**Endoscopy**

**Definition:** The endoscope is a flexible tube equipped with a camera that allows direct observation of the esophagus-stomach and duodenal mucosa. This device enters the body through the mouth. Although this method has side effects, but its benefits are more.

**Application:**

It is important to diagnose esophageal, gastric or duodenal abnormalities and the inflammatory-neoplastic or infectious process and to evaluate esophageal and gastric movements. Tissue samples and secretions can also be prepared using this method. It is also used to remove common bile duct stones, relieve stenosis and treat gastric bleeding and esophageal varices.

**Procedure**

The gastroenterologist makes his observation with the help of a lens. Electronic video endoscopes are also connected directly to a video processor and are able to convert electronic signals into television images. This provides the ability to view and record observations simultaneously. Recently, a tablet-sized device equipped with two cameras called the ESO pillcam was developed. Each camera captures seven images per second and transmits it to a wireless storage device.

**What are the complications of endoscopy?**

In general, endoscopy does not make a problem. But like other diagnostic methods, it can have side effects, which include:

- Perforation or rupture of the stomach wall during endoscopy
- The patient is sensitive to the injected sedative because the sedative is injected before the endoscopy so that he/she does not notice the endoscope entering and the pain caused by it.
- Infection
- Bleeding (hemorrhage)

**Nursing interventions before endoscopy:**

The patient should abstain from eating and drinking for 8 hours before endoscopy. Patient preparation includes spraying or gargling the anesthetized solutions and intravenous administration of midazolam (versed) immediately before inserting the scope.

Atropine may be prescribed to reduce secretions. Glucagon may be used to relax smooth muscle if necessary. The patient is placed on the left side to allow saliva to drain easily and the endoscope to be inserted easily.

**Nursing interventions after endoscopy:**

The nurse should monitor the patient for signs of rupture, such as pain, bleeding, unusual difficulty in swallowing, and a sudden rise in temperature.
The patient should be instructed to refrain from eating or drinking for 1 to 2 hours until the onset of the wheezing reflex returns to prevent aspiration of food or fluids into the lungs.

Minor sore throats can be relieved with gargling with warm saline and oral painkillers. Of course, the painkiller can be used after the reflex returns. The patient is required to rest in bed until complete recovery of consciousness.

If you have any questions or ambiguities, call the following number:

023-33437821, Endoscopy ward of Kosar Hospital