

Therapeutic endoscopy in UTH

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Diagnostic procedures

- Oesophago-gastro-duodenoscopy ✓
- Enteroscopy ✓
- Capsule enteroscopy ☒
- ERCP ☒
- Colonoscopy ✓

Therapeutic procedures

Oesophagus:

- rigid dilatation ✓
- balloon dilatation for achalasia ✓
- stent placement for tumours ✗
- variceal banding ✓

Stomach/duodenum:

- percutaneous gastrostomy placement ✗
- haemostatic procedures (cautery, APC) ✗

Peptic ulcer bleeding



Aetiology *H. pylori*;
bleeding can be
controlled by
electrocoagulation
or argon plasma
coagulation

Variceal bleeding

Aetiology portal hypertension; bleeding controlled by sclerotherapy or banding



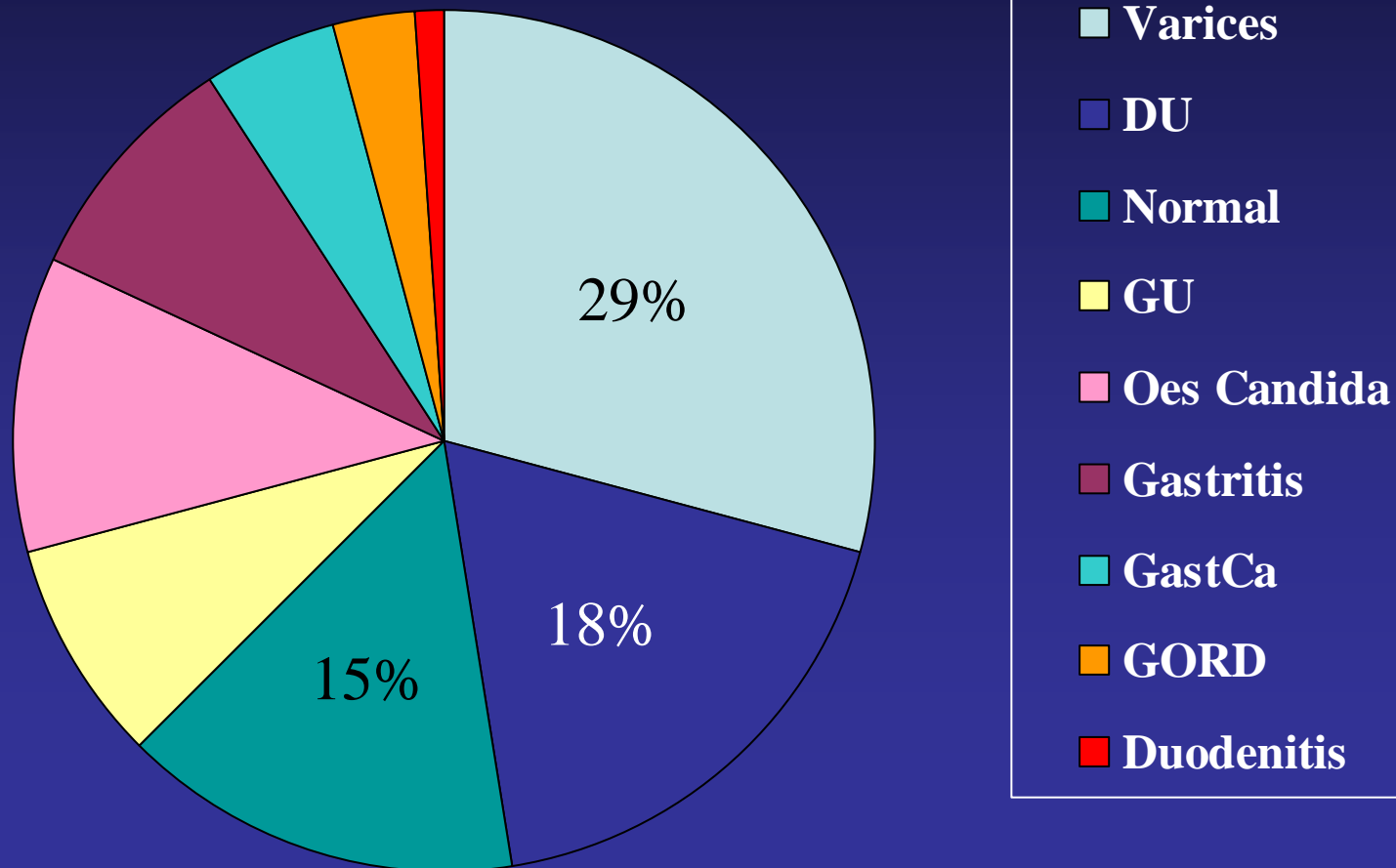
Audit of GI bleeding UTH

- Review of 1,664 endoscopies over 5 years
- 146 with GI bleed any type:
 - 88 male (65%)
 - 45 female (35%)
- 87 with haematemesis:
 - 55 male (66%)
 - 28 female (34%)

(Mwamba Katema & Isaac Zulu, 2004)

Audit of GI bleeding UTH

Patients with haematemesis recorded

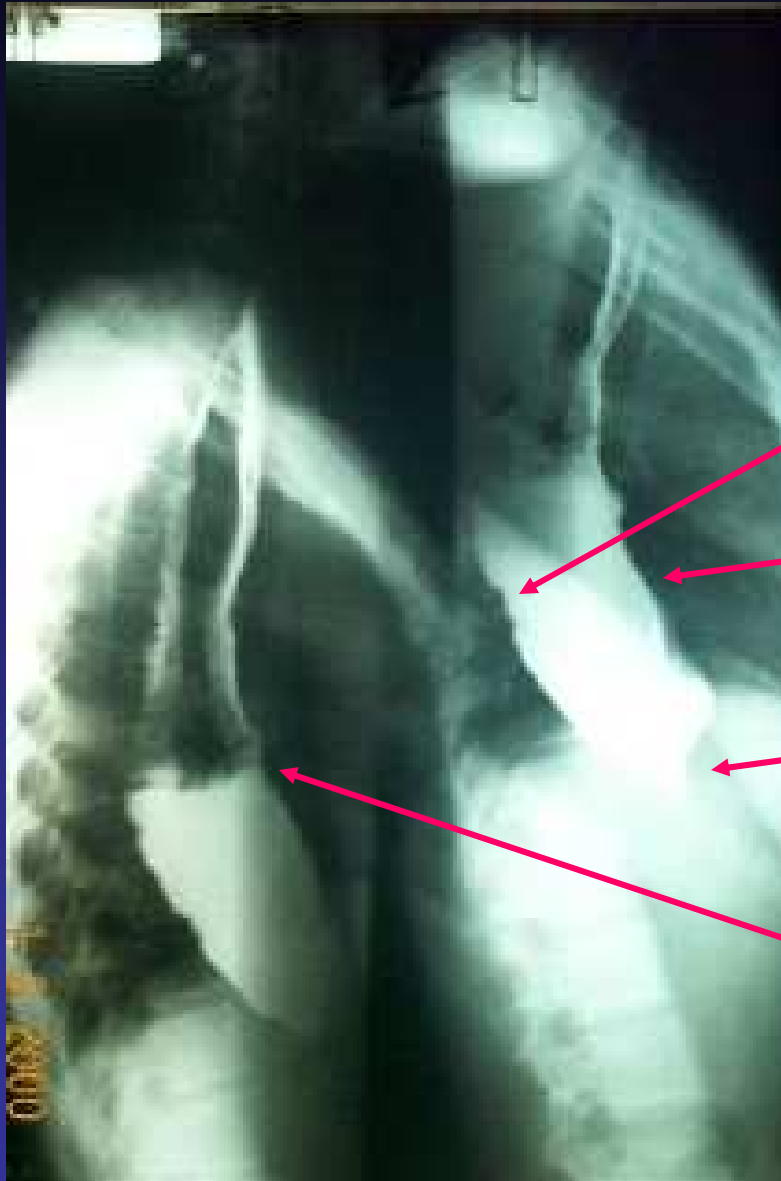


Audit of therapeutic endoscopy

2003-2005

- Achalasia dilatation: 4 patients, 5 procedures
- Rigid dilatation: 6 patients, 9 procedures
- Variceal banding: 20 patients, 55 procedures MUCH GREATER DEMAND +++
- ONE OESOPHAGEAL PERFORATION IN ELDERLY MAN WITH Ca

Achalasia



Often rings of spasm

Dilated oesophagus

Tapering stricture

Fluid level - retained food/liquid and secretions

Outcome of dilatation for achalasia

Timothy had had severe dysphagia for 10 years with growth failure. After dilatation, rapid catch-up occurred within 6 months

