Panendoscopy

A Panendoscopy is the term given to the endoscopic examination of the entirely upper gastro-intestinal tract. The procedure is also commonly known as “endoscopy” or gastroscopy”. The investigation allows for the direct visual inspection of the entire upper gastro-intestinal tract, namely pharynx, oesophagus, stomach and duodenum. Owing to its high degree of accuracy, endoscopy has completely superseded Barium meal examination, which has been rendered virtually obsolete.

Endoscopy is particularly valuable in the assessment of indigestion, heartburn, dyspepsia, flatulence, post-prandial “fullness”, waterbrash, nausea, vomiting, upper abdominal pain, and difficulties in swallowing.

Gastric biopsies are routinely performed to assess for the presence of Helicobacter Pylori, a micro-organism responsible for peptic ulceration, gastritis and associated with stomach cancer. Biopsies of the distal second part of the duodenum are performed if indicated, to assess for Coeliac disease.

Specific pathologies detected include:

Oesophagus: inflammation (graded I - IV), ulceration, polyps, strictures, tumours, varices, hiatal hernia, gastro-oesophageal reflux, Barrett’s oesophagus.

Stomach: ulceration, inflammation, erosions, polyps, benign and malignant tumours, Helicobacter organism.

Duodenum: First and second parts assessed. Ulceration, inflammation, strictures, tumours, and Coeliac disease.

The procedure allows for an excellent view of the gastro-intestinal tract by way of the video endoscope, and also has the facility for biopsy, polypectomy, photography and biopsies for the Helicobacter organism.

The Sydney Adventist Hospital has an outstanding Endoscopy Unit, with excellent facilities, the best possible equipment, and staff who are specifically trained in these procedures. Performed in such ideal circumstances, the procedure can be regarded as very safe, with virtually no risk of injury to the gastro-intestinal tract. In a personal series of 8000 panendoscopies, Dr Currer has not experienced any significant problems related to the procedure.

Panendoscopy is performed usually as an Out-patient procedure, requiring a short, light, general anaesthetic, and is usually experienced with minimal discomfort and distress by the patient. The results of the endoscopy are discussed prior to leaving the hospital and the patients are seen both before and after the investigation by Dr Currer.