

ACCURACY

An upper endoscopy is a very accurate way to assess problems within the oesophagus, stomach and top of the small bowel and duodenum. The accuracy is improved with newer endoscopes which have a high resolution and often magnify the cell lining up to 115 times like a microscope. Rarely, lesions can be missed especially if they are found on the outside of the stomach.

ALTERNATIVES TO UPPER ENDOSCOPY

1. Barium swallow and meal.

This involves a barium x-ray examination which looks at the lining of the oesophagus, stomach and duodenum. It's not as accurate as an upper endoscopy and cannot detect Barrett's oesophagus or changes within the stomach lining, in particular, if there is an infection. No biopsies can be performed. If the barium shows an abnormality, then often you will need to proceed to an upper endoscopy. A barium meal can be useful if you have problems with food sticking in your gullet (dysphagia) prior to endoscopy.

2. Ultrasound.

This is normally only useful for assessing the gallbladder, liver and spleen and does not give good visualisation of the stomach.

3. Capsule Endoscopy.

This is a capsule camera that is swallowed. Very limited views are obtained of the oesophagus and stomach. It is predominately used to assess the mid small intestine.

4. CT scan.

This is useful if there are problems outside the stomach or to assess for thickening of the stomach lining, however, biopsies are not able to be performed.