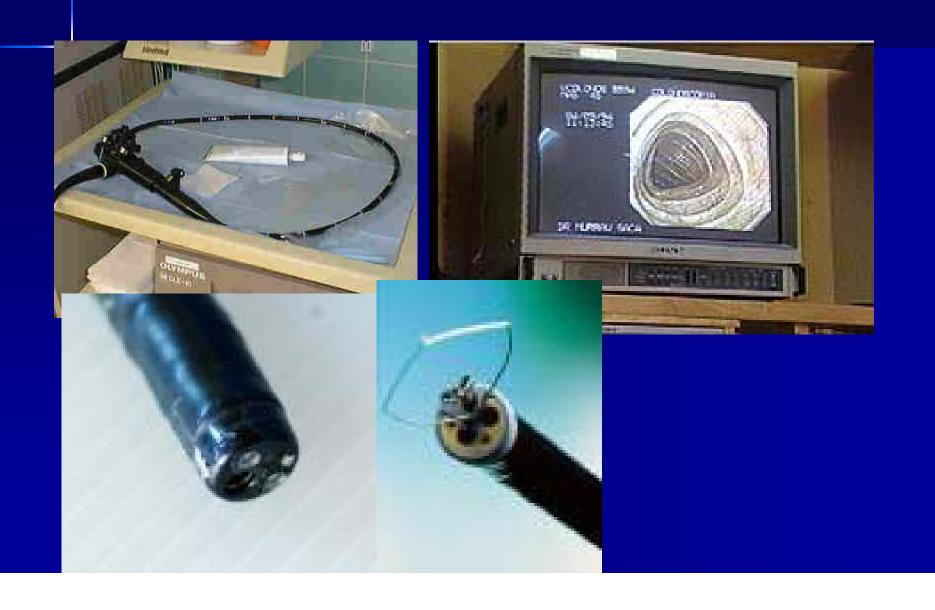
Procedural Gastroenterology: A Brief Overview

DR SANDIP PAL MD DM
Gastroenterologist and Hepatologist
NH, RN Tagore hospital



Tools of the trade



Gastrointestinal bleeding

Culprit lesions

Esophageal varices

Banding

Peptic ulcer

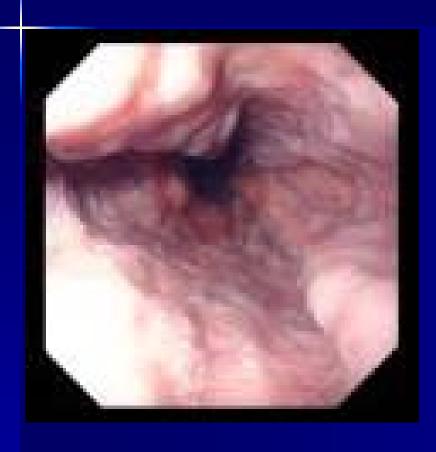
- Injection
- Heater probe
- Clipping

Malignancy

Angiodysplasia

Gastric antral vascular ectasia

Esophageal Varices

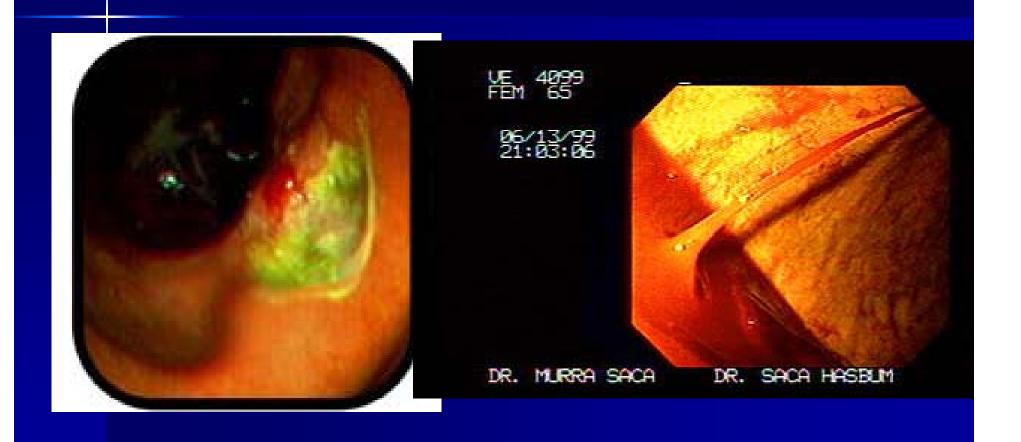




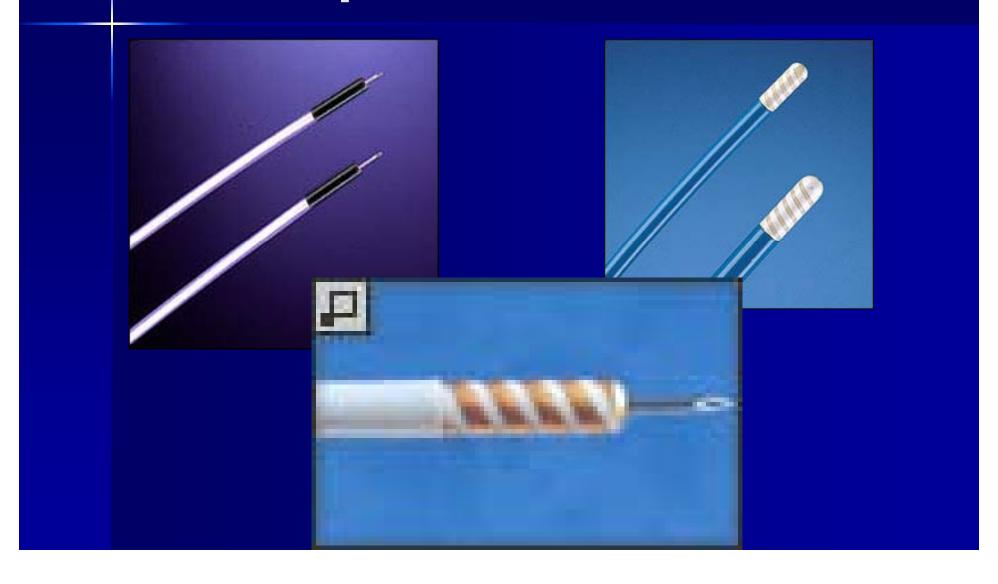
Banding Devices



Peptic Ulcer bleeding



Injection sclerotherapy & Heater probe



Endoclips / Haemoclips





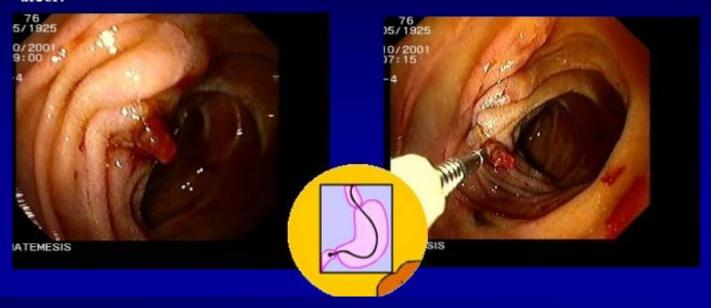




Clipping a Duodenal Ulcer

Peering through the pylorus into the duodenum, we see some blood and a vessel sticking out of the wall, just at the front edge of a small but deep ulcer.

In the second photograph, a disposable metal clip is applied to the ulcer. The patient remained well and left hospital three days later.



Gastric Antral Vascular Ectasia





Argon plasma coagulator therapy of GAVE

Angiodysplasia



Endoscopic management of GI neoplasia

- Polypectomy+/- submucosal injection
- Endomucosal resection
- Stenting
- (Laser)
- (Ethanol injection)









Polypectomy snare











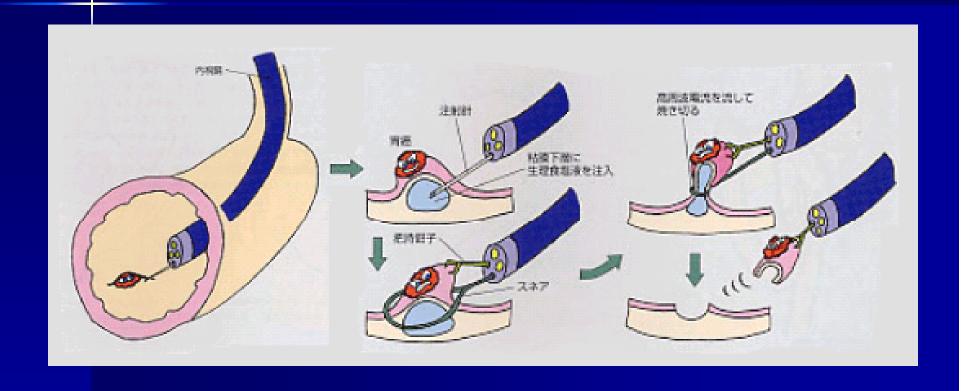


Polypectomy with submucosal injection



Snare polypectomy after submucosal saline injection

Endomucosal resection



Obstructing Esophageal Malignancy





Esophageal stents







Esophageal strictures







Esophageal dilators





Balloon dilatation



Narrow esophageal stricture



Balloon dilatation (cont)





Percutaneous gastrostomy (PEG)



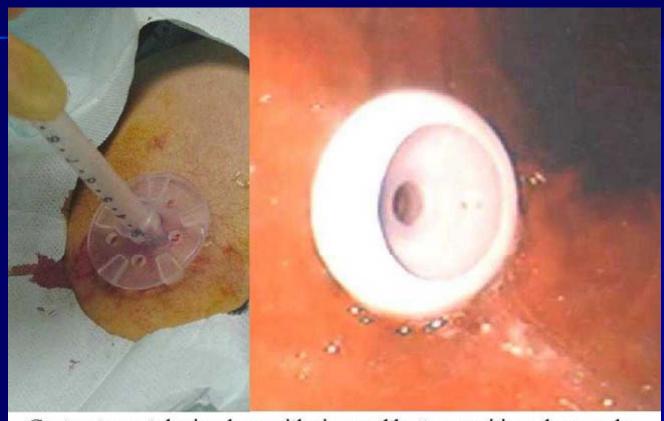




A wire is advanced through the angiocatheter into the stomach and grasped with a snare.



Gastrostomy tube is pulled through the previously identified site.

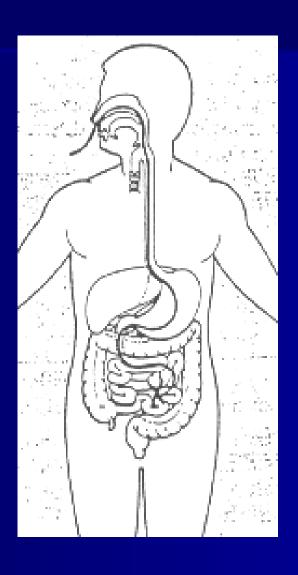


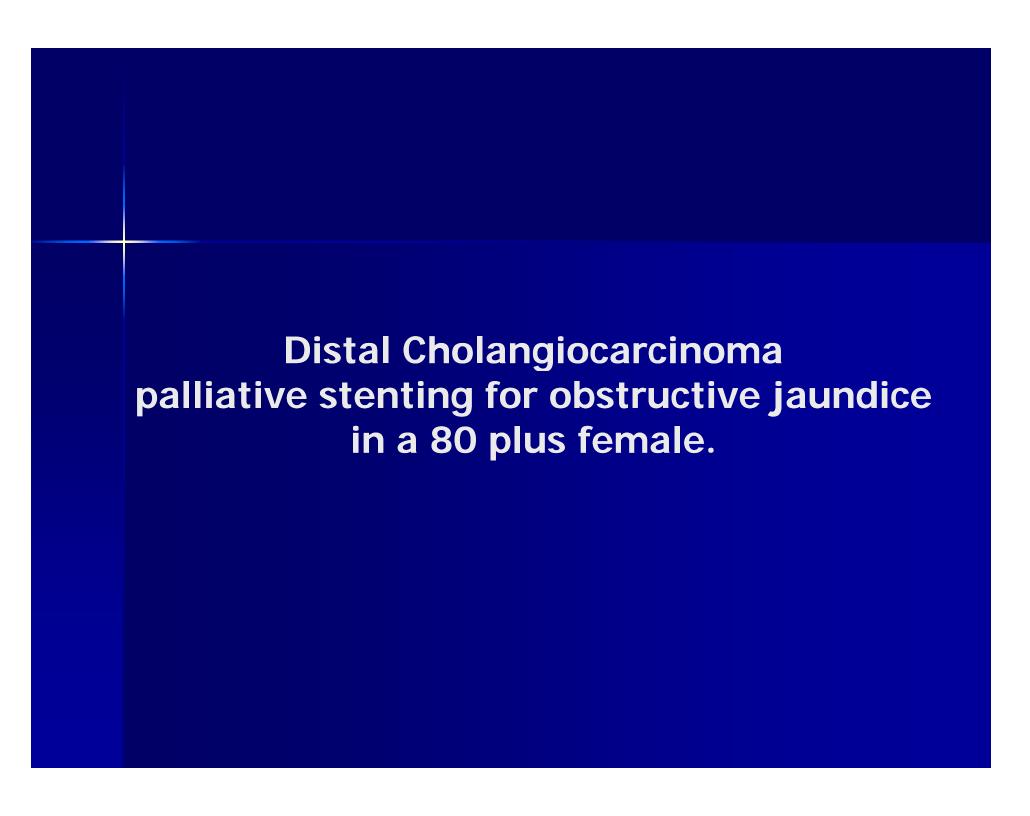
Gastrostomy tube in place with ring and button positioned properly.

Percutaneous gastrostomy: low profile device



Nasojejunal feeding tube







Ca GB with proximal CBD infiltration in a 70 years female











Choledocholithiasis with benign CBD stricture Post Cholecystectomy



18 years with chronic calcific pancreatitis and obstructive jaundice due to inflammatory stricture of distal CBD



50 years female patient Periampullary malignancy with cholangitis and obstructive jaundice

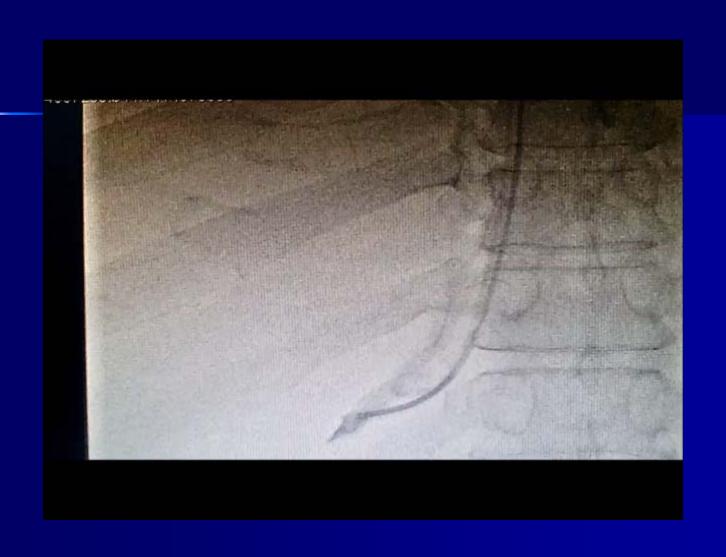


TIPSS

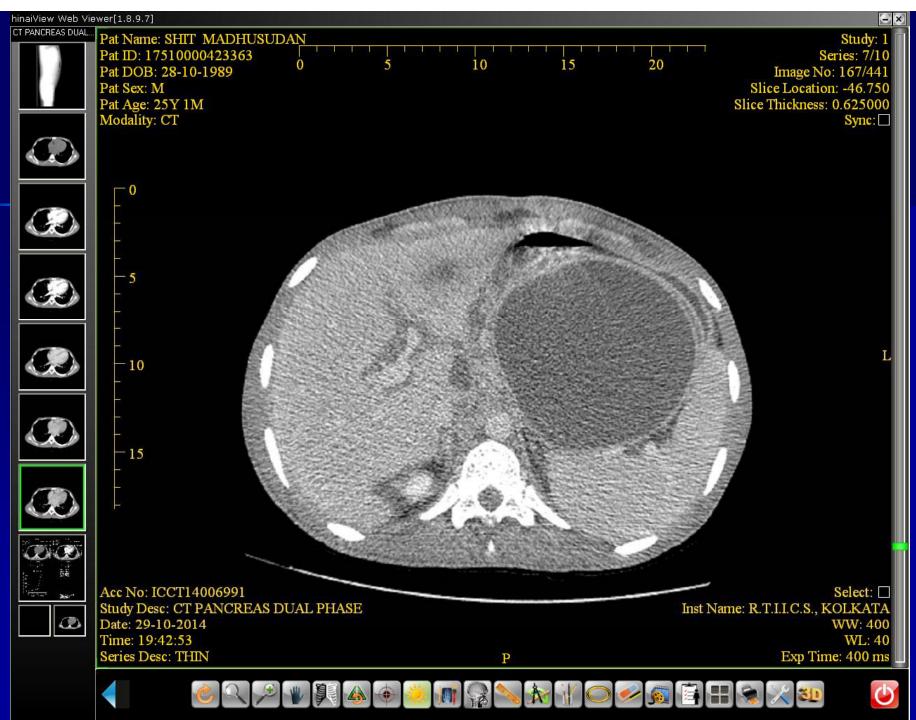
Indications for TIPS

Efficacy Determined by Controlled Trials Secondary prevention variceal bleeding Refractory cirrhotic ascites Refractory cirrhotic ascites Refractory department of the pattern of the p		
Refractory cirrhotic ascites Portal hypertensive gastropathy Bleeding gastric varices Gastric antral vascular ectasia Refractory hepatic hydrothorax Hepatorenal syndrome (type 1 or type 2) Budd-Chiari syndrome Veno-occlusive disease	Efficacy Determined by Controlled Trials	•
		Portal hypertensive gastropathy Bleeding gastric varices Gastric antral vascular ectasia Refractory hepatic hydrothorax Hepatorenal syndrome (type 1 or type 2) Budd-Chiari syndrome Veno-occlusive disease

(Hepatology Feb 2005)



Endoscopic Cystogastrostomy Ac pancreatitis with a large pseudocyst in a 24 years alcoholic patient







THANKS