

Esophagoscopy

WHAT IS ESOPHAGOSCOPY?

This is the name given to a technique for examining the esophagus. The viewing instrument, the esophagoscope, consists of a long, flexible tube fitted with an eyepiece, lenses, and its own fiberoptic light source which illuminates the field of vision. The procedure may form part of an endoscopic examination of the upper airway and digestive tract, known as panendoscopy. Esophagoscopy is usually carried out in a daycare facility or in the hospital special procedures room. A local anesthetic is used, although a child may be given a sedative as well.

WHY IS IT PERFORMED?

Esophagoscopy provides a direct view of the mucosa (lining tissues) of the esophagus. In ENT medicine it is invaluable for the investigation, diagnosis, and, in some cases, treatment of many conditions. The pharynx (throat) divides above the larynx ("voice box") to form the upper airway - the trachea - and the upper digestive tract - the esophagus. The esophagus is located behind the larynx, and any swelling of the upper esophagus may interfere with normal swallowing, breathing, or speech. Inspection by esophagoscopy is indicated for dysphagia (difficulty in swallowing), hoarseness, and breathing difficulties caused, for example, by a foreign object lodged in the esophagus that can be seen and removed by means of the scope. Or, the esophagoscope can be used to obtain a biopsy (tissue sample) of a benign or malignant growth.

RISKS AND BENEFITS

Esophagoscopy is the procedure of choice for investigating disorders of the esophagus. It is very versatile and allows direct viewing, taking of biopsy samples, and treatment in some cases with little risk to the patient and without the need for surgery. Risks include perforation, bleeding and infection.

THE PROCEDURE

X PREPARING FOR ESOPHAGOSCOPY

You will be asked to fast for about four hours before esophagoscopy so that your stomach is empty. If you are coming to the daycare facility, you should have a relative or friend bring you to the hospital and take you home afterwards as you will be given a sedative. You may be given lozenges to suck which contain a local anesthetic to numb your throat. This eliminates the gag reflex and enables the esophagoscope to be passed without discomfort. Alternatively, the back of your throat may be sprayed with a local anesthetic. Any dentures are removed. Finally, you may be given a premedication to relax you.

X IN THE PROCEDURES ROOM

You will be given an intravenous injection which will relieve any discomfort caused by fiberoptic esophagoscopy. You will feel sleepy but still able to cooperate with the operator's requests. A gag is placed between your teeth to prevent damage to them or to the esophagoscope. You may be asked to lie on your left side, your knees drawn up slightly, or you may be seated or asked to lie on your back. As the tip of the esophagoscope is placed in your mouth and directed down your throat, you will be asked to swallow. The tube is slowly advanced and careful observations are made - and any procedures carried out - as the esophagoscope is being withdrawn. In the course of the examination, the operator will inject small amounts of air into your esophagus.

AFTER ESOPHAGOSCOPY

The examination is at an end when the esophagoscope is withdrawn completely. You will be helped off the examining table and taken to the recovery area. At first you may feel lightheaded, but this should pass presently. It takes a few hours for the effects of any local anesthetic to wear off, and you must not eat or drink anything until sensation has returned fully. If a biopsy has been taken, you may be given an appointment to come back when your doctor has received the laboratory reports.