromise

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- ✓ Severe cervical arthritis
 - ✓ Acute oral or oropharyngeal inflammation
 - ✓ Acute abdomen
 - ✓ Known Zenker's diverticulum
 - ✓ Uncooperative patient
 - ✓ Noncompliance with NPO guidelines

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- Endoscopy is contraindicated in placental abruption, imminent delivery, ruptured membranes, or uncontrolled eclampsia

precaution

- Patients with unstable airway or respiratory failure need tracheal intubation before endoscopy
- Check for hypoxia during the procedure and titrate the supplemental oxygen to avoid hypoxia
- Patients with massive bleeding with risk of aspiration need tracheal intubation before endoscopy

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- Patients with cardiac instability need proper management before endoscopy
 - Check for arrhythmia during the procedure and terminate the procedure immediately if significant tachy or brady arrhythmias arise
 - Patients suspected for esophageal perforation (with foreign body swallowing or corrosive esophagitis) need CXR and contrast radiography for detection of possible perforation before endoscopy

Adverse event

- **Cardiopulmonary adverse events**
- **Infectious adverse events**
- **Perforation**
- **Bleeding**

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- ✓ Respiratory depression or arrest
 - ✓ Perforation of the esophagus, stomach or duodenum
 - ✓ Hemorrhage related to trauma or perforation
 - ✓ Pulmonary aspiration of blood, secretions or regurgitated gastric contents
 - ✓ infection

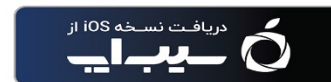
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- ✓ Cardiac arrhythmia or arrest
 - ✓ Hypotension
 - ✓ Localized phlebitis related to IV drugs
 - ✓ Vasovagal response
 - ✓ Allergic reaction to the IV medications



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