
Preface

For most practicing endoscopists, an esophagogastroduodenoscopy (EGD) is the first endoscopic procedure they ever perform. I distinctly remember the very first EGD I ever did as a first-year GI fellow, and the tremendous excitement and anticipation I felt walking into the procedure room for the first time. I was unused to the constricting feel of my gown, gloves, and mask, but was excited to be wearing them. “I’m here,” I thought, “I made it.” I had already familiarized myself with the endoscope handle and the operation of the control heads and buttons, and was ready to go. After a few minutes of verbal instruction from my attending physician, I was handed the endoscope, the patient was sedated, and we were off. The examination passed uneventfully (for both the patient and myself!) and I remember thinking afterward, “that was so easy!”

Indeed, upper endoscopy (as EGD is sometimes referred to) is deceptively simple. The anatomy is often straightforward and simple to navigate with an upper endoscope, and the foregut is very forgiving to novice endoscopists. It is hard to get lost or disoriented, and simple maneuvers can help you achieve important endoscopic and clinical goals. Like most GI fellows, I soon discovered that there was more to performing an excellent upper endoscopy than simply advancing the endoscope to the duodenum, and that not all examinations were as easy as my first. Variations in anatomy range from simple to highly complex, and mucosal abnormalities could either be overtly pathologic or maddeningly subtle and hard to detect. It quickly became apparent that I needed to learn to recognize and be able to navigate a whole host of postsurgical reconstructions, some of which are commonly encountered and other less so. Some bleeding sources were readily apparent, other defied even the most detailed and careful examination. Some causes of upper abdominal pain were found quickly and easily, others not so much. Despite the steep learning curve and the long hours and late nights involved, this was an exciting journey.

As with most things endoscopic, the more you learn the more you realize you do not know. The depth and breadth of pathology and endoscopic interventions that can be encountered and performed during the course of an upper endoscopy are almost too numerous to count. As months became years, I always found that there was something new to discover in an upper endoscopy; some new illness to identify and some new maneuver to perform. In addition, as my endoscopic skills grew, the range of diagnostic and therapeutic maneuvers I became comfortable performing also grew. Even to this day, 17 years after my first EGD as a GI fellow, I am still adding new diagnostic and therapeutic interventions to my armamentarium. I suspect this trend will continue for as long as I am in practice and new tools and techniques continue to be developed.

I created this book as a handy resource for beginning endoscopists, but my goal is not to produce a book *just* for beginners. My goal was to produce a volume that would be useful all the way through ones training, covering the fundamentals of upper endoscopy (such as how to perform an upper endoscopy and how to treat upper GI bleeding) as well as more complex and involved interventions including the management of Barrett’s esophagus, foregut strictures (both benign and malignant), submucosal lesions, complications (how to avoid them, and how to manage them when they happen), and other advanced topics. Each chapter includes many

high-quality endoscopic images to highlight key concepts. In addition, each chapter is supplemented with an endoscopic video to give the reader a video library of cases to learn from as well.

Everybody has to start somewhere, and that somewhere is usually an EGD! I hope you find this book to be a valuable tool as you start your endoscopic career.

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