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Gastrointestinal endoscopy in practice pdf free download

Endoscopy is a procedure that allows the doctor to view the inner part of the human body. Doctors use it to diagnose diseases in the following parts of the body: The esophagus of the stomach Colon Ear Nose Heart Throat of the urinary Tract Abdomen What is an endoscope? During the endoscopy, the doctor inserts a tool called an endoscope into the human body. Most endoscopes are thin tubes with powerful light and tiny cameras at the end. The length of the endoscope and flexibility depend on the part of the body that the doctor should see. For example, a direct endoscope helps the doctor look at the joints. Meanwhile, the flexible helps the doctor browse the inside of the colon. Other tools used during endoscopy Usually, the endoscope has a channel through which the doctor can insert the instruments. These tools collect tissues or provide treatment. Tool types include: Flexible types. These tongs are like tools to take a sample tissue. Biopsy of the tips. They remove a tissue sample or a suspicious growth. Cytological brushes. They're taking cell samples. Seam removal of mipples. These remove stitches inside the body Why you may need an endoscopy your doctor may recommend an endoscopy for various reasons: To check and prevent cancer. For example, doctors use a type of endoscopy called a colonoscopy to test for colorectal cancer. During colonoscopy, the doctor can remove growths called polyps. Without removal, polyps can develop into cancer. Diagnose the disease or find out the cause of symptoms. The type of endoscopy your doctor will recommend depends on the part of the body in the examination stage. To give treatment. Doctors use endoscopes for some treatments. Treatments that may include an endoscope include: Laparoscopic surgery, which is done through small incisions in the skin laser therapy, which uses a powerful beam of light to destroy the cancer cells of microwave ablation, which uses heat to destroy the cancerous tissue of the endoscopic mucosa or endoscopic submucosal autopsy, which is surgery using an endoscope inserted into the gastrointestinal tract Photodynamic therapy that destroys the tumor with a laser after the introduction of it with a light-sensitive substance Delivery of drugs, also called the administration of the most common. The name of the procedure The name of the tool Area or Organ is considered As the endoscope reaches the target area of anoscopy anoscope anus and/or rectum inserted through the anus of the arthroscopy joints inserted through a small incision above the joint bronchoscope Trahea, or trachea, and the lungs are inserted through the mouth colonoscopy across the length of the colon and colon inserted through the anus speculum expands the vagina. It's not inserted into the body. Cystoscopy Cystoscope Inside bladder inserted through the urethra of the esophagoscopy of the esophagus, inserted through the mouth of the gastroscopy of the stomach and the duodenum, which is the beginning of the small intestine inserted through the mouth laparoscopy laparoscope of the stomach, liver or other abdominal organs, including the female reproductive organs, including the uterus, ovaries and fallopian tubes inserted through a small, surgical opening in the abdominal cavity of Laringoscopy Larinx, or the voice box inserted through the mouth Neuroendoscopy Neuroendoscopy area of the skull which is the lower part of the colon inserted through the anus Of Sigmoidoscopy Sigmoidoscope Sigmoid Sigmoid Inserted through the anus Thoracoscop Pleura, which are 2 membranes covering the lungs and lining of the thoracic cavity, and the structures covering the heart inserted through a small surgical hole in the chest of doctors who do the endoscopy undergo extensive training to learn these procedures. They are also constantly learning about new developments in technology. How to prepare for endoscopy? Your medical team will give you detailed instructions on how to prepare before your appointment. For example, you may need to take the following steps: avoid eating or drinking anything for hours before the procedure. Stop taking blood-thinning medication a few days before the procedure. This reduces the risk of bleeding. Ask your doctor about which medications to stop taking. And ask when you should start taking your medication again. Take a laxative or use an enema to remove the stool from the intestines. You will only need to do this for certain types of endoscopy. Insurance, expenses and consent. Before you make an appointment, ask your insurance provider what the costs will be covered. Find out how much you have to pay. As soon as you arrive at the doctor's office or hospital, you will be asked to sign a consent form. This form states that you understand the benefits and risks of the procedure and agree to it. During the procedure For most endoscopic procedures, you will not need to stay in the hospital overnight. You can get a type of anesthesia, depending on the type of endoscopy. Anesthesia blocks the awareness of pain. You can stay awake, drowsy, or sleep during the procedure depending on the type of anesthesia you have. While you receive anesthesia, your medical team will provide anesthesia care that includes monitoring temperature, blood pressure and heart rate. During the procedure, the doctor will examine and possibly cover the images from the endoscope. He or she will also perform any procedures. This may include collecting tissue for testing. After the procedure After the endoscopy, you will rest in the recovery zone. You may have mild side effects Side Party depends on the type of endoscopy and may include pain, dry throat, or bloating and gas. Depending on the type of anesthesia you receive, you may need someone to take you home. What can I expect when I get home? Endoscopy problems are rare, but they can occur. These include a hole or rupture in the area of examination, bleeding, or infection. Talk to your doctor immediately if you have any of these symptoms: Vomiting Pain Fever in the Chest abnormal Chair Shortness Severe Abdominal Pain or other unusual symptoms Advances in endoscopy New techniques continue to make endoscopy more comfortable for people. They also make it easier for doctors to diagnose diseases. New endoscopic techniques include: Virtual Endoscopy. Unlike standard endoscopy, the doctor does not insert an endoscope into the body. These tests include COMputed tomography (CT) of thin segments of the body. The computer combines these images to create a more complete view. Researchers continue to study these and other types of virtual endoscopy: virtual colonoscopy. This procedure looks at the inside of the colon. People with this test still need to follow the same bowel cleansing medications. They also need a traditional colonoscopy if polyps are found. Virtual bronchoscopy. This procedure looks at the inner part of the lungs. Capsule endoscopy. The patient swallows a small capsule the size of a vitamin with the camera. The camera takes pictures of the inside of the esophagus, stomach and small intestine. The device you wear for about 8 hours records photos. Then the doctor checks them. Related Resources Colonoscopy Sigmoidoscopy Upper Endoscopy More MedlinePlus: Endoscopy Upper Endoscopy allows the doctor to look at the upper part of the gastrointestinal tract (GI) tract. This area consists of: The esophagus, which is a muscle tube that connects the throat of the stomach Duodenum, which is the upper part of the small intestine Upper Endoscopy is also called upper endoscopy G.I. or esophagogastroduodenoscopy (EGD). How does the upper endoscopy work? The doctor uses a tool called an endoscope to do an upper endoscopy. The endoscope presents it with a thin, flexible tube with light and a tiny camera at the end. The doctor inserts it into the mouth, down the throat, and into the esophagus. The doctor looks through the images on the screen to look for tumors or other health problems. During the upper endoscopy, the doctor can transfer the instruments through the canal in the endoscope to remove tissue samples. He or she then looks at the samples under a microscope. Some endoscopes also use colored light to find precancerous conditions in the esophagus lining. This is called a narrow stripe of the image. Who's doing my upper endoscopy? Most often, the gastroenterologist makes the upper in the doctor's office, GI clinic or hospital. A gastroenterologist is a doctor, a doctor, in the gastrointestinal tract. Many other professionals can perform upper endoscopy as well. As you prepare for the upper endoscopy When scheduling the procedure, you will receive detailed instructions on how to prepare. These may include: Do not eat or drink anything, including water, for 8 hours before the procedure. Your stomach and duodenal nava should be completely empty. Do not take aspirin or other undisturnal painkillers for 7 days prior to the procedure. These medications may increase the risk of bleeding during the procedure. Ask your doctor or nurse about these or any other restrictions when planning an endoscopy. Contact your insurance provider in advance to see if they are paying for an endoscopy. Also, ask how much of the cost you will need to pay. As soon as you arrive for the upper endoscopy, you will be asked to sign a consent form. It says that you understand the benefits and risks of the test and agree to it. During the procedure before the procedure you will need to undress and put on a hospital dress. If you wear prostheses, you may be asked to remove them. You may be given anesthesia and a sedative through an intravenous (IV) needle in your hand. Anesthesia is a medicine that blocks the awareness of pain. A sedative is a medicine that relaxes you. These medications help reduce discomfort during the procedure. You may feel a slight sting when an IV needle is inserted. A doctor or nurse can spray your throat with local anesthesia to numb it. Or you can get a liquid anesthetic for gargle. This helps prevent vomiting. The doctor may also insert a mouthpiece to keep the mouth open during the procedure. You will be lying on the left side or back on the exam table. As the doctor slowly inserts the endoscope, you will feel pressure through the esophagus. The endoscope inflates the stomach, blowing air into it. This gives the doctor a better idea of the stomach mucosa. You will be able to breathe on your own throughout the exam. A slow, deep breath through your nose will help you relax. A lot of people fall asleep. The upper endoscopy usually takes 20 to 30 minutes. When the procedure is over, the doctor carefully remove the endoscope. Then you will go to the recovery room. After the procedure, you will stay for up to 2 hours until the action of anesthesia and sedative is erased. You will also need a trip home. Anesthesia and sedatives can temporarily affect reaction time and judgment. The health care team will tell you how soon you can eat and drink. Normally, you can return to your normal activities the next day. You might have a sore throat. If so, you can rinse your throat with salt water to ease the discomfort. You may also have bloating or cramps due to the air blown in And you may feel some discomfort from lying for a long time. Serious problems after upper endoscopy endoscopy But call your health team right away if you have any of these symptoms: heavy throat, chest, or abdominal pain, Shortness Fever Problem Swallowing Questions to ask your health team Before you have an upper endoscopy, consider: Who will do my upper endoscopy? Will anyone else be in the room? What happens during the upper endoscopy? How long will the procedure take? Will it hurt? Will I be given any type of anesthesia or sedation? What are the risks and benefits of upper endoscopy? How accurate is the upper endoscopy to detect cancer? When and how do I know the results? Who will explain the results to me? What other tests will I need if the upper endoscopy detects signs of cancer? 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