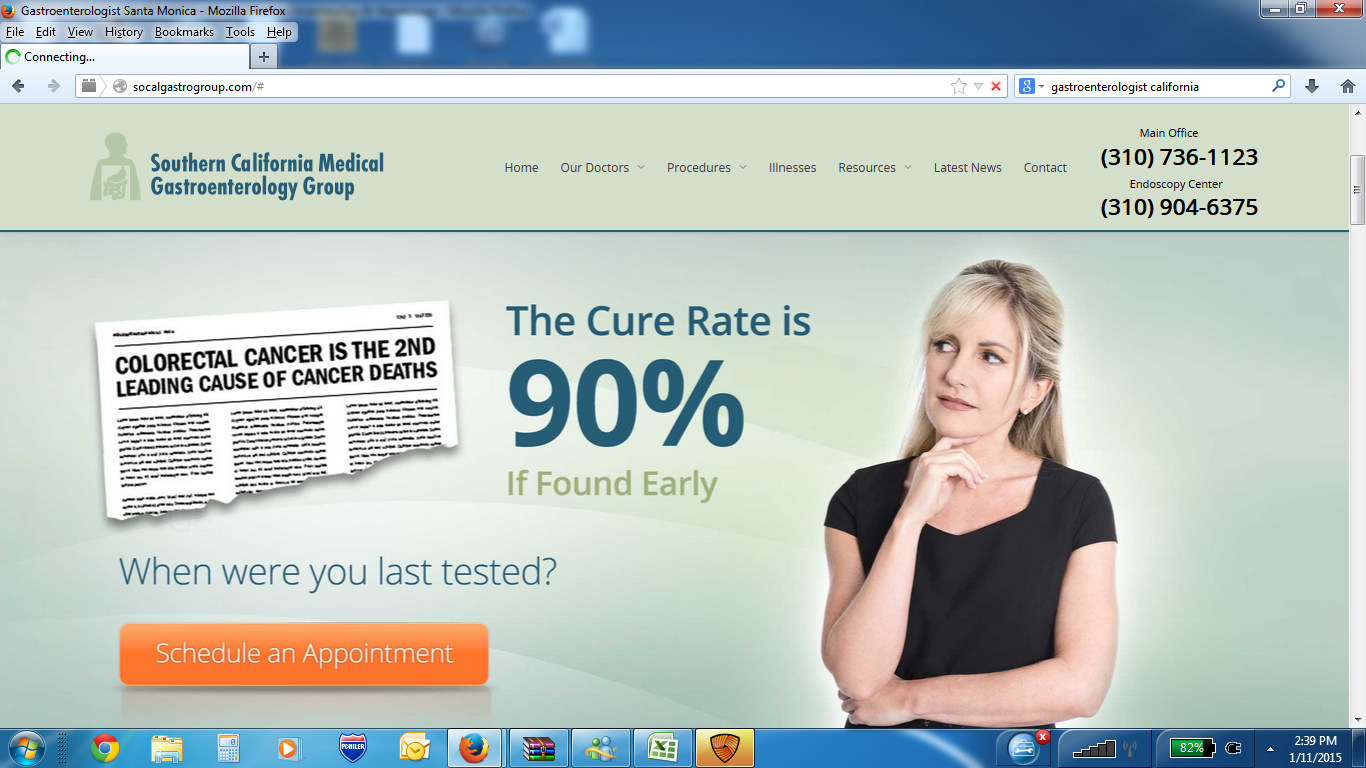
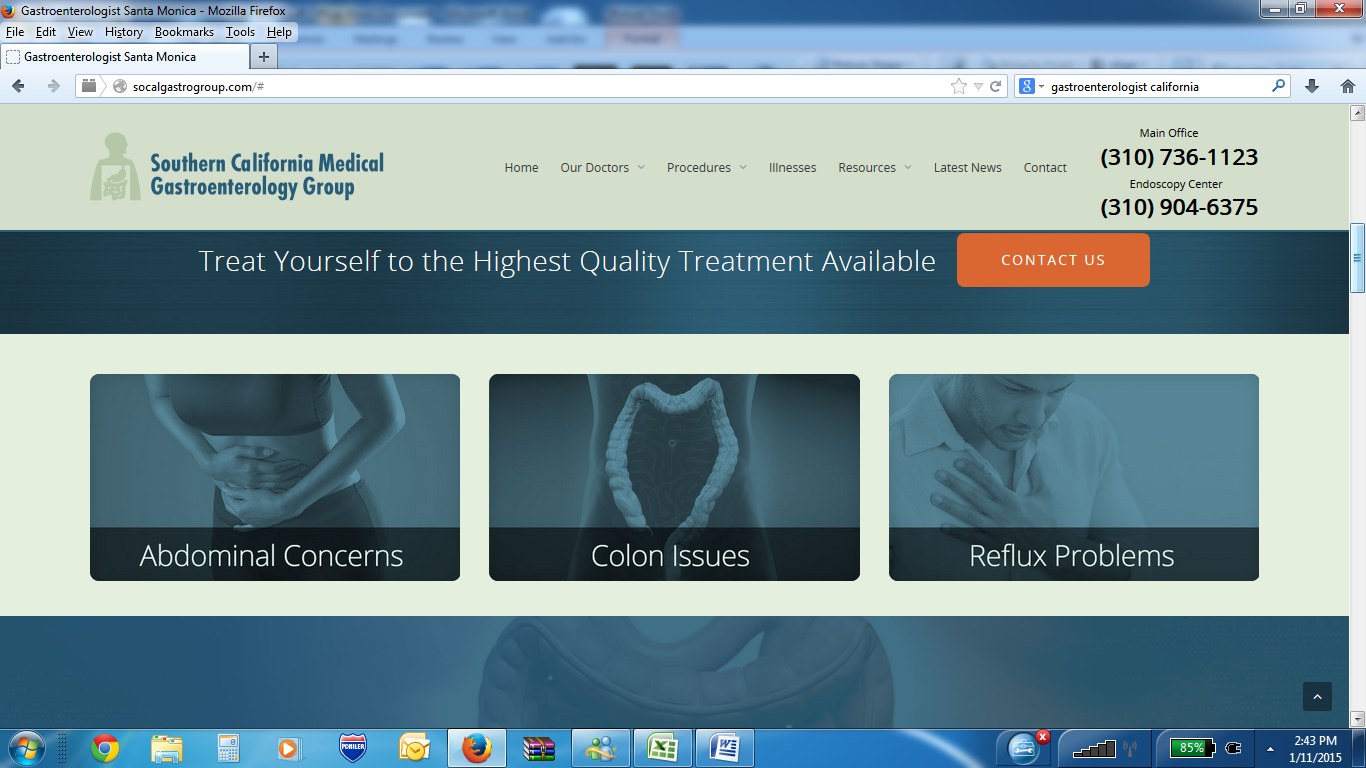
**SHAHZAD MD**

GASTROENTEROLOGY

Advanced Gastroenterology Center



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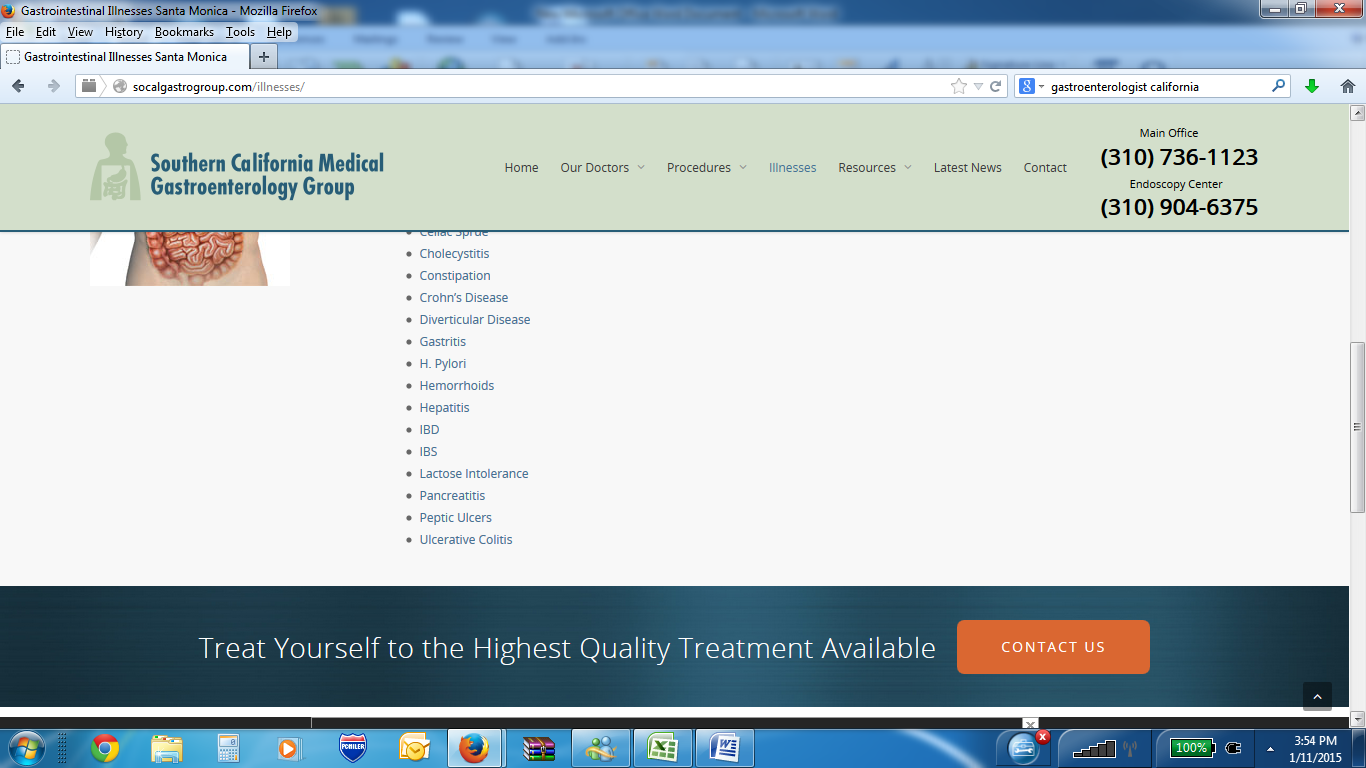


Dr. Shahzad is specially trained to diagnose and treat the diseases of the digestive tract. It is a broad specialty that covers everything from [difficulty swallowing](http://socalgastrogroup.com/illnesses/), [hepatitis](http://socalgastrogroup.com/illnesses/) and chronic [pancreatitis](http://socalgastrogroup.com/illnesses/) to a wide variety of stomach and intestinal disorders.

The information included in the site is for informational purposes only and should never be used to diagnose or infer [treatment](http://socalgastrogroup.com/illnesses/) without consulting a physician. One of the real challenges of this specialty is that so many of the illness display some of the same [symptoms](http://socalgastrogroup.com/illnesses/); you need a caring physician who will determine if you are suffering from a mild, uncomfortable issue that is easily treated with dietary changes or a more serious disease that could be potentially life threatening.

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| |  | | --- | |  | | |  |  | | --- | --- | | Esophagus | | |  | [**GERD or reflux**](http://www.advancedgitx.com/diseases/gerd.html) | |  | [**Difficulty of swallowing**](http://www.advancedgitx.com/diseases/difficulty_swallowing.html) | |  | [**Ulcers of esophagus**](http://www.advancedgitx.com/diseases/ulcer_esophagus.html) | |  | [**Barrett's esophagus**](http://www.advancedgitx.com/diseases/barret_esophagus.html) | | |  | | |  | | --- | |  | | |  |  | | --- | --- | | Stomach | | |  | [**Ulcer of stomach**](http://www.advancedgitx.com/diseases/ulcer_stomach.html) | |  | [**Gastritis**](http://www.advancedgitx.com/diseases/gastritis.html) | |  | [**H. pylori infection**](http://www.advancedgitx.com/diseases/helicobactor_pylori.html) | |  | [**Stomach cancer**](http://www.advancedgitx.com/diseases/stomach_cancer.html) | | |  | | |  | | --- | |  | | |  |  | | --- | --- | | Small intestine | | |  | [**Malabsorption**](http://www.advancedgitx.com/diseases/malabsorption.html) | |  | [**Celiac disease**](http://www.advancedgitx.com/diseases/celiac.html) | |  | [**Crohn's disease**](http://www.advancedgitx.com/diseases/crohns.html) | |  |  | | |  | |

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| |  | | --- | |  | | |  |  | | --- | --- | | Colon or Large Intestine | | |  | [**Colon cancer**](http://www.advancedgitx.com/diseases/colon_cancer_screening.html) | |  | [**Ulcerative colitis**](http://www.advancedgitx.com/diseases/ulcerative_colitis.html) | |  | [**Diverticulosis /Diverticulitis**](http://www.advancedgitx.com/diseases/diverticulosis.html) | |  | [**Constipation**](http://www.advancedgitx.com/diseases/constipation.html) | |  | [**Diarrhea**](http://www.advancedgitx.com/diseases/diarrhea.html) | |  | [**Colon Polyps**](http://www.advancedgitx.com/diseases/colon_polyps.html) | | |  | | |  | | --- | |  | | |  |  | | --- | --- | | Rectum | | |  | [**Hemorrhoid**](http://www.advancedgitx.com/diseases/hemorrhoid.html) | |  | [**Fissure**](http://www.advancedgitx.com/diseases/fissure.html) | |  | [**Bleeding**](http://www.advancedgitx.com/diseases/bleeding.html) | |  | [**Painful bowel movement**](http://www.advancedgitx.com/diseases/painful-bowel.html) | | |  |  |  | | --- | |  | | |  |  | | --- | --- | | Pancreas / Bile Duct | | |  | [**Pancreatitis**](http://www.advancedgitx.com/diseases/pancreatitis.html) | |  | [**Cancer of Pancreas**](http://www.advancedgitx.com/diseases/cancer-pancreas.html) | |  | [**Gallstone/Pancreas**](http://www.advancedgitx.com/diseases/gallstone.html) | | |  | | |  | | --- | |  | | |  |  | | --- | --- | | Liver | | |  | [**Hepatitis A, B or C**](http://www.advancedgitx.com/diseases/hepatitisa.html) | |  | [**Alcoholic liver diseases**](http://www.advancedgitx.com/diseases/alcoholic-liver.html) | |  | [**Cirrhosis**](http://www.advancedgitx.com/diseases/cirrhosis.html) | |  | [**Fatty Liver**](http://www.advancedgitx.com/diseases/fatty-liver.html) | |  | [**Cancer**](http://www.advancedgitx.com/diseases/cancer.html) | |  | [**Hemochromatosis**](http://www.advancedgitx.com/diseases/hemochromatosis.html) | |  | [**Jaundice**](http://www.advancedgitx.com/diseases/jaundice.html) | |  | [**Autoimmune Hepatitis**](http://www.advancedgitx.com/diseases/autoimmune_hepatitis.html) | | |

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Atif Shahzad, MD

***Board Certified in Gastroenterology and Internal Medicine***

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| |  | | --- | | Dr. Atif Shahzad received his training in Gastroenterology and Liver Disease from the State University of New York Downstate Medical Center in 2007. In 2004 he completed his Internship and Residency at SUNY Downstate Medical Center/ Kings County Hospital in Brooklyn, NY. While there he served as a Clinical Instructor of Medicine and received the Top Resident of the Year Award.  Dr. Shahzad practices all aspects of general gastroenterology and Liver disease. He skillfully performs upper endoscopies, Colonoscopies. He also performs Advanced Gastroenterology procedures like ERCP, Wireless Capsule Endoscopy, and Single Balloon Endoscopy for the small Bowel, Esophageal Variceal Banding, Argon Plasma Coagulation of Radiation Proctitis, minimally invasive Hemorrhoid treatment, and minimally invasive fecal incontinence treatment.  He believes in spending ample time listening to the patient and explaining the disease process as well as management strategies. By doing this, he realizes his goal of developing strong, confident and lasting relationship with his patients.  Dr. Shahzad has a special interest in Inflammatory Bowel Disease and has received training during his fellowship in managing Ulcerative Colitis and Crohn’s disease from Cornell University in New York. He spent time during his training at Cedar Sinai Hospital in Beverly Hills California to better understand gastrointestinal motility disorders and Irritable Bowel Syndrome (IBS). Dr. Shahzad also is one of the very few gastroenterologists who is dealing with the difficult problem of Diabetic Gastroparesis and working with new technologies like Gastric Stimulators.  Dr. Shahzad has excelled in patient care during his training. He also presented his clinical research work at American College of Gastroenterology during his training. Dr. Shahzad is available for consultation. He is happily married and enjoys spending time with his family and meeting new people. | |

**Contact**

If you need to schedule an appointment or have questions regarding your appointment,   
please call us and our helpful staff will assist you.  
  
Phone: (281) 893-4488  
Fax: (281) 893-4489   
**Hours: Monday thru Thursday 8:30am – 5:00pm   
Friday: 8:30am - 2:pm**  
  
  
We have two convenient offices to serve our patients.  
**The Woodlands Clinic**  
Advanced Gastroenterology  
26103 I-45 N., Ste 100  
The Woodlands, TX 77380

**Humble Clinic**  
Advanced Gastroenterology  
8901 FM 1960 W. Ste. 204  
Humble, TX 77338

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|  | [**New Patient Forms**](http://www.advancedgitexas.com/New_Patient_Forms.pdf)   |  | | --- | | Insurance & Billing | | http://www.advancedgitx.com/images/insurance-pic.jpg  Thank you for choosing us as your healthcare provider. We are committed to providing you with the best possible care and to your treatment being successful. Your clear understanding of our financial policy is important to our professional relationship.   If you have any questions, please contact our office at (281) 893-4488. |   \*\* if you have no insurance discount cash rates are available. \*\*  **Accepted Insurance Plans:**  Aetna US Healthcare: Blue Cross Blue Shield: Care Improvement Plus: Cigna Healthcare: Humana Choice Care PPO: Humana PPO: Humana HMO: Humana Medicare PPO: Humana Medicare PFFS: MHealth: Medicare:: Tricare: Tricare Prime: United Healthcare: United Healthcare Golden Rule:  If your plan have any is not listed or have any questions, please call our office and we will be happy to contact your carrier to verify if benefits are available.  If your plan requires a referral, please contact your PCP and have them fax your insurance authorized referral to our office at 281.893-4489   |  | | --- | | **Patient Services  *Spring, The Woodlands, Kingwood, Humble & Houston's Premier Provider of Gastroenterology Care*** | |  | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | |  |  |  | | --- | --- | --- | |  | |  | | --- | |  |   **FAQ**   * [What is the best clear liquid to take?](http://www.advancedgitx.com/patientservices.html#A) * [Why avoid red liquids?](http://www.advancedgitx.com/patientservices.html#B) * [One of my medications I was instructed to take the morning of my procedure is red. Can I take it?](http://www.advancedgitx.com/patientservices.html#C) * [Is there any way that I can make this taste and better?](http://www.advancedgitx.com/patientservices.html#D) * [I feel like vomiting, what should I do?](http://www.advancedgitx.com/patientservices.html#E) * [I already have diarrhea before taking the prep, do I still have to take the laxative?](http://www.advancedgitx.com/patientservices.html#F) * [I am taking the prep and already having loose, watery stool. Do I still need the rest of the prep?](http://www.advancedgitx.com/patientservices.html#G) * [I see yellow color in the toilet bowl and a few flecks. What do I do?](http://www.advancedgitx.com/patientservices.html#H) * [My bottom is sore. What can I do?](http://www.advancedgitx.com/patientservices.html#I) * [Can I drink alcoholic beverages?](http://www.advancedgitx.com/patientservices.html#J) * [Can I drink any nutritional supplements?](http://www.advancedgitx.com/patientservices.html#K)   *-****What is the best clear liquid to take?*** Gatorade, which comes in many flavors, is an excellent choice as it contains electrolytes such as potassium. It is important to remember to avoid red liquids.  **-*Why avoid red liquids?*** The color red can persist in the colon and potentially look like blood.  *-****One of my medications I was instructed to take the morning of my procedure is red. Can I take it?*** Medications for blood pressure, heart conditions, and seizures should be taken the morning of your exam regardless of the color.  ***-Is there any way that I can make this taste and better?*** You can try sucking on hard candy or putting it in the freezer to make a slush. You can also rinse your mouth with water or a mouthwash. Do not eat or drink anything while you are drinkning this solution.  ***-I feel like vomiting, what should I do?*** It is important that you take your entire prep if at all possible. Remember that without a clean bowel, the doctor will not be able to adequately see the inside of your colon to complete the examination. If you do vomit the first dose, call us and have a phone number of a pharmacy that is open, in case we need to call in a prescription.  ***-I already have diarrhea before taking the prep, do I still have to take the laxative****?* Yes, you must take the prep as directed by your doctor. Your colon is approximately 6 feet long. The entire colon must be emptied for your physician to see the colon clearly.  *-****I am taking the prep and already having loose, watery stool. Do I still need the rest of the prep?*** Yes, you may have solid stool higher in the colon that needs to be eliminated.  *-****I see yellow color in the toilet bowl and a few flecks. What do I do?*** If your last bowel movements were clear enough that you were able to see the bottom of the toilet, you should be fine. It is OK if you may have some flecks of material. The yellow color is a result of bile that normally colors the feces. This shouldn’t interfere with the examination.  ***-My bottom is sore. What can I do?*** To clean the area, avoid rubbing. Gently pat with a wet washcloth. Apply Vaseline (TM), Preparation H (TM), or Desitin liberally.  ***-Can I drink alcoholic beverages?*** We strongly suggest that you do not drink any alcoholic beverages prior to your procedure since they can cause dehydration and some wines may thin your blood.  ***-Can I drink any nutritional supplements?*** You may drink Ensure (chocolate or vanilla) or Slim-Fast with Soy Protein/Lactose Free. These drinks are water based, not milk based.  http://www.advancedgitx.com/images/banner1.jpg |   **COLONOSCOPY**   |  | | --- | | **Understanding Colonoscopy** |  |  |  | | --- | --- | | |  | | --- | |  |   **What is a colonoscopy?**  **Colonoscopy** enables your doctor to examine the lining of your colon (large intestine) for abnormalities by inserting a flexible tube as thick as your finger into your anus and slowly advancing it into the rectum and colon.This tube has its own lens and light source which allows the images to be viewed on a video monitor. If your doctor has recommended a **Colonoscopy**, this article will give you a basic understanding of the procedure - how it's performed, how it can help, and what side effects you might experience. It can't answer all of your questions since much depends on the individual patient and the doctor. Please ask your doctor about anything you don't understand. |  |  | | --- | |  | | **What preparation is required?**  Your doctor will tell you what dietary restrictions to follow and what cleansing routine to use. In general, the preparation consists of either consuming a large volume of a special cleansing solution or clear liquids and special oral laxatives. The colon must be completely clean for the procedure to be accurate and complete, so be sure to follow your doctor's instructions carefully.  **Can I take my current medications?**  Most medications can be continued as usual, but some medications can interfere with the preparation or the examination. Inform your doctor about medications you're taking, particularly aspirin products, arthritis medications, anticoagulants (blood thinners), insulin or iron products. Also, be sure to mention allergies you have to medications.  What happens during colonoscopy? | | **Colonoscopy** is well-tolerated and rarely causes much pain. You might feel pressure, bloating or cramping during the procedure. Your doctor will give you a sedative and pain medication to help you relax and better tolerate any discomfort.  You will lie on your side or back while your doctor slowly advances a endoscope through your large intestine to examine the lining. Your doctor will examine the lining again as he or she slowly withdraws the endoscope. The procedure itself usually takes 15 to 60 minutes, although you should plan on two to three hours for waiting, preparation and recovery.  In some cases, the doctor cannot pass the endoscope through the entire colon to where it meets the small intestine. Although another examination might be needed, your doctor might decide that the limited examination is sufficient.  **What if the colonoscopy shows something abnormal?**  If your doctor feels an area needs further evaluation, he or she might pass an instrument through the endoscope to obtain a biopsy (a sample of the colon lining) to be analyzed. Biopsies are used to identify many conditions, and a doctor might order one even if he or she doesn't suspect cancer. If **Colonoscopy** is being performed to identify sites of bleeding, your doctor might control the bleeding through the endoscope by injecting medications or by coagulation (sealing off bleeding vessels with heat treatment). Your doctor might also find polyps during **Colonoscopy**, and he or she will most likely remove them during the examination. These procedures rarely cause any pain.  **What are polyps and why are they removed?**  Polyps are abnormal growths in the colon lining that are usually benign (noncancerous). They vary in size from a tiny dot to several inches. Your doctor can not always tell a benign polyp from a malignant (cancerous) polyp by its outer appearance, so he or she might send removed polyps for biopsy. Because cancer begins in polyps, removing them is an important means of preventing colorectal cancer.  **How are polyps removed?**  Your doctor might destroy tiny polyps by fulguration (burning) or by removing them with wire loops called snares or with biopsy instruments. Your doctor might use a technique called "snare polypectomy" to remove larger polyps. That technique involves passing a wire loop through the endoscope and removing the polyp from the intestinal wall using an electrical current. You should feel no pain during the polypectomy.  **What happens after a colonoscopy?**  Your physician will explain the results of the examination to you, although you'll probably have to wait for the results of any biopsies performed.  If you have been given sedatives during the procedure, someone must drive you home and stay with you. Even if you feel alert after the procedure, your judgment and reflexes could be impaired for the rest of the day. You might have some cramping or bloating because of the air introduced into the colon during the examination. This should disappear quickly when you pass gas.  You should be able to eat after the examination, but your doctor might restrict your diet and activities, especially after polypectomy.  **What are the possible complications of colonoscopy?**  **Colonoscopy** and polypectomy are safe when performed by our doctors who have been specially trained and are experienced in these procedures.  One possible complication is a perforation, or tear, through the bowel wall that could require surgery. Bleeding might occur at the site of biopsy or polypectomy, but it's usually minor. Bleeding can stop on its own or be controlled through the endoscope; it rarely requires follow-up treatment. Some patients might have a reaction to the sedatives or complications from heart or lung disease.  Although complications after **Colonoscopy** are uncommon, it's important to recognize early signs of possible complications. Contact your doctor if you notice severe abdominal pain, fever and chills, or rectal bleeding of more than one-half cup. Note that bleeding can occur several days after the procedure. | | | |  | |

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| **Understanding EGD/ Upper endoscopy**  **What is upper endoscopy?**  Upper endoscopy lets your doctor examine the lining of the upper part of your gastrointestinal tract, which includes the esophagus, stomach and duodenum (first portion of the small intestine). Your doctor will use a thin, flexible tube called an endoscope, which has its own lens and light source, and will view the images on a video monitor. You might hear your doctor or other medical staff refer to upper endoscopy as upper GI endoscopy, esophagogastroduodenoscopy (EGD) or panendoscopy. If your doctor has recommended upper endoscopy, this article will give you a basic understanding of the procedure - how it's performed, how it can help, and what side effects you might experience. It can not answer all of your questions, since a lot depends on the individual patient and the doctor. Please ask your doctor about anything you do not understand. |

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| **Why is upper endoscopy done?**  Upper endoscopy helps your doctor evaluate symptoms of persistent upper abdominal pain, nausea, vomiting or difficulty swallowing. It's an excellent test for finding the cause of bleeding from the upper gastrointestinal tract. It's also more accurate than X-ray films for detecting inflammation, ulcers and tumors of the esophagus, stomach and duodenum.  Your doctor might use upper endoscopy to obtain a biopsy (small tissue samples). A biopsy helps your doctor distinguish between benign and malignant (cancerous) tissues. Remember, biopsies are taken for many reasons, and your doctor might order one even if he or she does not suspect cancer. For example, your doctor might use a biopsy to test for Helicobacter pylori, bacterium that causes ulcers.  Your doctor might also use upper endoscopy to perform a cytology test, where he or she will introduce a small brush to collect cells for analysis.  Upper endoscopy is also used to treat conditions of the upper gastrointestinal tract. Your doctor can pass instruments through the endoscope to directly treat many abnormalities with little or no discomfort. For example, your doctor might stretch a narrowed area, remove polyps (usually benign growths) or treat bleeding.  **How should I prepare for the procedure?**  An empty stomach allows for the best and safest examination, so you should have nothing to eat or drink, including water, for approximately six hours before the examination. Your doctor will tell you when to start fasting.  Tell your doctor in advance about any medications you take; you might need to adjust your usual dose for the examination. Discuss any allergies to medications as well as medical conditions, such as heart or lung disease.  **What can I expect during upper endoscopy?**  Your doctor will start by spraying your throat with a local anesthetic and administer a sedative to help you relax. You'll then lie on your side, and your doctor will pass the endoscope through your mouth and into the esophagus, stomach and duodenum. The endoscope does not interfere with your breathing, Most patients consider the test only slightly uncomfortable, and many patients fall asleep during the procedure.  **What happens after upper endoscopy?**  You will be monitored until most of the effects of the medication have worn off. Your throat might be a little sore, and you might feel bloated because of the air introduced into your stomach during the test. You will need to wait approximately one hour before attempting to sip some water. If you are comfortable in drinking water then you may start to eat some soft foods. Please give your body a chance to get acclimated to hard solid foods after you are comfortable eating and swallowing soft foods  Your doctor generally can tell you your test results on the day of the procedure; however, the results of some tests might take several days.  If you received sedatives, you will not be allowed to drive after the procedure even though you might not feel tired. You should arrange for someone to accompany you home because the sedatives might affect your judgment and reflexes for the rest of the day.  **What are the possible complications of upper endoscopy?**  Although complications can occur, they are rare when doctors who are specially trained and experienced in this procedure perform the test. Bleeding can occur at a biopsy site or where a polyp was removed, but it's usually minimal and rarely requires follow-up. Other potential risks include a reaction to the sedative used, complications from heart or lung diseases, and perforation (a tear in the gastrointestinal tract lining). It's important to recognize early signs of possible complications. If you have a fever after the test, trouble swallowing or increasing throat, chest or abdominal pain, tell your doctor immediately. |

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| **Understanding Pillcam Capsule Endoscopy**  Capsule endoscopy is a procedure designed to help your physician see what is happening inside parts of your gastrointestinal (GI) tract. The GI tract is the tube which extends from the mouth to the anus in which the movement of muscles digests food. During the procedure, a patient swallows a vitamin-sized pill with a camera inside. Transported smoothly and painlessly through the GI tract by the body’s own natural peristalsis, the PillCam video capsule transmits images of different parts of your body such as the small intestine and the esophagus. Since the first PillCam video capsule was approved by the FDA in 2001, more than 700,000 patients have safely swallowed one of the PillCam video capsules.  Capsule endoscopy is the least invasive and most direct way for doctor’s to see the entire small intestine and esophagus. Hundreds of clinical studies conducted by the world’s leading gastroenterologists have shown the value of the PillCam video capsules in helping doctors diagnose or rule out disorders of the GI tract. PILLCAM SB The PillCam SB video capsule is designed specifically to help your doctor see inside your small bowel (small intestine) to diagnose disorders such as Crohn’s disease, Celiac disease, benign and cancerous tumors, ulcerative colitis as well as others disorders. The small intestine is the part of the gastrointestinal tract that connects the stomach to the large intestine and absorbs nutrients.  PillCam SB transmits images at a rate of two images per second for approximately eight hours, resulting in more than 50,000 images.  The PillCam SB video capsule measures 11 mm x 26 mm and weighs less than 4 grams. It contains an imaging device and light-source on one-side and transmits images at a rate of 2 images per second generating more than 50,000 pictures over an 8-hour period.  PillCam SB was initially cleared by the U.S. Food and Drug Administration in 2001 and today is used by physicians to detect and diagnose disorders of the small intestine. This includes Crohn’s disease, small bowel tumors, malabsorption disorders (such as celiac disease), GI injuries induced by extended NSAID use and suspected GI bleeding of the small bowel.  The Company’s next generation small bowel video capsule, PillCam SB 2, was cleared for marketing by U.S. Food and Drug Administration in May 2007. It is the same size as the PillCam SB video capsule and offers advanced optics and a wider field of view to image the small intestine. PillCam SB 2 also captures nearly twice the mucosal area per image.  **How the Procedure Works**  A patient fasts starting at midnight the day before the procedure. The following morning they arrive at the physician’s office where they are prepped for the procedure. This includes attaching the sensor array to the patient’s abdomen and the data recorder to a belt around the patient’s waist. Once these tasks have been completed the patient will be given a glass of water to help swallow the vitamin-sized pill. The patient can resume daily activities once he or she has successfully swallowed the PillCam video capsule. After 8-hours the patient returns to the physician’s office to return the device and the pill passes naturally with a bowel movement usually within 24 hours.  Images are downloaded by the physician to the Given workstation for review and diagnosis. The proprietary RAPID software installed on the workstation contains an image atlas to help facilitate the analysis |

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| **Nonsurgical treatment of hemorrhoids or Infra Red Coagulation or  Banding of hemorrhoid** |
| **What is hemorrhoid?**  Hemorrhoids are large blood vessels or engorged veins embedded in the soft cushion of human rectal tissue. Hemorrhoids are almost universal in humans but only a small percentage of them need any treatment.  **What conditions make it worse?**  Certain conditions like constipation, pregnancy, obesity, cirrhosis of liver may make the condition worse.  **What types of problems can hemorrhoids cause?** Hemorrhoids can cause repeated bleeding, generally bright red blood as a streak on the outside of the stool. It can prolapse- you may notice a clump of tissue coming out of the rectum especially when straining. It may spontaneously go back inside or you may be able to push it back. But if ongoing, you may not be able to push it back any more.  Thrombosed hemorrhoid is a very painful condition, meaning that a clot has formed within the cavity of the hemorrhoid. It feels hard and looks purplish in color.  Some people report of constant seepage, discomfort, irritation in rectum etc.  **How are hemorrhoids treated?**  first step is to ascertain with the help of your doctor that in deed you are dealing with hemorrhoids and not other things that can masquerade like hemorrhoid (like colon cancer, colitis, Crohn's disease to name a few).  Once you have confirmed the diagnosis, taking small steps of good diet, regularizing bowel habit and maintaining good rectal hygiene will go a long way.  If these usual measures fail, your doctor may try medicine.  If medicines fail to heal the condition, it is time to  consider other treatment methods.  In the past surgery was the only option failing medicine. Thanks to advanced technology, now in many instances, complicated internal hemorrhoids can be treated with much less invasive methods than surgery. Few of these methods that we perform are discussed below:  **Infra Red Coagulation (IRC):**  This is an off-shoot of laser technology. A small hand held machine generates significant heat by Infra-Red light.  This is delivered at the tip of a cannula or tube,  which when properly applied at the base of the hemorrhoid tissues, will coagulate it. Because of the coagulation, the blood supply to the internal hemorrhoid will be cut off and it will recede or slough off eventually.  **Banding:**  With the help of a scope, your doctor can apply a tight rubber band at the base of the hemorrhoid, which will also cut off the blood supply of the hemorrhoid tissue. Eventually, it will slough off.  **Where are these procedures performed?**  Folks we perform these procedures right in our accreditated surgery center attached to our office. These are done just like other endoscopic procedures and you will be sedated by medications. Most of the people do not feel or remember anything of the procedure itself as a result. On the day of your procedure, you will spend one or two hours in our center and then come home. In normal circumstances, you will go back to work from next day.  **Risks:**  Any procedure has some potential risks. Complications are extremely rare but when happens, these include, bleeding, pain, discomfort, infection, fistula formation etc. During the procedure itself, sedation or anesthesia related problems can also occur.  We strive to offer the least invasive treatments of your complicated Gastrointestinal diseases using the latest technologies.  IRC of hemorrhoids or Banding of hemorrhoids are few of such options. Surgery for hemorrhoids still has a role but in many cases we should be able to save you from more invasive surgeries/ hospital stays by using our unique expertise and advanced technology. For more information, please call our office. |

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| Understanding ERCP  **What is ERCP?**  Endoscopic retrograde cholangiopancreatography, or ERCP, is a specialized technique used to study the ducts of the gallbladder, pancreas and liver. Ducts are drainage routes; the drainage channels from the liver are called bile or biliary ducts. If your doctor has recommended an ERCP, this article will give you a basic understanding of the procedure - how it's performed, how it can help, and what side effects you might experience. It can not answer all of your questions, since a lot depends on the individual patient and the doctor. Please ask you doctor about anything you do not understand.  During ERCP, your doctor will pass an endoscope through your mouth, esophagus and stomach into the duodenum (first part of the small intestine). An endoscope is a thin, flexible tube that lets your doctor see inside your bowels. After your doctor sees the common opening to ducts from the liver and pancreas, your doctor will pass a narrow plastic tube called a catheter through the endoscope and into the ducts. Your doctor will inject a contrast material (dye) into the pancreatic or biliary ducts and will take X-rays. |

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| **What preparation is required?**  You should fast for at least six hours (and preferably overnight) before the procedure to make sure you have an empty stomach, which is necessary for the best examination. Your doctor will give you precise instructions about how to prepare.  You should talk to your doctor about medications you take regularly and any allergies you have to medications, or intravenous contrast material. Although an allergy does not prevent you from having ERCP, it's important to discuss it with your doctor prior to the procedure.  Also, be sure to tell your doctor if you have heart or lung conditions, or other major diseases.  **What can I expect during ERCP?**  Your doctor will apply a local anesthetic to your throat and give you a sedative to make you more comfortable. Some patients also receive antibiotics before the procedure. You will lie on your left side on an X-ray table. Your doctor will pass the endoscope through your mouth, esophagus, stomach and into the duodenum. The instrument does not interfere with breathing, but you might feel a bloating sensation because of the air introduced through the instrument.  **What are possible complications of ERCP?**  ERCP is a well-tolerated procedure when performed by doctors who are specially trained and experienced in the technique. Although complications requiring hospitalization can occur, they are uncommon. Complications can include pancreatitis (an inflammation or infection of the pancreas), infections, bowel perforation and bleeding. Some patients can have an adverse reaction to the sedative used. Sometimes the procedure cannot be completed for technical reasons.  Risks vary, depending on why the test is performed, what is found during the procedure, what therapeutic intervention is undertaken, and whether a patient has major medical problems. Patients undergoing therapeutic ERCP, such as for stone removal, face a higher risk of complications than patients undergoing diagnostic ERCP. Your doctor will discuss your likelihood of complications before you undergo the test.  **What can I expect after ERCP?**  If you have ERCP as an outpatient, you will be observed for complications until most of the effects of the medications have worn off. You might experience bloating or pass gas because of the air introduced during the examination. You can resume your usual diet unless you are instructed otherwise.  Someone must accompany you home from the procedure because of the sedatives used during the examination. Even if you feel alert after the procedure, the sedatives can affect your judgment and reflexes for the rest of the day. |