

Gastroscopy

Do not worry you will not feel a thing!

Upper abdominal and stomach pain as well as discomfort in the esophagus are very common. For clarification, in addition to a detailed survey for the course of the disease, a gastroscopy (upper GI endoscopy) is necessary in most cases.

The examination is performed under sedation. Do not worry, you will not feel anything and you will wake up again when it's all over! It is required that you have an empty stomach for the screening and for an accurate assessment of the condition.

During the gastroscopy, the duodenum, the stomach and the esophagus can all be assessed. Furthermore there is the possibility to take tissue samples (biopsies).

This represents a decisive advantage compared to a stomach X-ray. The pathologist then examines the sample with the microscope and after several days the findings will be ready. This enables the diagnosis that is described macroscopically during the examination to be substantiated microscopically.

In addition to gastritis, ulcers (gastric ulcers) and tumors, there are a number of other pathologies that can be diagnosed by a gastroscopy. The evaluation of *Helicobacter pylori*, a common gastric pathogen that can cause a range of diseases, is a central part of the examination. When the germ is present and in particular when it is simultaneously diagnosed with a typical pathology, an antibiotic treatment for 7 days is important to eliminate the helicobacter.

In terms of the reflux disease (GERD), the main focus is on the transition from the stomach into the esophagus. In case of a hiatal hernia the size and location in regards to the diaphragm can be observed.

Due to an incompetent closure apparatus between the stomach and esophagus with or without hiatal hernia, there is a visible (GERD - gastroesophageal reflux disease) or a non-visible (NERD - non erosive reflux disease) damage caused by backflow of corrosive substances (stomach acid and / or bile) even against gravity. Also in macroscopically inconspicuous mucosa, biopsies are taken from this area, because abnormal cells (Barrett) are present in up to 17%.

The Barrett mucosa represents a precursor of cancer and greatly increases the occurrence of a subsequent esophageal cancer. If cell changes are already visible after application of vinegar or indigo carmine for contrast enhancement, biopsies are taken from several levels above and below the mucosal border (multi-level biopsies) in order to get an accurate assessment. The reflux disease itself can be located on the lower portion of the esophagus, but also further upward to the neck area. Frequently even adjacent organs such as lungs, ears, nose, the entire neck area and the mouth are affected.

Preparation for gastroscopy:

- No specific preparation is needed.
- Please remain sober for at least 6 hours. You can drink clear water until shortly before the examination.
- You can take important medicine up to 2 hours before the gastroscopy. Please note, however, that the effect may be incomplete and inadequate.
- If you wish to be sedated, you may not drive a vehicle thereafter.
- Please bring all relevant previous results to your examination.
- For a routine gastroscopy you do not have to stop any clotting medication and you do not need to bring any laboratory findings with you.

Please contact me for further information. I am happy to offer an appointment as soon as possible in order to evaluate your tailored diagnostic program and to plan an individual therapy.

OA Dr. Thomas Winkler