



## ABOUT PROCEDURES

**We know getting a procedure done can be overwhelming and confusing. We have put together the glossary to help you!**

### PATIENT EDUCATION FOR PROCEDURES

## Understanding Colonoscopy

A colonoscopy is a procedure that is conducted to examine the lining of the colon, which is otherwise known as the large intestine. During the process, a colonoscope, which is a flexible tube, is inserted into the anus, through the rectum and into the colon. This thin tube, which has a diameter that's roughly equivalent to that of an average-sized finger, has a built-in light source and lens. As it travels through the colon, it transmits images onto a monitor. The doctor who is performing the colonoscopy is therefore able to take a very close look at the condition of the colon.

### *When is a Colonoscopy Recommended?*

According to the standards of the American Cancer Society, men and women aged 50 and older should have a colonoscopy performed every 10 years. That recommendation applies to people who are at average risk for colon cancer. Those with family histories of the disease and other risk factors may need to have colonoscopies performed more regularly. Colon cancer is the third most common cause of death by cancer in the United States, with 150,000 people being newly diagnosed each year and 50,000 dying from it on an annual basis. A colonoscopy may also be recommended in the case of symptoms like chronic diarrhea and bleeding.

### *Preparing for a Colonoscopy*

For a colonoscopy to be useful, the colon must be as clean as possible when the procedure is performed. Therefore, most patients are advised to only consume clear liquids in the 24 hours leading up to the procedure. Furthermore, most patients are instructed to drink a special cleansing solution the day before. In some cases, an oral laxative may also be used to cleanse the colon. It is important to carefully follow the doctor's instructions to ensure that the procedure is a success the first time.

### *Medications*

The vast majority of medications won't adversely affect a colonoscopy, so there is usually no need to discontinue use prior to having the procedure performed. However, there are a few exceptions. Medications that may pose problems include anticoagulants like heparin and warfarin; iron supplements; insulin; aspirin; clopidogrel; and arthritis medications. Patients should advise their doctors of all medications they are taking. Make sure to tell your doctor if you are allergic to any medications prior to having a colonoscopy performed.

### *The Process*

From start to finish, a colonoscopy may take anywhere from two to three hours. A sedative and/or painkiller is typically administered shortly before the procedure begins to keep patients comfortable and relaxed. You may be asked to lie on your back or side. The colonoscope is then very slowly advanced until it reaches the small intestine. In rare instances, it may not be possible to get all the way to the small intestine. It is then slowly withdrawn. In both directions, the doctor watches the monitor to look for abnormalities. Small amounts of bloating, cramping or pressure may be present, but most patients report little or no discomfort.

### ***Abnormalities***

In the event that an abnormality is detected, additional evaluation will be required. Another instrument is usually passed through the colonoscope while it's still in place and used to perform a quick biopsy of the area in question. A biopsy is just a small sample of the lining of the colon. If the colonoscopy has been ordered due to bleeding, an instrument may be passed through the colonoscope and used to cauterize the area, inject medications to control the bleeding or to apply small clips to stop the bleeding. Because you remain conscious through the procedure, your doctor should let you know whether such steps are necessary while it is happening.

### ***Polyps***

With colon cancer, cancer first begins in polyps, which are abnormal growths in the lining of the large intestine. In many cases, polyps are benign, which means that they aren't cancerous. However, it's not possible to conclusively tell whether or not a polyp is malignant. Therefore, it is usually removed and then analyzed later.

Whether or not a polyp is apparently malignant, it is typically removed during the colonoscopy. The doctor may remove the polyp or polyps through fulguration, which means that he simply burns them away. Other times, a wire loop is used to remove them. If a polyp is especially large, a wire loop with an electrical current may be used to perform a snare polypectomy. Biopsy instruments are also occasionally used to remove polyps.

### ***What to Expect Following a Colonoscopy***

Following a colonoscopy, it's not unusual to experience cramping or bloating. These symptoms occur due to the excess air that gets into the colon during the procedure and are no cause for alarm. It may take time for the sedative that was administered prior to the colonoscopy to completely wear off, so patients usually have to rest for a while following the procedure. No matter how long you wait, you will need someone to drive you home because sedatives often continue to affect people's judgment and mobility for a very long time. While waiting, the doctor should come out and explain the results of the colonoscopy. However, you may have to wait for the results of any biopsies before knowing the complete results. It's generally okay to start eating again immediately after a colonoscopy, but the doctor may impose restrictions on your diet and activities for a short period of time.

### ***Complications***

It's extremely unusual to suffer complications from a colonoscopy, and the procedure is considered to be extremely safe. Although they are rare, it's important to be aware of them because immediate medical attention may be required. Perforations, or tears, in the wall of the bowel sometimes occur. If a biopsy or polypectomy has been performed, small amounts of bleeding may occur for a while after the procedure. Some people experience adverse side effects from the sedatives or painkillers that they are given. If you experience any of the following symptoms following a colonoscopy, seek medical

attention immediately: rectal bleeding, fever and chills or severe abdominal pain.

**DISCLAIMER: PLEASE READ CAREFULLY**The information on this website is to provide general guidance. In no way does any of the information provided reflect definitive medical advice and self diagnoses should not be made based on information obtained online. It is important to consult a best in class gastroenterologist regarding **ANY and ALL** symptoms or signs as it may a sign of a serious illness or condition. A **thorough consultation** and examination should **ALWAYS** be performed for an accurate diagnosis and treatment plan. Be sure to call a physician or call our office today and schedule a consultation.

-

## ***Understanding Flexible Sigmoidoscopy***

Flexible sigmoidoscopy (FS) is a medical procedure that enables doctors to view the interior of the rectum and lower colon. They will often order this test to find the cause of abdominal pain or rectal bleeding. It also helps them to diagnose bowel conditions characterized by inflammation or ulcers. Additionally, during an FS procedure, doctors can identify and excise polyps – small, benign clumps of cells – that are potentially cancerous.

### ***What Does the Procedure Involve?***

Flexible sigmoidoscopy provides views of the interior of the rectum and sigmoid colon. This is the lower part of the colon. Your doctor will ask you to recline on one side while he or she inserts a narrow, flexible tube, called a sigmoidoscope, into the anus and guides it slowly through the rectum and lower colon. The FS scope gently puffs air into the interior to enhance visibility and ease the progress of the tubing.

The scope is equipped with a miniature camera, which transmits images to a digital screen. If polyps are present, the doctor can remove them with specially designed tools introduced through the scope. Although polyps are common and benign, they sometimes become cancerous, and removing them during an FS procedure is an effective preventative measure.

The doctor may opt to take tissue samples for further lab evaluation. Typically, you will feel no pain during tissue removal. If any bleeding occurs as a result, the physician stops it with a tiny probe or the appropriate medication passed through the scope.

Once the end of the scope reaches the next section of the colon, called the transverse colon, the physician slowly withdraws the scope, watching the computer screen carefully for any additional areas for concern. A standard flexible sigmoidoscopy takes about 20 minutes.

### ***Do I Need to Prepare For a Flexible Sigmoidoscopy?***

You do need to prepare yourself for FS. Your physician will provide you with complete instructions. Primarily, you must remove the solids from the sigmoid colon and rectal area to make space for the procedure.

Many doctors start their patients on a clear liquid diet one to three days prior to their FS appointment. Some of the liquids this type of diet includes are:

- Water
- Clear broth or bouillon
- Black coffee
- Plain tea
- Gatorade or other similar sports drinks
- Strained, natural fruit juice

A clear liquid diet flushes out your system, emptying the bowels to ensure a trouble-free procedure. Sometimes the physician prescribes a laxative as well. You take the laxative the night before your scheduled FS to loosen up and purge any remaining stools. Often, your doctor will instruct you to complete your preparations by using a gentle enema before leaving home on the morning of the procedure and will administer one at the doctor's office as well. An enema is composed mostly of warm water that you directly flush into the rectum and then expel.

To summarize, your physician provides you with detailed instructions for FS preparation, and the steps might include:

- A clear liquid diet one or more days beforehand
- A laxative the night before the procedure
- An enema just prior to the procedure

Following preparation instructions carefully will help facilitate a successful procedure.

### ***What About Medications?***

If you are taking aspirin, clopidogrel, or other blood thinning medications like heparin or warfarin, it is important that you discuss this with your physician prior to the flexible sigmoidoscopy. If you are using arthritis or diabetes medications, or if you typically take vitamins with iron, you should let your physician know in advance in case it is necessary to discontinue them until after the procedure. The same holds true of all other prescription and over-the-counter preparations you are using.

Because a flexible sigmoidoscopy causes minimal discomfort, most patients do not need pain or relaxation medications during the test. However, if you are especially apprehensive about the FS, be sure to ask your physician about options to help make the procedure more tolerable.

### ***What Happens After the Procedure?***

Some patients experience mild cramping after undergoing FS. This is due to the air added to the colon during the procedure. Any cramping you have will usually ease up naturally within a short amount of time. Typically, you will be able to go about the rest of the day normally, returning to work or home, eating regular meals and enjoying your customary activities.

Rarely, patients experience rectal bleeding that continues for a few days after the FS. Other possible

complications include severe, persistent abdominal discomfort, vomiting, or fever and chills. If you experience any of these side effects, you should call your physician right away.

If the doctor excised tissue for biopsy during the FS, expect a follow-up call or appointment to discuss the results. In some situations, the doctor will ask that you undergo further testing, such as colonoscopy. This is a more extensive diagnostic procedure that is similar to a flexible sigmoidoscopy but involves the examination of the entire colon. It takes somewhat longer than the FS test, and your physician may recommend general anesthesia during a colonoscopy.

**DISCLAIMER: PLEASE READ CAREFULLY**The information on this website is to provide general guidance. In no way does any of the information provided reflect definitive medical advice and self diagnoses should not be made based on information obtained online. It is important to consult a best in class gastroenterologist regarding **ANY and ALL** symptoms or signs as it may a sign of a serious illness or condition. A **thorough consultation** and examination should **ALWAYS** be performed for an accurate diagnosis and treatment plan. Be sure to call a physician or call our office today and schedule a consultation.

-

## **Understanding Upper Endoscopy**

### ***Upper Endoscopy Defined***

An endoscope is a bendable, narrow tube with a lighted camera that's used to perform internal exams. The instrument transmits video images to a monitor, giving the doctor a clear view of an interior area. In an upper endoscopy, this involves the upper GI (gastrointestinal) tract, which is defined as the esophagus, stomach and top section of the small intestine, also known as the duodenum. Other names for this procedure include esophagogastroduodenoscopy (EGD), upper GI endoscopy and panendoscopy.

### ***Purpose of an Upper Endoscopy***

By looking directly into your GI tract, your doctor can determine the cause of various symptoms you may be experiencing. If you've had ongoing nausea, vomiting, abdominal pain in the upper GI region, gastric reflux, trouble swallowing, anemia or unexpected weight loss, an upper endoscopy can be useful in finding the cause.

An upper endoscopy helps to discover inflammation, bleeding in the upper GI area, ulcers, obstructions and abnormal growths. It also detects a narrowed esophagus, enlarged veins and Hiatal hernias.

In addition to diagnostics, an upper endoscopy can be used to take a small tissue sample known as a biopsy. This sample undergoes tests and further study to determine issues that weren't clearly visible. Alternatively, your doctor might choose a cytology test, which is a sweep of internal cells. Note: Biopsies are not always related to cancer detection.

Certain treatments are also possible during an upper endoscopy. These might include removing obstructions, such as stuck food or swallowed items; treating bleeding ulcers; and dilating, or stretching narrowed areas.

### ***Preparing for an Upper Endoscopy***

Before your procedure, tell your doctor about your medical circumstances, especially heart or lung conditions, diabetes, pregnancy, and previous surgery or other treatments to the upper GI area. Mention all types of medications you take, including over-the-counter ones, and also note any medication allergies; this includes anesthetics.

It's important not to eat or drink anything before the procedure; this includes water. Typically, such fasting is necessary for 6 to 8 hours prior to your exam. It provides a clear visual field and also helps prevent possible vomiting. Also, don't chew gum or smoke during this period.

Because you'll likely be sedated during the endoscopy, you'll need to arrange for someone to drive you home and to do any other necessary driving for 12 to 24 hours following your release.

### ***Medication Restrictions***

You may be asked to stop taking aspirin and other non-steroidal anti-inflammatories (NSAIDs) up to two weeks before the procedure to avoid the risk of bleeding. You may also be asked to stop blood thinners, antiplatelet agents, antidepressants, clopidogrel, sucralfate, antacids, dietary supplements, iron supplements, and medications for arthritis, blood pressure and diabetes. You may only need to stop these medications a few days before the exam or possibly only on the exam day.

### ***The Upper Endoscopy Procedure***

An upper endoscopy usually takes place in a hospital or outpatient facility. The exam typically lasts between 30 and 45 minutes, but it could take longer. You'll receive a topical anesthetic, either sprayed or gargled, to help numb your throat. Many patients also receive an intravenous (IV) sedative, which could cause sleepiness. You might want to arrange a signal in advance to let the doctor know if you experience trouble during the exam since you won't be able to talk.

An endoscopy generally requires you to lie on your side. A mouth guard may be inserted to protect your teeth. Then the endoscope will be gently passed through your mouth, down your esophagus, and into your stomach and duodenum. It's helpful to remember that the scope is no larger than food you swallow, and, in the esophagus, it won't interfere with breathing. Sometimes, because of the anesthetic, patients feel as if they can't breathe. Remember to breathe slowly and deeply; there's plenty of air space.

A nurse or assistant may use suction to collect saliva during the exam so that you don't have to worry about swallowing. Also, air might be pumped into your stomach to provide a better visual field.

The doctor will use a video monitor to view the images transmitted by the endoscope, and the camera also allows still pictures for further examination. The doctor may send small instruments through the endoscope to perform biopsies or other treatments. Upon completion, he or she will carefully withdraw the endoscope. Most patients experience only mild discomfort during the exam. Some even fall asleep due to the sedative.

### ***Upper Endoscopy Aftercare***

When the endoscopy is over, you'll enter a recovery area where you'll be monitored for roughly an

hour while the sedative wears off. You might feel nauseated or bloated from the air pumped into your stomach. You may have a sore throat, which could last a day or two.

The doctor will talk to you before you leave, offering immediate observations and results of the upper endoscopy. If you had a biopsy, it will probably take a few days to learn those results.

After someone drives you home, plan to rest for the remainder of the day. You can eat normally unless your doctor says not to, but you should avoid alcohol for up to 24 hours. You should be able to take your normal medications once you're home. Your doctor will give you any specific instructions necessary.

### ***Possible Complications From Upper Endoscopy***

Complications from upper endoscopy are uncommon but they do occur. There might be some bleeding from a polyp removal or biopsy; this is often minimal and doesn't usually require treatment. On occasion, the endoscope accidentally perforates the lining of the upper GI tract. In this very rare event, surgery may be necessary to repair the tear. Also, some patients may react poorly to the sedative.

Call your doctor immediately if you have difficulty swallowing or breathing; worsening pain in your throat, chest or abdomen; dizziness; fever; vomiting, especially blood; or if you notice blood in your stools, either fresh or black. Note: bleeding could occur up to several days following the exam. If any symptoms concern you, contact your doctor.

### ***Understanding Capsule Endoscopy***

Endoscopy literally means "seeing inside" in Latin. The procedure allows your doctor to see the inner surfaces of your gastrointestinal tract. What makes capsule endoscopy, sometimes called a pill-cam, different from conventional tube endoscopy is the kind of camera involved. With capsule endoscopy, you swallow a tiny camera encased in a clear, smooth shell; the camera takes pictures of your digestive system as it moves down your esophagus, into your stomach and through your small intestine. As the pill-sized camera moves through your digestive system, it transmits thousands of images to a recording device you wear around your waist or neck.

### ***What Can Capsule Endoscopy Do?***

Traditional endoscopy and colonoscopy procedures give your doctor the ability to examine the upper and lower portions of your gastrointestinal tract, but seeing the middle portions, including the duodenum, jejunum and ileum of the small intestine, was once unreachable to cameras. Capsule endoscopy sheds light on the middle regions of the gastrointestinal tract without exploratory surgery. Swallowing the tiny camera can reveal the source of gastrointestinal bleeding, detect bowel inflammation from Crohn's disease, find tumors and see ulcers.

People who may have celiac disease can benefit from this type of endoscopy to get a definitive diagnosis and monitor intestinal inflammation without an invasive procedure. Some gastroenterologists are also using colon capsule endoscopy to screen for colorectal abnormalities such as polyps and precancerous neoplasms.

### ***What Happens During Capsule Endoscopy?***

The diagnostic procedure is almost as simple as swallowing a pill the size of a large vitamin tablet, but this capsule contains lights, a wireless transmitter and a camera housed in clear plastic. Your doctor will fit you with a monitoring device to wear as the pill moves through you. Some monitors are connected to adhesive patches the doctor will place on your abdomen. For the next 8 to 12 hours, you will wear the monitoring device as the capsule moves slowly through your gastrointestinal tract.

You will not feel any unusual sensations during the test, but the camera you have swallowed will be working overtime. During a typical test, the camera takes about 50,000 pictures of your stomach and intestinal walls. Like a camera flash, the LED lights in the capsule provide light for the images the camera takes and transmits to the compact monitoring device you wear.

After the wireless camera completes its tour of your stomach, small intestine and colon, it is expelled. The capsule may emerge after a few hours, or it may not make its reappearance for up to 72 hours; both possibilities are normal. The camera is disposable and can be flushed, so you do not need to retrieve it. The information it gathered is stored in the monitoring device, not the capsule.

### ***How to Prepare for Capsule Endoscopy***

The camera capsule works best in an environment free of matter that could obscure the lens, so your doctor will probably recommend that you consume only clear liquids for 12 to 24 hours before the test and drink only water on the day of the procedure. Talk with your doctor about any medications you take; some of them may have to be adjusted or temporarily discontinued for your test. Some common medications, including non-steroidal anti-inflammatory medications, aspirin, bismuth subsalicylate antacids and iron supplements, can obscure test findings.

On the day of the procedure, your doctor will apply the adhesive sensors that detect the camera's transmissions and send them to the recording device. The monitoring device is about the size of a small compact disc player and attaches at the waist with hook-and-loop fasteners. Once your monitoring system is in place, you are ready for the camera capsule.

The pill-sized camera is no larger than a typical multivitamin tablet and should be easy to swallow for most patients. It has a slippery coating to help it go down more easily, and after the doctor sees that the capsule is in place and functioning, you can leave the office. Follow your doctor's instructions about eating and drinking while undergoing capsule endoscopy. Generally, you can have clear liquids for the first two hours after swallowing the tablet and a light meal four to six hours after starting the procedure. Your doctor may ask you to avoid strenuous activity that could lead to blurred images, but otherwise, you should be able to go about your usual routine until the test is complete.

### ***What to Expect After the Procedure***

When the test is finished after 8 to 12 hours, you can remove the sensor patches and pack them with the monitoring device according to your doctor's directions. After your doctor uploads the images and

analyzes them, you will receive the results of the test. In most cases, you will get a call about your results within a few days to a week, but some diagnoses take more time.

### ***Advantages of Capsule Endoscopy***

Because you need no anesthesia for capsule endoscopy, the procedure involves no recovery time. For many patients, swallowing a pill is considerably more pleasant than undergoing conventional endoscopy. The middle portions of your gastrointestinal tract are difficult to see by other means, but capsule endoscopy creates a detailed, up-to-date image of your intestinal lining. Conditions that can be challenging to diagnose by other means are often readily revealed by capsule endoscopy.

### ***Limitations of Capsule Endoscopy***

Your doctor may recommend additional tests to compensate for the limitations inherent with capsule endoscopy. Because the wireless camera capsule is not under voluntary control, the images it records may not highlight an area of interest sufficiently, necessitating further testing. Unlike traditional endoscopy, the camera can only record, so taking a biopsy or removing a polyp is not possible with this procedure.

### ***Capsule Endoscopy Complications***

Complications with this non-invasive procedure are rare, but it is contraindicated for some patients. If you have a permanent pacemaker, tell your doctor; you may need to undergo your capsule endoscopy in the hospital so you can be monitored throughout the procedure. If you have had bowel obstructions or adhesions in the past, let your doctor know. Bowel narrowing or obstruction can cause the capsule to lodge in the gastrointestinal tract. Your doctor may recommend additional tests before performing a capsule endoscopy if you have symptoms of bowel obstruction. If you notice bloating, abdominal cramping, nausea or vomiting after the test and have not yet passed the capsule, contact your doctor immediately.

## **Understanding Esophageal Testing or Manometry**

The esophagus moves food from the mouth to the stomach, and various abnormalities and diseases can develop in the tube and cause serious health risks. However, simpler or temporary problems in the throat might be responsible for your symptoms. Testing is the only way to find out if there are any serious esophageal problems because you can't self-diagnose these conditions. Esophageal testing or manometry is the kind of test that doctors use to diagnose problems in the esophagus. Your doctor might order this test if you have symptoms such as nausea after eating, frequent acid reflux or heartburn, chest pain, difficulty swallowing or the feeling that food gets stuck in your chest.

### ***What role does the esophagus play?***

The esophagus is a tube that connects the stomach and throat and measures about eight inches. The tube runs behind the windpipe and heart and in front of the spine. Covered by moist, pink tissue called mucosa, the esophagus has a ring of muscles at the top and bottom called sphincters that

expand and contract to move food along and prevent material from entering the windpipe. Sphincters prevent food from moving back into the throat except when vomiting or acid reflux overrides the lower ring of muscles.

### ***Why do physicians order esophageal testing?***

Manometry measures muscle contractions, strength and proper function to determine whether your symptoms are caused by a serious health disorder. Symptoms of esophageal distress range from relatively benign or temporary conditions to debilitating conditions that affect breathing and eating. Mental and psychosomatic problems can also cause similar symptoms, so your doctor orders manometry to determine whether more exhaustive tests are necessary. Further testing might include a CT scan, biopsy, endoscopy or barium-swallow X-ray.

### ***What conditions does manometry help to diagnose?***

Esophageal testing helps your doctor or gastroenterologist diagnose congenital problems in the esophagus, tumors, esophageal cancer, gastroesophageal reflux (GERD), Barrett's esophagus and achalasia, a disorder that weakens the esophagus' ability to move food. Other conditions that manometry helps to diagnose include:

- Diffuse esophageal spasm
- Weak lower esophageal sphincter
- Esophagitis
- Esophageal ulcers
- Narrowing of the esophagus
- Mallory-Weiss tear
- Plummer Vinson syndrome
- Esophageal stricture

Barrett's esophagus is an escalation of GERD or acid reflux. The condition causes the tissue lining the esophagus to become more like tissue in the small intestine, which increases the risks of developing tumors, ulcers and cancer.

### ***What do I need to do before testing?***

Be sure to tell your doctor about all the medicines you're taking because he or she might ask you to stop taking certain medicines before the test. Some drugs affect esophageal pressure and muscular contractions. You need to refrain from eating and drinking for at least six hours before the test so that you don't vomit.

### ***What can I expect to happen during the test?***

Professional medical staff prepare you for the procedure by applying thin cream inside your nostrils to ease passage of a flexible tube. The doctor or technician then passes the thin tube through the nose, down the esophagus and into the stomach. You might experience some discomfort during insertion, but the tube doesn't affect your breathing and only takes about a minute to place. Once inserted, the tube causes little discomfort. The end of the tube that protrudes from the nose is attached to a machine that measures the test's results. The tube is inserted while you are seated, but then you will lie on your side during the test and swallow small sips of water so that the manometer can measure swallowing movement through the esophagus.

The test takes about 30 minutes, and it is important to breathe slowly and remain still. Sensors on the tubing record contractions as the tube is slowly pulled out of your esophagus. Results go immediately to your doctor for further study, and your doctor might discuss the findings immediately or at your next appointment.

### ***Does the test cause any pain or side effects?***

Some people gag or salivate when the tube goes down the throat. Your eyes might water, and nosebleeds happen occasionally. Serious side effects rarely occur, but any medical procedure carries some risks. Possible complications include encountering a nasal blockage, misdirection of the tube into the windpipe, aspirating liquids into the lungs from stomach back-flow or experiencing an irregular heartbeat.

Coughing and vomiting are possible but rare, and the procedure rarely causes pain but only minor discomfort. Some medical professionals apply mild topical anesthetics to the inside of noses to make tube passage more comfortable.

1. You might experience mild soreness in the throat.
2. Call your doctor if you experience any unusual side effects or reactions.
3. You can resume normal eating and other activities immediately following the test.
4. Minor nosebleeds occur occasionally but usually stop within hours.

### ***Are there any contraindications associated with esophageal manometry?***

Tell your doctor if you are pregnant or have heart disease, breathing problems or other health disorders. Be sure to mention any allergies or intolerances to medications. People who can't follow instructions, those with severe blood clotting problems and patients with known conditions such as ulcers, strictures, varices and Zenker's diverticula should not get esophageal testing.

### ***How do the risks of testing compare with the dangers of not getting tested?***

Diagnosing esophageal disorders without advanced testing is impossible, and manometry takes little time, causes no lasting pain or discomfort and generates few medical risks. Your doctor or testing facility will take every precaution to ensure your safety. Test results can help to diagnose many dangerous disorders that could prove life-threatening. Early detection of esophageal disorders improves the outlook for treatment and recovery.

### ***Are there any warnings that I should know about?***

In rare cases, tubing might be blocked by obstructions in the nasal cavity or esophagus and make completing the test impossible. All medical tests carry risks, so this information should only serve as a general information guide. Always get specific advice about medical procedures from a qualified medical professional.

## **Understanding Esophageal Dilation**

### ***What Is the Esophageal Dilation Procedure?***

In order to stretch or widen your esophagus, your doctor will need to perform a procedure called “esophageal dilation.” Your physician can make this procedure more comfortable for you by spraying the back of your throat with a local anesthetic before inserting the weighted dilator into your mouth. This procedure may also accompany an endoscopy when you will be sedated.

### ***Why Do I Need to Have This Done?***

The esophagus is a muscular tube that carries food and drink from your mouth to your stomach. The esophageal dilation procedure becomes necessary when it’s difficult for you to swallow your food because of an obstruction. Most people experience this narrowing because acid reflux from frequent heartburn caused scarring in the esophagus. When scarring is present, swallowing becomes difficult, and people feel as if food particles remain within their chests. The sensation is highly uncomfortable and can even cause pain.

Sometimes, there is excess tissue called “webs” or “rings” that obstruct the esophagus. Cancerous tumors, scarring due to radiation therapy and a movement disorder called a “motility disorder” are less common causes of an esophageal stricture or narrowing.

### ***How Do I Prepare for the Esophageal Dilation Procedure?***

To have the best experience and ensure that the procedure proceeds safely, you will need to have an empty stomach before you present yourself at your doctor’s office. This means that you must not eat or drink anything at least six hours before you are scheduled to have esophageal dilation done. Your doctor will let you know exactly how long he or she wants you to fast.

Your physician will need to know a few things about the medications you are taking before this treatment can be performed. If you are taking blood thinners or aspirin, make sure that you let your doctor know. If it is necessary, your physician may adjust your medications, but most of the time, you will be able to keep your regular schedule.

It will be important for your doctor to know that you are allergic to any medications or that you are suffering from a medical condition. If you are required to take antibiotics before you have dental procedures, this is important information for your physician as well. He or she may need you to take antibiotics before you can submit to the esophageal dilation procedure.

### ***What Will Happen During Esophageal Dilation?***

Sometimes, the esophageal dilation procedure is performed along with an upper endoscopy. If this is the case for you, you will be sedated before the procedure begins. Your doctor might spray the back of your throat with a local anesthetic and then administer sedatives. Then, you will be ready for your physician to pass the instrument into your mouth and down your throat. You will be able to continue breathing normally.

Once inside the esophagus, your doctor will dilate the constricted area with either a dilating balloon or a plastic dilator. You shouldn't feel any pain, but you may feel slight pressure against your throat or in your chest while the procedure is going on.

In a variation of this procedure, your physician begins by anesthetizing your throat. Then, he or she uses a tapered dilating instrument to dilate your esophagus. In the process, he or she may take X-rays of the area.

### ***What Happens After the Procedure?***

Most likely, you will only need to be observed for a short period of time after the procedure is over. Then, you can return to your normal life. You may be able to drink fluids again after the anesthetic wears off. Your doctor will let you know. You aren't likely to experience any side effects from this procedure other than a mild sore throat that will only last for about a day. You should be able to eat solid foods the next day.

Those who are sedated during this procedure will need to be observed in recovery before they are cleared to go home. Even though you may not feel different, you are not going to be allowed to drive, so make sure that you have a ride after this procedure is over. Sedatives can alter your judgment, and they can also slow down your reflexes, so it would be unsafe for you to operate a vehicle.

### ***Are There Any Complications Related to This Procedure?***

Patients who have the esophageal dilation procedure performed by a doctor who is specifically trained in this area rarely experience any complications. However, problems can occur just like with any other medical procedure, but they are highly unlikely. In a minimal number of instances, the esophagus becomes perforated, and these patients may need surgery to correct the issue. In some cases, bleeding occurs when the esophagus becomes torn. Sometimes, patients experience side effects from the sedatives.

Although complications are rare, some conditions increase their likelihood, such as obesity and smoking. Diabetes and heart and lung disease also contribute to the possibility of difficulties after this procedure. If there are going to be any complications from this treatment, you may experience some early signs. Let your physician know right away if you notice any of the following symptoms after your procedure:

- Black stools

- Blood in the stools
- Difficulty swallowing
- Trouble breathing
- Fever
- Chest pain

### ***Will I Need to Have This Procedure Done Again?***

It depends on why you needed this procedure to be done the first time. The amount of narrowing can also determine whether or not you will need to have esophageal dilation again, but it is not unusual for one patient to have this procedure done several times. This way, your doctor can expand your esophagus in small increments so that complications will be less likely to occur.

After your doctor has managed to dilate your esophagus entirely, esophageal dilation will no longer be necessary for you. In the event that your esophagus became scarred because of acid reflux, you can prevent repeat procedures by taking acid-suppressing medications. Your doctor will educate you on this issue.

**DISCLAIMER: PLEASE READ CAREFULLY**The information on this website is to provide general guidance. In no way does any of the information provided reflect definitive medical advice and self diagnoses should not be made based on information obtained online. It is important to consult a best in class gastroenterologist regarding **ANY and ALL** symptoms or signs as it may a sign of a serious illness or condition. A **thorough consultation** and examination should **ALWAYS** be performed for an accurate diagnosis and treatment plan. Be sure to call a physician or call our office today and schedule a consultation.