

1. Odynophagia.,2. Dysphagia.,3. Gastroesophageal reflux disease rule out stricture.,POSTOPERATIVE

DIAGNOSES:,1. Antral gastritis.,2. Hiatal

hernia.,PROCEDURE PERFORMED: EGD with photos and

biopsies.,GROSS FINDINGS: This is a 75-year-old female

who presents with difficulty swallowing, occasional choking, and odynophagia. She has a previous history of hiatal hernia.

She was on Prevacid currently. At this time, an EGD was

performed to rule out stricture. At the time of EGD, there was

noted some antral gastritis and hiatal hernia. There are no

strictures, tumors, masses, or varices present.,OPERATIVE

PROCEDURE: The patient was taken to the Endoscopy Suite

in the lateral decubitus position. She was given sedation by

the Department Of Anesthesia. Once adequate sedation was

reached, the Olympus gastroscope was inserted into

oropharynx. With air insufflation entered through the proximal

esophagus to the GE junction. The esophagus was without

evidence of tumors, masses, ulcerations, esophagitis,

strictures, or varices. There was a hiatal hernia present. The

scope was passed through the hiatal hernia into the body of

the stomach. In the distal antrum, there was some erythema

with patchy erythematous changes with small superficial

erosions. Multiple biopsies were obtained. The scope was

passed through the pylorus into the duodenal bulb and

duodenal suite, they appeared within normal limits. The scope

was pulled back from the stomach, retroflexed upon itself,

_____ fundus and GE junction. As stated, multiple biopsies

were obtained.,The scope was then slowly withdrawn. The

patient tolerated the procedure well and sent to recovery room in satisfactory condition.