

Direct visualization of the digestive tract and abdominal cavity with lighted instruments is referred to as gastrointestinal endoscopy. Your physician has advised you of your need to have this type of procedure. The following information is present to help you understand the reasons for and possible risks of these procedures. At the time of your examination, the inside lining of the digestive tract will be inspected thoroughly and possibly photographed. If an abnormality is seen or suspected, a small portion of tissue (biopsy) may be removed for microscopic study, or the lining may be brushed and washed with a solution that can be sent for analysis of abnormal cells (cytology). Small growths can frequently be completely removed (polypectomy). Occasionally during the examination, a narrowed portion (stricture) will be stretched to more normal size (dilatation).

The following are the principle risks of these procedures:

1. Injury to the lining of the digestive tract by the instrument, which may result in perforation of the wall and leakage into the body cavities: if this occurs, surgical operation to close the leak and drain the region is often necessary.
2. Bleeding, if it occurs, usually is a complication of biopsy, polypectomy, or dilation. Management of this complication may consist only in observation or may require blood transfusion or possibly a surgical operation for control.
3. Infection – Bacteria can be introduced into the abdomen. This may require only antibiotic treatment but may also involve surgery for drainage.
4. Missed lesions.

Other risks include, but are not limited to, drug reactions, respiratory problems, heart failure, and (extremely rarely) death may occur. Technical limitations of the equipment used, and lack of adequate prior preparation to the colon can cause complications during the procedure. You should inform your physician of all of your allergic tendencies and medical problems. All of these complications are possible, but occur with a very low frequency. Your physician will discuss this frequency with you, if you wish, with particular reference to your own indication for gastrointestinal endoscopy.

A brief description of each endoscopic procedure follows:

- » **Esophagoscopy:** Examination of the esophagus from the throat to the entrance of the stomach. Biopsy, cytology, specimen collection, and dilatation of stricture may be necessary.
- » **Gastrosocopy:** Examination of the stomach usually combined with esophagoscopy and duodenoscopy.
- » **Duodenoscopy:** Examination of the small intestine just beyond the stomach (site of most ulcers), frequently done at the same time as esophagoscopy and gastrosocopy.
- » **Paracentesis:** Withdrawal of fluid from the belly (or abdomen) using a small needle inserted through the skin.
- » **Peg Tube Placement:** Placement of feeding tube into the stomach inserted through the skin.
- » **Change of Gastrostomy Tube:** Replacement of old tube with new.
- » **Proctoscopy or Sigmoidoscopy:** Examination of the anus, rectum, and lower colon (large intestine), usually to a depth of 25 cm. (10 inches).
- » **Colonoscopy:** Examination of all or a portion of the colon requiring careful preparation with diet, enemas, and medication. Patients with previous pelvis surgery and those with extensive diverticulosis may be more prone to complications.
- » **Colonoscopy with Polypectomy or Biopsy:** Performed as above per colonoscopy, using a wire loop and thermal current or forceps without thermal current to remove small growths that protrude into the colon.
- » **Endoscopic Sclerotherapy/Banding:** Placement of a small catheter and a small needle into dilated veins with injection of medications to “dry up” the veins, or a rubber band placed around the base of the hemorrhoid inside the rectum. The band cuts off circulation, and the hemorrhoid withers away after a few days. Additional risk would be induction of an ulcer, which would be treated in follow-up with ulcer medications.
- » **Esophageal Dilation:** Placement of rubber tubes into the esophagus to stretch a narrowed area.
- » **Hemorrhoidal Treatment (Sclerotherapy / Banding):** Placement of a small catheter and a small needle into dilated hemorrhoids with injection of medication to the hemorrhoids, or banding, which places a rubber band around the base of the hemorrhoid. Additional risks would be bleeding, ulceration and infection. Antibiotics will be given for prevention of infection.