PREOPERATIVE DIAGNOSES:,1. Hematochezia.,2. Refractory dyspepsia.,POSTOPERATIVE DIAGNOSES:,1. Colonic polyps at 35 cm and 15 cm.,2. Diverticulosis coli.,2. Acute and chronic gastritis.,PROCEDURE PERFORMED:,1. Colonoscopy to cecum with snare polypectomy.,2. Esophagogastroduodenoscopy with biopsies.,INDICATIONS FOR PROCEDURES: ,This is a 43-year-old white male who presents as an outpatient to the General Surgery Service with hematochezia with no explainable source at the anal verge. He also had refractory dyspepsia despite b.i.d., Nexium therapy. The patient does use alcohol and tobacco. The patient gave informed consent for the procedure.,GROSS FINDINGS: , At the time of colonoscopy, the entire length of colon was visualized. The patient was found to have a sigmoid diverticulosis. He also was found to have some colonic polyps at 35 cm and 15 cm. The polyps were large enough to be treated with snare cautery technique. The polyps were achieved and submitted to pathology. EGD did confirm acute and chronic gastritis. The biopsies were performed for H&E; and CLO testing. The patient had no evidence of distal esophagitis or ulcers. No mass lesions were seen.,PROCEDURE: ,The patient was taken to the Endoscopy Suite with the heart and lungs examination unremarkable. The vital signs were monitored and found to be stable throughout the procedure. The patient was placed in the left lateral position where intravenous Demerol and Versed were given in a titrated fashion.,The video Olympus colonoscope was advanced per anus and without difficulty to

the level of cecum. Photographic documentation of the diverticulosis and polyps were obtained. The patient's polyps were removed in a similar fashion, each removed with snare cautery. The polyps were encircled at their stalk. Increasing the tension and cautery was applied as coagulation and cutting blunt mode, 15/15 was utilized. Good blanching was seen. The polyp was retrieved with the suction port of the scope. The patient was re-scoped to the polyp levels to confirm that there was no evidence of perforation or bleeding at the polypectomy site. Diverticulosis coli was also noted. With colonoscopy completed, the patient was then turned for EGD. The oropharynx was previously anesthetized with Cetacaine spray and a biteblock was placed. Video Olympus GIF gastroscope model was inserted per os and advanced without difficulty through the hypopharynx. The esophagus revealed a GE junction at 39 cm. The GE junction was grossly within normal limits. The stomach was entered and distended with air. Acute and chronic gastritis features as stated were appreciated. The pylorus was traversed with normal duodenum. The stomach was again reentered. Retroflex maneuver of the scope confirmed that there was no evidence of hiatal hernia. There were no ulcers or mass lesions seen. The patient had biopsy performed of the antrum for H&E; and CLO testing. There was no evidence of untoward bleeding at biopsy sites. Insufflated air was removed with withdrawal of the scope. The patient will be placed on a reflux diet, given instruction and information on Nexium usage. Additional recommendations will follow pending biopsy results. He is to

also abstain from alcohol and tobacco. He will require follow-up colonoscopy again in three years for polyp disease.