

EGD - if you have symptoms that do not go away, like heartburn, vomiting or belly pain, you may need an upper endoscopy. An upper endoscopy is also known as an esophagogastroduodenoscopy (EGD). It is a test that enables doctors to examine the upper digestive tract, which includes the:

- Esophagus (“food tube” that connects the mouth to the stomach)
- Stomach
- Duodenum (upper part of the small intestine)

An EGD uses an endoscope, which is a long, flexible tube with a camera and light at its tip. The doctor carefully guides the endoscope through the mouth and down the throat to view the upper digestive tract to view images of the digestive tract and can take color photos of specific areas. They may take a biopsy (tissue sample) of abnormal tissue, such as growths, irritations or ulcers, which are sores in the intestine’s lining.

Esophageal dilation - Esophageal dilation is a procedure that allows your doctor to dilate, or stretch, a narrowed area of your esophagus [swallowing tube]. Doctors can use various techniques for this procedure while your are sedated during your EGD.

Flexible Sigmoidoscopy - A sigmoidoscope is a slender, flexible tube with a light and a very small video camera at the end of it. It is shorter than a colonoscope and is only able to evaluate the lower third of the colon. This allows a look at the inside of the rectum and lower part of the colon for cancer or polyps. Before the test, you will need to take an enema or other prep to clean out the lower colon, but a full cleansing solution is not needed as in colonoscopy. This test is often done without any sedation, so it can be uncomfortable, but it should not be painful.

Colonoscopy - Colonoscopy not only allows for the most thorough evaluation of the colon and identification of polyps and other problems, but also allows for diagnosis, treatment, and removal of potentially precancerous polyps. Colonoscopy is the only colorectal cancer screening tool that is both diagnostic and therapeutic. A complete bowel cleansing is required before the exam. Colonoscopy is generally done with sedation and is well tolerated. Patients are given medicine that is injected through a vein to make them feel relaxed and sleepy. Most people do not remember the actual procedure.

ERCP - Endoscopic Retrograde Cholangiopancreatography, or ERCP, is a specialized technique used to study the bile ducts, pancreatic duct and gallbladder. Ducts are drainage routes; the drainage channels from the liver are called bile or biliary ducts. The pancreatic duct is the drainage channel from the pancreas. During ERCP, your doctor will pass the endoscope through your mouth, esophagus and stomach into the duodenum (first part of the small intestine). An endoscope is a thin, flexible tube that lets your doctor see inside your bowels.

EUS - Endoscopic Ultrasonography (EUS) allows examination of your esophageal and stomach linings as well as the walls of your upper and lower gastrointestinal tract. The upper tract consists of the esophagus, stomach and duodenum; the lower tract includes your colon and rectum. EUS is also used to study other organs that are near the gastrointestinal tract, including the lungs, liver, gall bladder and pancreas. A thin, flexible tube called an endoscope that has a built-in miniature ultrasound probe is used and the endoscope will pass through your mouth or anus to the area to be examined. Your doctor then will use the ultrasound to use sound waves to create visual images of the digestive tract.

Breath Testing - Breath tests are used to identify if your body is malabsorbing specific foods, such as lactose, fructose or sucrose. Breath tests can also be used to diagnose small intestinal bacterial overgrowth (SIBO). Hydrogen breath testing is available in our office, but methane breath tests may be performed at other referral centers.

Esophageal Manometry - Esophageal manometry measures the pressures and the pattern of muscle contractions in your esophagus. Abnormalities in the contractions of the esophageal muscle or in the sphincter at the lower end of the esophagus can result in pain, heartburn, and/or difficulty swallowing. Esophageal manometry is used to diagnose the conditions that can cause these symptoms such as achalasia or esophageal spasm.

Hemorrhoid Banding (CRH O'Regan Banding Device) - Hemorrhoid banding, or rubber band ligation (RBL), is a fast and non-surgical approach to hemorrhoid treatment. It doesn't require fasting, sedation or post-procedure care. And unlike home remedies which provide only temporary relief, it completely and definitively treats hemorrhoid symptoms. The CRH O'Regan System uses a disposable ligator to create a soft, gentle suction that pulls the appropriate tissue into the device. Then, the rubber band is easily and painlessly placed around the base of the hemorrhoid, where no pain-causing nerve endings are present. The CRH System offer the fastest, safest, most effective and most comfortable solution for hemorrhoid patients.

Wireless Esophageal pH Monitoring - Wireless esophageal pH monitoring measures the amount of acidic reflux in your esophagus during a 48-hour period and assesses whether your symptoms are correlated with the presence of acid in the esophagus. A small capsule will be attached to the lining of your esophagus to measure and record acidity for 48 hours. As soon as the capsule is attached, it begins measuring the acidity in your esophagus. The capsule sends these measurements wirelessly to a small receiver that you will wear at your waist level held by a strap over your shoulder.

Wireless Capsule Endoscopy – A procedure that uses a tiny wireless camera to take pictures of your digestive tract. A capsule endoscopy camera sits inside a vitamin-size capsule you swallow. As the capsule travels through your digestive tract, the camera takes thousands of pictures that are transmitted to a recorder you wear on a belt around your waist. Capsule endoscopy helps doctors see inside your small intestine, an area that isn't easily reached with more-traditional endoscopy procedures.

PEG Tube Placement & Replacement - PEG stands for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. A PEG tube allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth and esophagus. A lighted flexible tube called an endoscope will guide the creation of a small opening through the skin of the upper abdomen and directly into the stomach. This procedure allows the doctor to place and secure a feeding tube into the stomach. Patients generally receive an intravenous sedative and local anesthesia, and an antibiotic is given by vein prior to the procedure. You can usually return home the day of the procedure or the next day. Once this tube is in place and can easily be removed at the bedside and if needed, replaced with a new tube once the old tube begins to show signs of wear. This bedside replacement is quick and painless and is performed in the gastroenterologist's office.

Gastroenterology Associates

121 Nationwide Drive

Lynchburg, VA 24502

434-333-0902

Toll Free: 800-245-0043

Email: contactus@gastrocentralva.com

www.gastrocentralva.com