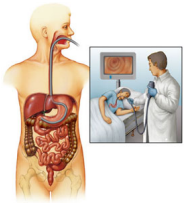

What is Endoscopy :
It is a procedure that enables your physician to examine the lining of the upper part of your gastrointestinal tract i.e. the esophagus (swallowing tube) stomach and duodenum (first portion of small intestine) using a thin flexible tube with its own lens and light source.

How is it done :
A thin flexible tube (Endoscope) is passed through the mouth after local anesthesia. Usually no sedation is needed or given. The total time the procedure takes is 5 - 7 minutes..

Why is it done :
Direct visualisation in color being superior to black and white barium. Biopsy or treatment if needed can be performed during the procedure itself.

Is it painful :
The difficulty in swallowing a large capsule or on gaging while cleaning the back of tongue should be the maximum discomfort during UGI Endoscopy. In trained hands with with good quality equipment there should be no pain with it.

What is the cost :
Our costs are among the lowest in the country. Endoscopes can be purchased from rs. 1.5 lacs to Rs. 14 lacs depending upon the quality of image and thickness of the insertion tube. Using the latest technology of videoscopes from the number one producer in the world i.e. OLYMPUS, UGI Endoscopy with photographs costs Rs. 2700 / - with us.

What are the indications for UGI Endoscopy:

Specific indications for UGI Endoscopy

1. Upper abdominal symptoms that persist despite an appropriate trial of therapy
2. Abdominal symptoms associated with other symptoms or signs suggesting structural disease(eg, anorexia and weight loss) or new –onset symptoms in patients older than 50 years of age.

3. Dysphagia or odynophagia.
4. Esophageal reflux symptoms that persist or recur despite appropriate therapy.
5. Persistent vomiting of unknown cause.
6. Other diseases in which the presence of upper GI pathology might modify other planned management. Examples include patients who have a history of ulcer of GI bleeding who are scheduled for organ transplantation, long- term anticoagulation or nonsteroidal anti-inflammatory drug therapy for arthritis and those with cancer of the head and neck.

7. Familial adenomatous polyposis syndromes.
8. For confirmation and specific histologic diagnosis of radiologically demonstrated lesions:
   1) Suspected neoplastic lesions.
   2) Gastric or esophageal ulcer.
   3) Upper tract stricture or obstruction.
9. GI bleeding: 1)In patients with active and recent bleeding.
   2) For presumed chronic blood loss and for iron deficiency anaemia when the clinical situation suggests an upper GI source or when colonoscopy doesnot provide any explanation.
10. When sampling of tissue or fluid is indicated.
11. Selected patients with suspected portal hypertension to document or treat esophageal varices.
12. To assess diarrhea in patients suspected of having small-bowel disease(e.g,celiac disease).
13. Treatment of bleeding lesions such as ulcers ,tumors,vascular abnormalities(e.g,elecrtrocoagulation,heater probe,laser photocoagulation,injection therapy).

14. Removal of foreign bodies.
15. Removal of selected lesions.
16. Placement of feeding or drainage tubes(e.g.peroral,percutaneous endoscopic gastrostomy,percutaneous endoscopic jejunostomy).
17. Dilation and stenting of stenotic lesions(e.g with transendoscopic balloon dialators or dilation systems using guidewires).
18. Management of achalasia(eg,botulinum toxin, balloon dilation).
19. Palliative treatment of stenosing neoplasms(e.g, laser multipolar eletrocoagulation,stent placement).
20. Endoscopic therapy of intestinal metaplasia.
21. Intraoperative evaluation of anatomic reconstructions typical of modern foregut surgery(e.g, evaluation of anastomotic leak and patency, fundoplication formation, pouch configuration during bariatric surgery).
22. Management of operative complication(e.g, dilation of anastomotic strictures, stenting of anastomotic disruption, fistula, or leak in selected circumstances).

What are the complications :

Diagnostic UGI Endoscopy should not have any complication whatsoever in trained hands. Sore

throat may be felt in some patients for 2 - 3 days. Bacteraemia in elderly, esophageal perforation and impaction of endoscope have been rarely described in case reports. Reactions to medications used rarely occur.