Interventional and Therapeutic Gastrointestinal Endoscopy

Volume Editors

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Introduction

The introduction of the fiberoptic gastroscope by our teacher, friend and chief Basil Hirschowitz 50 years ago dramatically changed the practice of gastroenterology and that of many other medical disciplines. Although it was previously possible to visualize the inner organs with rigid endoscopes, the flexibility of the fiberoptic endoscope greatly improved manipulation and hence the extent of organ examination. Fiberoptic technology has been replaced by video endoscopy, and today there is a myriad of advanced imaging techniques available. Approximately a decade after the introduction of the fiberoptic gastroscope, endoscopists around the world began to use this instrument to perform therapeutics in the gastrointestinal (GI) tract, such as injecting bleeding ulcers or resecting colon polyps. Thus, GI endoscopy rapidly progressed from a specialty focused on diagnosis to one dealing with intervention and therapeutics. The reader may ask her- or himself why this book is called ‘interventional and therapeutic’ GI endoscopy, as the title seems to be an oxymoron. However, there are three types of endoscopies being performed today. For example, diagnostic endoscopy refers to procedures such as esophagogastrroduodenoscopy for dyspepsia and screening colonoscopy; interventional endoscopy refers to those endoscopies that imply more manipulation or require more technical skills such as endoscopic cholangiography, pancreatography, endosonography-guided fine-needle aspiration or balloon-assisted enteroscopy, and therapeutic GI endoscopy implies the performance of an active treatment through an endoscope such as transmural drainage of pancreatic fluid collections, dilation of esophageal strictures and polypectomy.

The type of endoscopic interventions in the GI tract has dramatically increased over the last decades. The aim of this book is to present a concise yet instructive overview of the most common interventional and therapeutic GI endoscopic procedures. Although there are many books dealing with therapeutic endoscopy, this one is different for several reasons. First, it is written by a highly selected group of prominent experts from around the world. The reader will notice that every tip and trick detailed by these experts has either been personally invented and developed or practiced with great expertise. Second, the description of the techniques follows a homogeneous approach, making it easy for the endoscopists to ‘grab out’ the important aspects for their own practice. The majority of the procedures described here are ‘classic’ and have stood the
proof of time. Thus, the reader can be confident that this ‘cookbook’ will accompany her or him during many years to come. Third, despite being a ‘cookbook’, the data presented follow evidence-based medical guidelines, but do not inundate the reader with confusing facts and numbers. Fourth, the book is illustrated like an atlas, using real-life pictures and when necessary nice drawings and algorithms.

We are aware that it is impossible to cover the entire spectrum of therapeutic endoscopy in one concise book, but this was not our aim. We want this book to become part of the daily routine; that it is carried around and used at the bedside and in the endoscopic suite, and hopefully it contributes to fulfill the major aim of every endoscopist, which is to deliver the best possible care to patients who are in need of an interventional or therapeutic GI endoscopy.

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