

GASTROENTEROLOGY AT  
THE MIRIAM HOSPITAL

The Miriam Hospital



*We're Here to Care.*



## WHAT IS A GASTROENTEROLOGIST?

A gastroenterologist, sometimes called a G.I. specialist, is a physician who specializes in diagnosing and treating diseases and conditions of the digestive system.

The digestive system includes the esophagus, the stomach, the small intestine, the large intestine, the colon, the pancreas, the liver, the gallbladder and the bile ducts. Taken together, these organs are called the gastrointestinal – or G.I. – tract.

## WHO SEES A GASTROENTEROLOGIST?

As with any other specialist, you would usually be referred by your primary care physician if you had symptoms that weren't responding to treatment, or if your doctor felt that a G.I. specialist's particular expertise would be helpful in diagnosing and managing your difficulties. Here are a few of the many symptoms of digestive disorders that gastroenterologists evaluate:

### Symptoms

- Heartburn
- Jaundice
- Nausea
- Vomiting
- Abdominal Pain
- Diarrhea
- Constipation
- Indigestion
- Abdominal Cramping
- Difficulty Swallowing
- Excessive Gas
- Bleeding

## ENDOSCOPY – THE BEST WAY TO DIAGNOSE – AND TREAT – DIGESTIVE DISEASES

After taking your history and examining you, your gastroenterologist may recommend endoscopy. Endoscopy is a diagnostic and therapeutic tool that has revolutionized the field of gastroenterology. It is a safe and reliable method of looking inside your body to examine your gastrointestinal tract.

By using an endoscope, a soft, flexible lighted tube carrying a tiny camera, your gastroenterologist can visually examine parts of your body that only a few decades ago could not be seen at all, except for the last resort option of exploratory surgery. Not only can you be examined, but your doctor can take measures to treat problems as soon as they are identified via endoscopy. A number of therapeutic procedures can also be performed: controlling internal bleeding; removing the bile duct stones; polyp removal – in short, completing many healing or palliative procedures safely and quickly.

## THE ENDOSCOPY UNIT AT THE MIRIAM HOSPITAL

The nursing staff who welcome patients to the endoscopy unit and prepare them for their procedures at The Miriam Hospital are warm and caring professionals. They have attained the prestigious Magnet Award for nursing excellence. They are highly skilled at keeping their patients comfortable, both physically and emotionally. If your doctor has scheduled you for testing at The Miriam Hospital, you can be sure you are in good and experienced hands. Patients from all over southern New England come to The Miriam Hospital's endoscopy unit. About 8,000 procedures are performed every year.

If you are scheduled for a procedure at The Miriam Hospital, you will receive a packet of information from your physician so you will be well prepared for the procedure. You will have to make arrangements for transportation home on the day of the procedure because you will be receiving sedation. You should expect to spend approximately three hours at the hospital on the day of your exam. Some of that time is spent in registration, and once your procedure is completed, you will spend approximately one hour in the recovery room to recover from the sedation. A light snack will be provided once you are awake.

## Upper Endoscopy or EGD

EGD stands for esophagastroduodenoscopy – a procedure that includes the three organs – esophagus, stomach and duodenum – that are evaluated during an upper endoscopy. An upper endoscopy may be ordered if you've been having unexplained abdominal or chest pain; if there's evidence of bleeding; or if you're having difficulty swallowing to determine if there is damage from acid reflux.

Using the endoscope, the gastroenterologist can see abnormalities that don't show up on x-rays, like inflammation, or bleeding. The doctor can diagnose a hiatal hernia or gastric ulcer, or take a tissue sample for further examination. Should a bleeding ulcer be discovered, it can be treated endoscopically by cauterizing, clipping, or injecting medication into the lesion.

The doctor can rule out or confirm a diagnosis with the endoscope. One of the most common and treatable digestive diseases is GERD, or gastroesophageal reflux disease, which affects seven million Americans. As a rule, your gastroenterologist would manage GERD with medications, diet and lifestyle changes. If your GERD were not responding to treatment, or if you had difficulty swallowing, your doctor might order an EGD to check for a potentially dangerous condition known as Barrett's esophagus, which can be best identified through endoscopy.

## Colonoscopy

A colonoscopy allows your doctor to examine your entire large intestine from the lowest part, the rectum, all through the colon, to the lower end of the small intestine. The colonoscopy is medicine's most accurate tool for screening for early signs of colon cancer. It also looks for any possible causes of diarrhea, constipation, abdominal pain, or other digestive difficulties. Most often, though, the colonoscopy is ordered as a routine screening tool. If you are not at special risk for colon cancer, your primary care physician will usually recommend that you have a colonoscopy once every 10 years after the age of 50. If you have certain risk factors, like colon cancer in a close relative, colonoscopies would probably be ordered earlier and more frequently.

Like the upper endoscopy, this procedure allows the gastroenterologist to examine you internally for signs of inflammation, bleeding, ulcers or abnormal growths. Using a colonoscope, the physician not only can see the lining of your colon, he or she can also perform biopsies or remove polyps, the small growths that are often precursors of colon cancer. Colon cancer is second leading cause of cancer death in the United States, but colon cancer can actually be prevented by removing colon polyps. Since there are rarely any symptoms that suggest such polyps are present, colonoscopy is an essential screening tool.

Most people who have had colonoscopies will tell you that the preparation for the procedure is more challenging than the actual event. Usually it involves drinking only clear liquid the day before, and eating no food; as well as drinking a solution that flushes the colon clean. Your gastroenterologist will give you careful instructions about that, and about the use of any medications prior to the colonoscopy. You will also receive specific information from The Miriam Hospital about your procedure.

## ERCP

ERCP is a lot easier to say than endoscopic retrograde cholangiopancreatography, which simply describes a method of diagnosing problems in the gallbladder, bile ducts or pancreas. If you have been experiencing low grade fever or abdominal pain, jaundice (yellowing of the skin), or showing elevated liver enzymes, an ERCP can help identify your problems and may even correct them.

In the case of ERCP, the gastroenterologist combines the endoscope with x-ray technology in order to identify and treat benign and malignant strictures or narrowings, remove pancreatic and bile duct stones, drain cysts, and remove obstructions in the pancreatic or bile duct. During the ERCP, the physician also looks for gallstones, leaks from trauma or surgery, or cancer.

An ERCP begins like the upper endoscopy. After you have been sedated and made comfortable, your doctor will pass the endoscope through your mouth, esophagus and stomach into your duodenum. At that point, the doctor can see the common opening to the duct from the liver and pancreas. Next, a catheter will be passed through the endoscope and into the duct. Dye will be injected into the duct to make it show up clearly on x-ray. This combination of technologies can make many irregularities apparent to your physician.

If the ERCP shows either a gallstone or narrowing of the duct, your gastroenterologist can often correct the problem. Gallstones are simply removed. The narrowing of the duct can be treated through placement of a stent to facilitate proper drainage. The procedure usually takes about 90 minutes. As in other endoscopy procedures, you would spend time in the recovery room, recovering from the sedation.

## **FINDING A MIRIAM HOSPITAL GASTROENTEROLOGIST**

Your primary care physician can refer you to a Miriam Hospital G.I. specialist. If you prefer, the physician referral service, the Lifespan Health Connection, can furnish you with names and information about a number of Miriam Hospital gastroenterologists.

The Lifespan Health Connection  
444-4800  
1-800-927-1230

## IN KEEPING WITH THE MIRIAM TRADITION

The Miriam Hospital was built through philanthropy. We have attracted the skilled gastroenterologists we have today because of the benefactors who have helped us become who and what we are.

We need your help now, more than ever, as we transform our facility, develop new programs, train the next generation of physicians and participate in major research. For more information on making a donation to The Miriam Hospital, please call the Foundation office at 401-793-2004.





**The Miriam Hospital**

*A Lifespan Partner*

164 Summit Avenue

Providence, RI 02906

401-793-2500

[www.miriamhospital.org](http://www.miriamhospital.org)