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PHÒNG KHÁM ĐA KHOA
HÒA ĐỨC

PAINLESS ENDOSCOPY UNIT

SAFE | GENTLE | ACCURATE

SEDATED GASTROINTESTINAL ENDOSCOPY
HOA DUC GENERAL CLINIC

Address: 04–06–08 Dinh Cong Trang Street, Quy Nhon Nam Ward, Gia Lai Province
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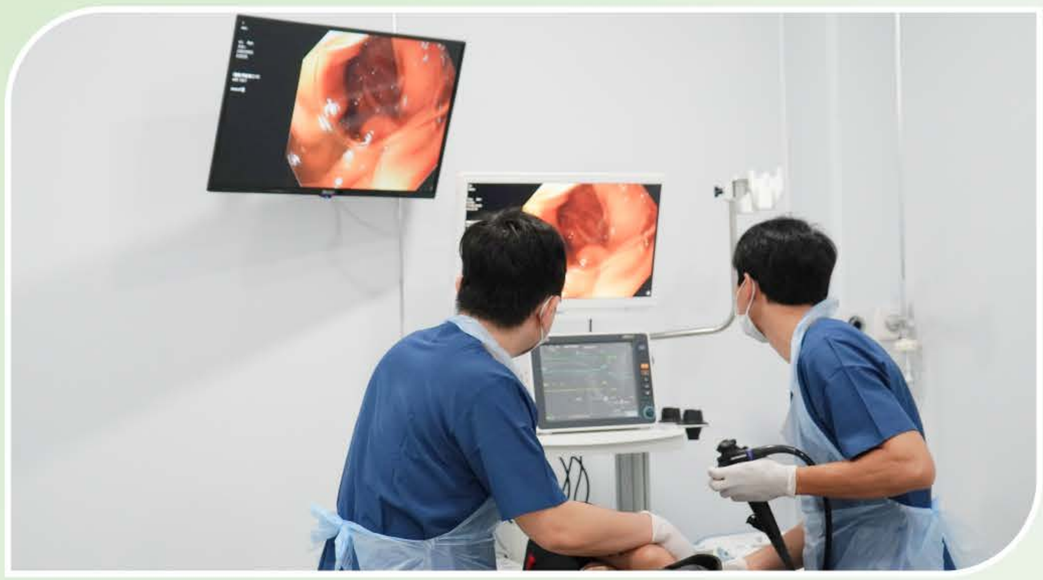

Gastrointestinal endoscopy is a modern and safe diagnostic and interventional procedure that allows direct visualization of the lining of the esophagus, stomach, duodenum, colon, and small intestine in order to:

- Detect gastrointestinal cancers at an early stage.
- Diagnose conditions such as inflammation, ulcers, polyps, gastrointestinal bleeding, vascular abnormalities, and other lesions.
- Monitor patients after treatment for ulcers, cancer, polyps, or inflammatory bowel disease.
- Obtain biopsy specimens for histopathological examination.

Endoscopy may be recommended for patients with:

- Persistent abdominal pain, particularly in the upper abdomen or subcostal region.
- Unexplained nausea or vomiting.
- Loss of appetite or unintentional weight loss.
- Digestive disorders such as bloating, acid reflux, chronic diarrhea, or constipation.
- Vomiting blood, black stools, or blood in the stool.
- Unexplained anemia.
- A family history of gastric or colorectal cancer.
- Routine gastrointestinal cancer screening in people over 40 years of age.

Sedation helps patients remain comfortable and less anxious, minimizing pain, discomfort, and nausea during the procedure. It also provides optimal conditions for the physician to perform the endoscopy more accurately.

PREPARATION BEFORE ENDOSCOPY

1. Pre-Endoscopy Medical Assessment

- General medical examination and assessment of underlying conditions such as cardiovascular or respiratory disease, drug allergies, and previous anesthesia history.
- Necessary tests may include a complete blood count, coagulation tests, liver and kidney function tests, electrocardiogram (ECG), etc.

2. Bowel Preparation For Colonoscopy

Patients are required to take a special bowel-cleansing preparation, commonly containing polyethylene glycol or sodium phosphate.

- Follow a light diet and consume easily digestible foods before the day of the procedure.
- Bowel preparation for colonoscopy generally takes approximately 4–6 hours. During this period, the bowel-cleansing medication empties the colon, causing frequent bowel movements until the stool becomes liquid and the colon is adequately cleared.
- Proper bowel preparation allows the physician to clearly examine the inside of the colon and identify abnormalities such as polyps, inflammation, or tumors.

(Patients living in central Quy Nhon may receive the bowel preparation medication in advance and complete the bowel cleansing at home before coming to the Clinic for the colonoscopy.)

3. Preparation for Sedation

- Pre-sedation assessment of heart and lung function, allergies to anesthetic medications, and underlying medical conditions.
- No food or drink for at least 6 hours before sedation.
- Establishment of an intravenous (IV) line before the procedure.

SEDATED ENDOSCOPY PROCEDURE

1. The patient is connected to monitoring equipment in the endoscopy room.
2. Short-acting intravenous sedation is administered.
3. Gastrointestinal endoscopy is performed:
   - Upper endoscopy: esophagus, stomach, and duodenum.
   - Colonoscopy: colon, including the cecum and rectum.
4. The physician examines and documents any detected lesions.
5. Polyp removal or biopsy may be performed if necessary.
6. The procedure usually takes 30–60 minutes, depending on its complexity and any additional interventions.

H. PYLORI TESTING – POLYPECTOMY AND BIOPSY

HD MEDIC-LAB

1. Gastric Fluid Sampling for H. pylori Testing During Endoscopy

Helicobacter pylori (H. pylori) is a bacterium strongly associated with chronic gastritis, peptic ulcer disease, and an increased risk of gastric cancer. Obtaining samples to diagnose H. pylori infection during endoscopy is therefore important.

Advantages of Endoscopy-Based H. pylori Testing

- Accurate diagnosis during the same endoscopy procedure.
- Simultaneous detection of associated abnormalities such as inflammation, ulcers, intestinal metaplasia, and polyps.
- Can be combined with biopsy to assess the risk of malignancy when indicated.

Screening for H. pylori during endoscopy can help identify and treat an underlying cause of many gastric disorders while reducing the risk of ulcer recurrence and the long-term risk of progression to gastric cancer. Appropriate H. pylori eradication therapy may also significantly improve patients' quality of life.

Endoscopy-Based H. pylori Testing Methods

1 Gastric Mucosal Biopsy

During endoscopy, the physician takes 2–4 biopsy samples from the gastric antrum and body. These samples may be used for:

- Rapid urease test (CLO test), with results available within 1–24 hours.
- Histopathological examination using H&E or Giemsa staining.
- H. pylori culture, when indicated.

2 Gastric Fluid Sampling for H. pylori PCR Testing

During endoscopy, gastric fluid may be aspirated through the endoscope.

The gastric fluid can be sent for PCR testing to detect H. pylori genetic material. This method has high sensitivity and specificity and may also identify strains associated with clarithromycin resistance.

3 Gastric Fluid Sampling for pH Assessment

Measurement of gastric acid levels.

Indirect assessment of the gastric environment associated with H. pylori infection.

2. POLYPECTOMY AND BIOPSY

When a polyp or lesion suspicious for cancer is detected:

- Polyps may be removed with an electrosurgical snare.
- Biopsy forceps may be used to collect tissue samples.
- The site may be marked for follow-up.

Biopsy Results May Include:

- Normal mucosa
- Gastric or intestinal inflammation and ulceration
- Intestinal metaplasia or dysplasia
- Colorectal adenoma
- Hyperplastic polyp
- Adenocarcinoma
- Other types of malignant tumors

HISTOPATHOLOGY PROCESS AFTER BIOPSY

1. Biopsy specimens are immediately fixed in 10% formalin.
2. Specimens are processed at the Hoa Duc Histopathology Laboratory, including:
   - Tissue processing and sectioning.
   - H&E staining; IHC when needed.
   - Pathologist review and reporting.
3. Biopsy results are generally available within 3–5 days.

IMPORTANT INSTRUCTIONS AFTER ENDOSCOPY

1. Rest for approximately 1–2 hours after the procedure to allow the effects of sedation to wear off.
2. Do not drive or operate machinery for 24 hours after sedation.
3. Eat light, easily digestible foods during the first day.
4. Seek medical attention immediately if you experience severe abdominal pain, vomiting blood, black stools, fever, or severe fatigue.
5. Attend your follow-up appointment to receive the results and further instructions.

CLEANING, DISINFECTION AND STORAGE OF ENDOSCOPY EQUIPMENT

Endoscopy equipment is carefully reprocessed after every patient in accordance with infection-control standards.

- Pre-cleaning: External surfaces and channels are thoroughly cleaned.
- High-level disinfection: Endoscopes are disinfected using agents such as glutaraldehyde or ortho-phthalaldehyde (OPA).
- Rinsing, drying, and storage: Equipment is rinsed, dried, and stored in a dedicated cabinet with drying, UV, and ozone systems.

All procedures follow established infection prevention and control protocols.

HOW OFTEN SHOULD YOU HAVE A COLONOSCOPY?

The appropriate interval between colonoscopies varies from person to person and should be determined by a physician based on individual risk factors. In general, the recommended interval depends on the patient's risk group.

1 For Average-Risk Individuals:

People at average risk may begin colorectal screening at age 40, with colonoscopy every 5–10 years as recommended by their physician.

2 For People at High Risk of Colorectal Cancer:

High-risk individuals may need earlier colonoscopy, especially those with:

- Unexplained weight loss, digestive symptoms, abnormal bowel movements, or blood in the stool.
- A first-degree relative with gastrointestinal cancer.
- Chronic colorectal diseases such as ulcerative colitis or Crohn's disease.

Follow-up colonoscopy is usually recommended every 1–3 years, as advised by the physician.

3 For Patients with Previously Detected Colorectal Polyps:

- In general, some colorectal polyps may take approximately 5–10 years to undergo malignant transformation and progress to cancer. Therefore, follow-up colonoscopy may be recommended every 3–5 years, depending on the type, size, and number of polyps detected.
- Based on the histopathological findings of removed polyps, some patients may require more frequent surveillance, such as every 6 months or every 1–2 years, according to the physician's recommendation.

MEDICAL ADVICE

"Sedated gastrointestinal endoscopy is generally safe when performed properly. Follow your physician's instructions before and after the procedure."

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