

PROCEDURE:, Upper endoscopy.,PREOPERATIVE

DIAGNOSIS: , Dysphagia.,POSTOPERATIVE

DIAGNOSIS:,1. GERD, biopsied.,2. Distal esophageal reflux-induced stricture, dilated to 18 mm.,3. Otherwise

normal upper endoscopy.,MEDICATIONS: , Fentanyl 125

mcg and Versed 7 mg slow IV push.,INDICATIONS: , This is a

50-year-old white male with dysphagia, which has improved

recently with Aciphex.,FINDINGS: , The patient was placed in

the left lateral decubitus position and the above medications

were administered. The oropharynx was sprayed with

Cetacaine. The endoscope was passed, under direct

visualization, into the esophagus. The squamocolumnar

junction was irregular and edematous. Biopsies were obtained

for histology. There was a mild ring at the LES, which was

dilated with a 15 to 18 mm balloon, with no resultant mucosal

trauma. The entire gastric mucosa was normal, including a

retroflexed view of the fundus. The entire duodenal mucosa

was normal to the second portion. The patient tolerated the

procedure well without complication.,IMPRESSION:,1.

Gastroesophageal reflux disease, biopsied.,2. Distal

esophageal reflux-induced stricture, dilated to 18 mm.,3.

Otherwise normal upper endoscopy.,PLAN:,I will await the

results of the biopsies. The patient was told to continue

maintenance Aciphex and anti-reflux precautions. He will

follow up with me on a p.r.n. basis.