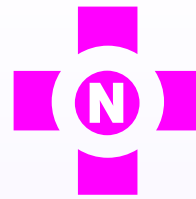
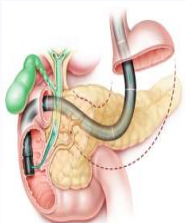


HOW TO PREPARE A PATIENT FOR ENDOSCOPY???

- Proper instructions are given to the patient by the nursing staffs before conducting the required procedure.
- Local Anaesthetic Liquid or spray is given to the patient
- Left lateral position is given to patient for conducting endoscopy

FACILITIES

- High-Definition Video Endoscope with light source and processor
- LCD Monitor for proper diagnosis and image transmission
- Instant pictures and videos are recorded using high-end software
- Central line oxygen and central line nitrous
- Multi-Para monitor
- Endocleaner to clean and sterilize Endoscope



Nidhi Hospital
Adding Health to Life

CONTACT DETAILS

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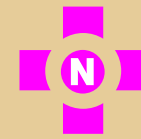
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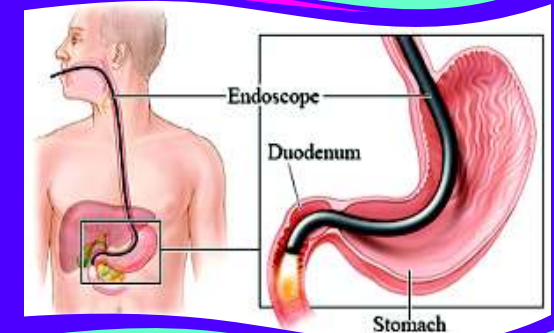
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Nidhi Hospital
Adding Health to Life

NIDHI HOSPITAL ENDOSCOPY CENTRE



*"We provide the assurance of effective
and
painless procedures with quality care "*

Dr. Sunil D. Popat is the Managing & Medical Director of Nidhi Hospital. He has got an experience of more than 22 years and in Gastro & Laparoscopic Surgeon & Endoscopy of more than 25000 G.I. Endoscopies till date. He has done extensive works in the field of Therapeutic ERCPs, Therapeutic Endoscopy, Gastro-Intestinal disorders, Laparoscopic Surgeries and Obesity Surgeries.



ENDOSCOPY

Endoscopy means looking inside the body for medical reasons using an endoscope which is inserted directly into the target organ.

MAIN TYPES OF ENDOSCOPY

1. Upper G.I. / OGD (Oesophagus - Gastro-Duodenoscopy) - The scope is inserted into stomach from the mouth via oesophagus.
2. Lower G.I. / Colonoscopy - The scope is inserted from the rectum into the colon.
3. Sigmoidoscopy - The scope is inserted from the rectum upto the Sigmoid.
4. ERCP / Endoscopic Retrograde Cholangio Pancreatography - The scope is inserted from the mouth in to duodenum.
5. EUS - Endoscopy Ultrasound
Endoscope with Sonography probe at its tip helps to do Endoscopic Sonography of Liver, Pancreas, Gall Bladder, Abdominal Tumors etc. and enable the Endoscopist to take Biopsy.

WHEN TO DO ENDOSCOPY

Note : The below mentioned conditions only depicts the chances of conducting an endoscopy and should not be considered necessary if any such condition prevails. The final decision about performing the scopy will only be taken by the consultant after a thorough examination.

- Abdominal pain
- Biopsy had to be done
- Colitis
- Dyspepsia (Acidity/Bloating)
- Dysphagia (Difficulty in swallowing)
- Diarrhea
- Foreign body removal
- Haemetmesia (blood in vomitus)
- Fever of unknown origin with Lymphnodes
- Unexplained Anaemia (Occult GI Bleed)
- Upper/Lower Abdominal Pain
- Detection of Gallbladder stones and Tumors
- Diagnosis of Abdominal TB/Mediastinal TB Nodes
- Detection of Common Bile Duct (CBD) Stones
- Pancreatitis (Acute/Chronic)
- Detection of Pancreatic Duct Stones
- Abdominal Complaints with Unexplained Weight Loss
- Suspected/Diagnosed Cancer of Pancreas
- Malena (Dark/black stools)
- Pancreatitis (Acute/Chronic)
- Jaundice
- Constipation
- Liver Diseases (Acute/Chronic)

QUICK, EASY AND PAINLESS

- Diagnostic endoscopies are quick and easy and takes only a few minutes
- Mild sedation given to patients helps in minimizing pain and discomfort during endoscopy procedures
- Patients after the diagnostic Endoscopic procedure will be discharged on the same day and can resume regular diet and medication only after few hours of procedure.

THINGS - TO - KNOW FOR PATIENTS

- Patient should be accompanied with one relative or care-taker.
- Consent form for Endoscopy (Mandatory) and Anaesthesia (If needed) had to be signed by the patient and the relative.
- For Upper G.I. or OGD-Patient should remain empty stomach for atleast 4 hours. Only liquid intake can be done before 4 hours , i.e., tea, coffee or water. No solid food should be taken. Anaesthesia is given as per the requirement of the patient. And is a must in case of Pediatric patient.
- For Lower G.I. or Colonoscopy -‘Peglac/similar powder’ is given to patient with 3 litres of water in small intervals to wash out the bowel after which patient should remain empty stomach for atleast 4 hours before the start of the procedure. Anaesthesia is given to patients.
- In case of Sigmoidoscopy -“Enema” is given to patient so as to help them pass the stool. Patient need not be in empty stomach. Once the stool is passed, the procedure takes place. Anaesthesia is given only on the requirement of the patient, and is a must in case of Pediatric patient.
- Sigmoidoscopy takes a maximum of 10-15 mins to complete the procedure
- In case of ERCP Patient should remain empty stomach for atleast 4 hours. Only liquid intake can be done before 4 hours , i.e., tea, coffee or water. No solid food should be taken. Anaesthesia is given to patients.