

Discover  
perfection in the  
art of non-intrusive surgery.



Vikram Hospital  
presents **state-of-the-art endoscopic procedures**  
at affordable rates.

Endoscopic treatment is bringing in a sea change in the way digestive diseases are treated worldwide. In India, Mysore to be precise, Vikram Hospital brings this cutting edge treatment for the common man at an affordable price.

Using endoscopes and endoscopic therapy, patients can now get superior resolution and imaging of their digestive system. Shown inside this leaflet are the various treatment options that are provided at our state-of-the-art facility. To avail these services or know more about our expertise, feel free to contact us today.

# Diagnostic Procedures

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## Upper GI Endoscopy

- a. For symptoms of upper abdominal pain, retrosternal burning, dysphagia or haematemesis.
- b. Biopsies from ulcers, strictures or growth to obtain specimen for histopathology examination.
- c. Staining procedures for diagnosis of early cancers of esophagus and stomach.

# Therapeutic Procedures

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## Esophagus

- a. Emergency or elective variceal ligation of bleeding esophageal varices:  
On Endoscopy varices are sucked into a cap fixed at the tip of endoscope and rubber bands are released at the base of varices. This procedure has proven to be superior to sclerotherapy of esophageal varices with less complication and faster eradication of varices, and can be performed even on actively bleeding varices.
- b. Emergency or elective sclerotherapy of bleeding esophageal varices.
- c. Esophageal dilatation for benign and malignant strictures of esophagus. Radiotherapy takes considerable time for relief of malignant dysphagia. Savary Gillard dilatation can relieve the dysphagia immediately till RT gives relief in patient's of malignant dysphagia.
- d. Pneumatic dilatation for Achalasia Cardia.
- e. Endoprosthesis placement for palliation of inoperable esophageal cancer. Placement of self expandable metal stent gives almost instantaneous and complete relief of dysphagia. Procedure is safe with long lasting relief or dysphagia.
- f. Dilatation or cutting of esophageal ring or anastomotic strictures.
- g. Submucosal resection of early cancers.
- h. Foreign body removal.

# Stomach and Duodenum

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- a. Emergency and elective glue injection in gastric varices:  
N- Butyl cyanoacrylate almost instantly crystallises in gastric varices and can stop bleeding from it. First line of treatment, for bleeding gastric varices the procedure is being regularly done at our institute.
- b. Treatment of bleeding gastric or duodenal ulcers:  
Injection sclerotherapy, heat probe coagulation or haemoclipping are all routinely and successfully used for control of bleeding ulcers.
- c. Percutaneous Endoscopic Gastrostomy:  
Easiest and aesthetically superior way to feed patient's with neurological dysphagia or those with conditions requiring long term ( 7 days ) enteral feeding.
- d. Pyloric or duodenal dilatation for pyloric stenosis:  
Effective in more than 70 % of cases on long term basis.
- e. Palliation of inoperable malignant gastric outlet obstruction: By placing self expandable metal stent.

## Biliary Tree and Pancreas

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- a. Bile duct stone extraction:  
Balloon or basket extraction of small stones, mechanical lithotripsy of large stones, large institutional experience with success rates matching with the best.
- b. Pancreatic duct stone extraction:  
Small stones are regularly treated at our institute.
- c. Biliary stenting for benign or malignant obstructive jaundice:  
Placement of Teflon stent; double duct stenting; placement of uncovered and covered self expandable metal stent for palliation of biliary malignancies. Placement of Iridium in hilar cholangiocarcinoma are some of the endoscopic procedures routinely done.
- d. Placement of nasobiliary drainage:  
As emergency procedure for biliary decompression in acute cholangitis or elective procedure for assistance during large CBD stone extraction laparoscopically.

## Colon

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- a. Emergency decompression of sigmoid volvulus.
- b. Emergency colonoscopy and injection sclerotherapy: for lower GI bleeding.
- c. Colonoscopic Polypectomy.
- d. Dilatation of localised stricture.
- e. Haemorrhoidal banding and sclerotherapy.

## The Double Balloon Enteroscope Instrument

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The Vikram Hospital Interventional Endoscopy Service (IES) is now offering Double Balloon Enteroscopy. Utilizing a specialized endoscope, this new technique allows physicians to perform both diagnostic and therapeutic procedures within the small bowel without open surgery. At Vikram Hospital, Dr Rajkumar Wadhwa is performing Double Balloon Enteroscopy allowing complete examination of small intestine, notoriously one of the most inaccessible areas of the GI tract. The new double-balloon enteroscope features two balloons, one attached to the distal end of the scope and the other attached to a transparent tube sliding over the endoscope. When inflated with air, the balloons can grip sections of the small intestine and "shorten" the small intestine by pleating it over the endoscope. Sequential shortening of the small intestine over the endoscope and advancement of the endoscope enables a comprehensive examination of the entire small intestine.

We can perform this procedure in patients with occult GI bleed, long standing diarrhea, cancers of small intestine, subacute intestinal obstruction and evaluation of abdominal pain. We can perform therapeutic procedures like ulcer injection, stricture dilatation, polypectomies and foreign body removal.



# Endoscopic Ultrasound (Endosono)

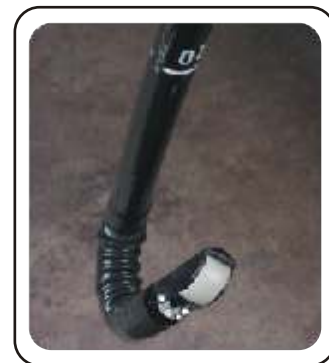
Although endoscopy gives excellent visualization of gastrointestinal mucosa, it gives little information about the intramural or nearby extramural structures. The provision of ultrasound probe on a flexible GI endoscope to form an echoendoscope provides excellent imaging of the gastrointestinal wall and extramural structures.



## Echoendoscopic Anatomy

Standard echo endoscopes image five layers of gastrointestinal wall. These alternating dark (echo poor or hypoechoic) and bright (echo rich or hyperechoic) bands represent different layers of intestinal wall almost throughout.

- Superficial mucosa (Hyperechoic), Deep mucosa (Hypoechoic)
- Submucosa (Hyperechoic)
- Muscularis propria (Hypoechoic)
- Serosa (Hyperechoic)



## Indications

Endoscopic ultrasound is now investigation of choice for loco regional staging of cancer throughout upper GI tract. It is diagnostic investigation for various submucosal lesions in upper and lower GI tract. It can take FNAC for confirmation of cancers from difficult to reach areas like small tumours in Pancreaticobiliary region. It is extremely useful for pancreatic pseudocyst drainage and fundal variceal glue injection where correct endpoint of treatment can be exactly determined by it. Last but not the least it is now being used regularly to perform such procedures as hepaticogastrotomies and celiac plexus neurolysis.



Our Doctors, Your Friends.

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