

When to get an Endoscopy done



SPECIFIC INDICATIONS FOR UPPER GASTROINTESTINAL ENDOSCOPY

Upper Gastrointestinal Endoscopy is generally indicated for evaluating:

- 1.** Upper abdominal symptoms (pain, reflux, heartburn, flatulence, nausea, vomiting,) that persist despite an appropriate trial of therapy.
- 2.** Upper abdominal symptoms associated with other symptoms or signs suggesting structural disease (example- poor appetite and weight loss) or new-onset symptoms in patients older than 50 years of age.
- 3.** Pain during swallowing or difficulty in swallowing.
- 4.** Heartburn or regurgitation that persist or recur despite appropriate therapy.
- 5.** Persistent vomiting of unknown cause.
- 6.** Other diseases in which the presence of upper gastrointestinal (esophageal/stomach/duodenum) pathology might modify other planned management.

Eg.

- Patients who have a history of bleeding from the gut (blood stained vomiting or passage of tarry black stools)
- Patients who are scheduled for organ transplantation
- Patients on long-term medication to prevent or reduce blood clotting or treatment with pain killers for arthritis and those with cancer of the head and neck.

7. Familial adenomatous polyposis syndromes.

8. For confirmation and specific tissue diagnosis of diseases found on X-ray /ultrasound/ CT scans (by radiological investigations):

1. Suspected cancer.
2. Stomach or esophageal ulcer.
3. Esophageal/stomach/duodenal stricture or obstruction.

9. Bleeding from upper gastrointestinal (esophageal/stomach/duodenum):

1. Patients with active or recent bleeding
2. Presumed long term blood loss and for low hemoglobin levels when the clinical situation

suggests an upper gastrointestinal source

10. When sampling of tissue or fluid is indicated.

11. Selected patients with liver diseases (eg. Cirrhosis) to document or treat esophageal varices (dilated blood vessels which can rupture and bleed).

12. To assess long term diarrhea (watery stools more than 3 times per day lasting for more than 1 month) in patients suspected of having small-bowel disease (eg, celiac disease).

13. Treatment of bleeding lesions such as ulcers, growths, blood vessel abnormalities.

14. Removal of foreign bodies.

15. Removal of selected lesions – eg. Polyps.

16. Placement of feeding or drainage tubes (eg, peroral, percutaneous endoscopic gastrostomy, percutaneous endoscopic jejunostomy).

17. To assess acute injury after caustic ingestion

18. Endoscopic evaluation and treatment of Barrettes esophagus (change of lining of lower esophagus due to long term reflux disease).