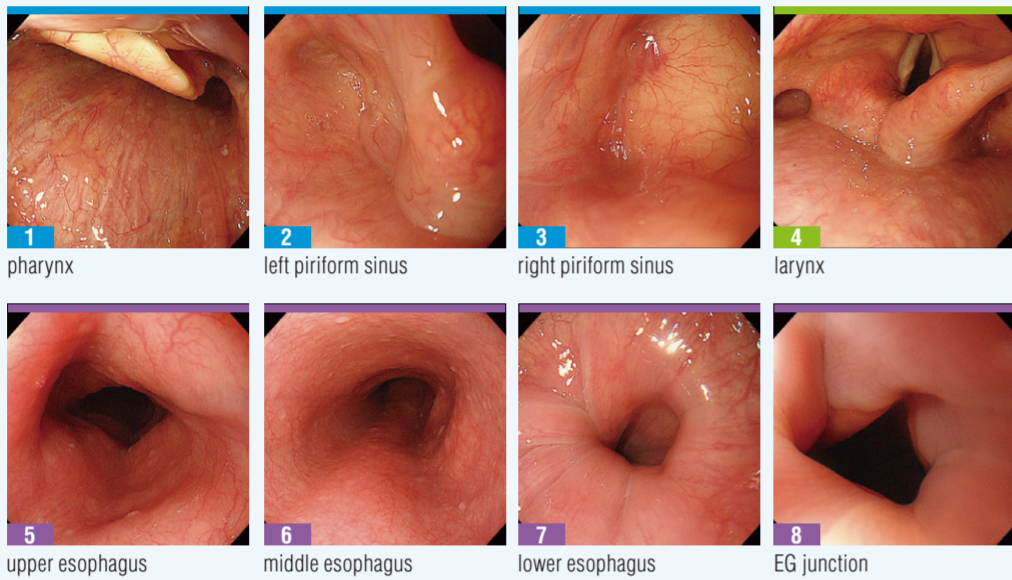
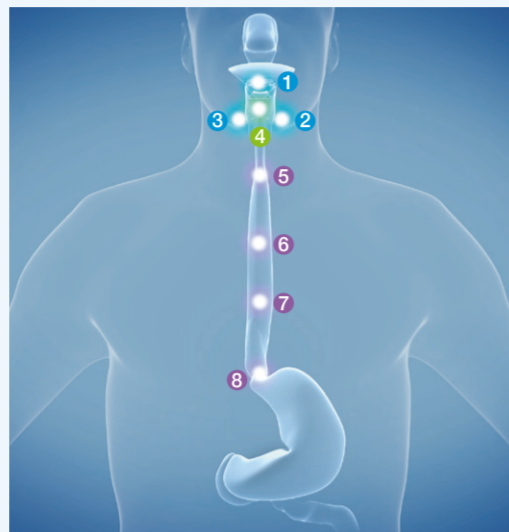


Upper GI screening method

Observation; pharynx and larynx to esophagus

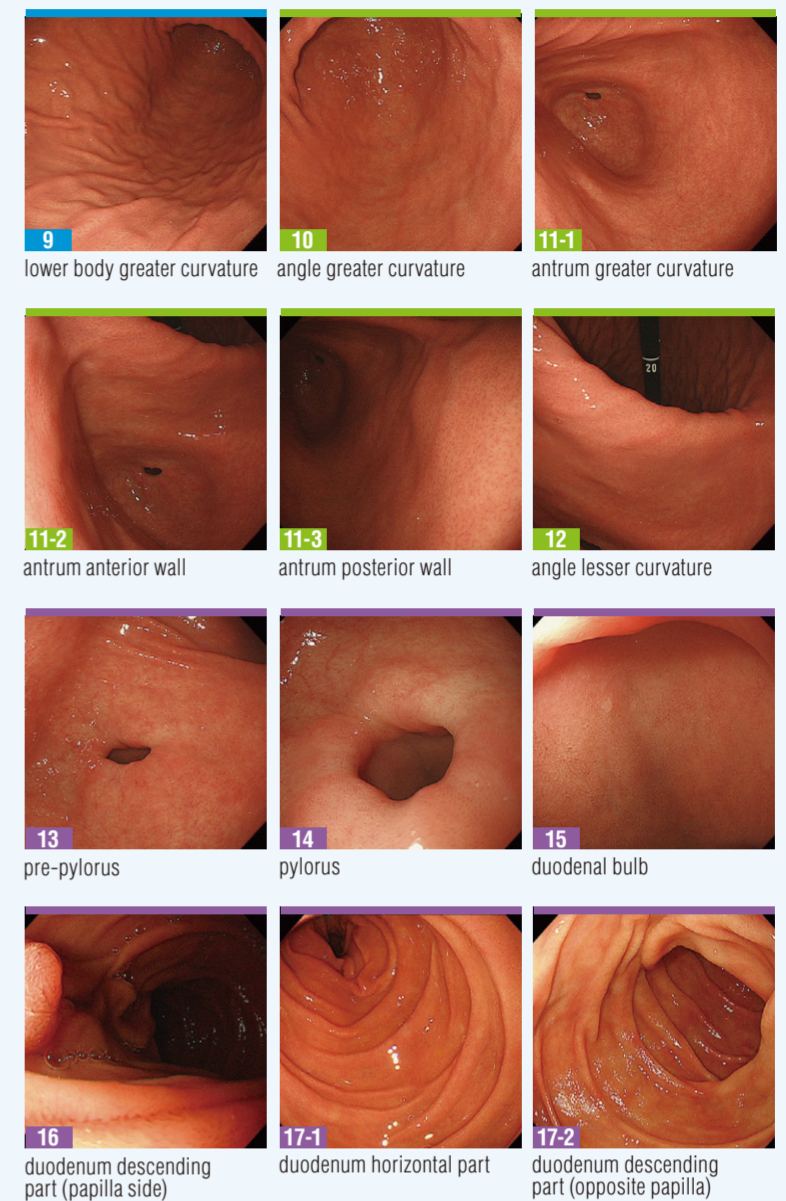
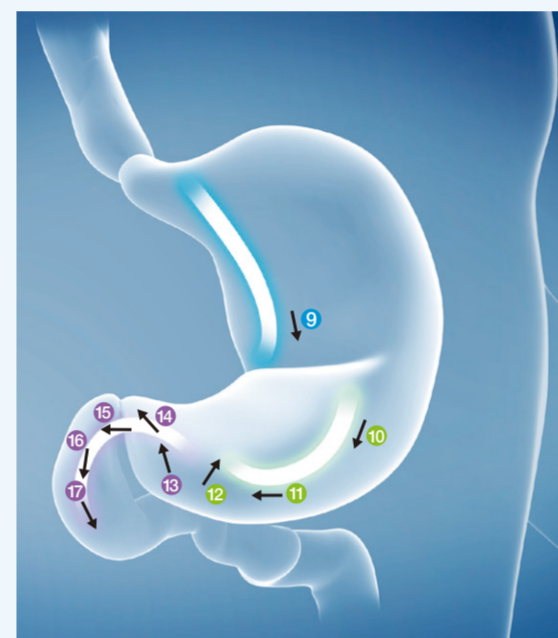
The pharynx and larynx are observed from endoscope insertion.
If the vomiting reflex is strong, observe it when withdrawing the scope and capture four locations where lesions occur with high frequency.
When the endoscope is inserted into the esophagus and advanced to the vicinity of 30cm of incisors, vomiting reflex often stops.
After that, remove the scope to the mouth side and observe from the upper esophagus.
In the esophagus, observation via scope rotation is important to reduce blind spot.



Observation; stomach antrum to duodenum

Entering the inside of the stomach, first clean the mucus and suck out water, then start observing from the lower body greater curve, which is easy to scratch with the scope when observing. Advance to the angle greater curve, the antrum, and the pylorus.

It is necessary to take pictures of the pylorus before inserting the scope into the duodenum. Enter the duodenal bulb, pull the scope and observe the anterior and posterior walls.
Advance the scope further, entering the descending part with a right turn and up angle. Observe the main papilla, maintain the right turn and pull the scope. The tip advances to the lower duodenum angle.
Maintaining the right turn and pushing the scope lightly, observe the horizontal part, and slowly withdraw the scope while observing the main papilla and its contralateral side.



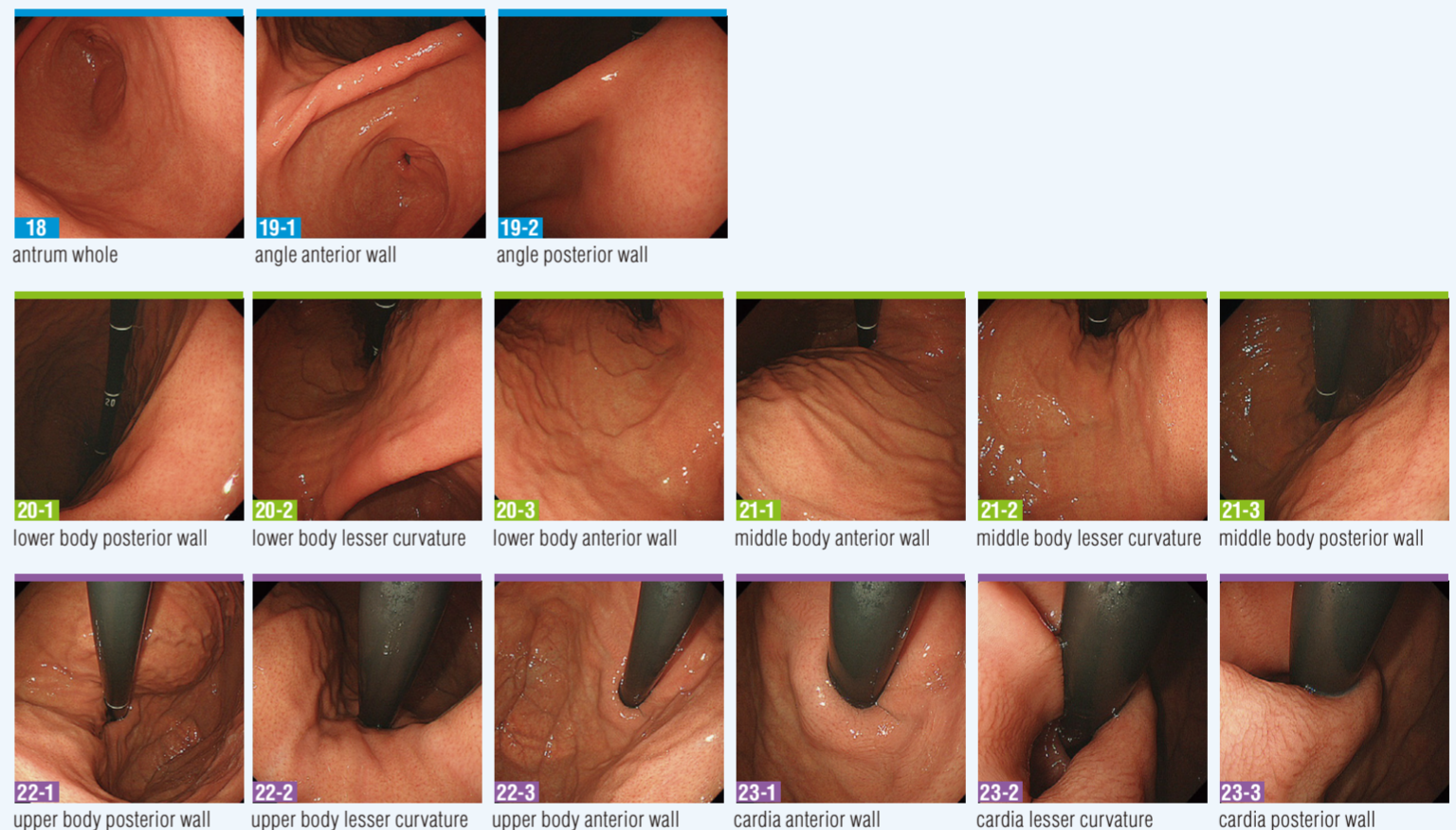
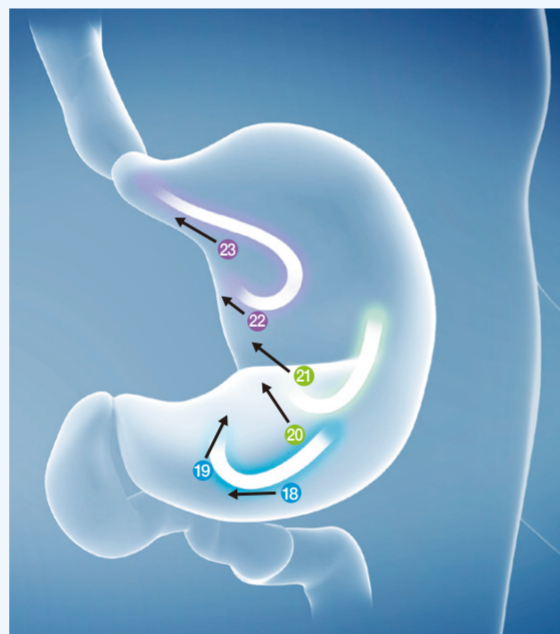
J-turn; observation from gastric angle to gastric cardia

Return to the stomach, inflate the stomach with air and start J-turn observation with an up angle from the corner of the stomach.

The appropriate air insufflation amount at the time of J turn observation is an amount that opens the upper body lesser curvature.

When performing a J-turn observation, the left side of the image is the anterior wall and the right side of the image is the posterior wall - this is the same as an overhead observation.

Rotate the scope to the left and right, observing the anterior wall, the lesser curvature and the posterior wall, then in order, pull the scope and capture the stomach angle, lower body, middle body, upper body and the cardia. During this process, water used to clean mucus accumulates in the body greater curve, so sucking out water at the position where the body anterior wall is observed by rotating left with a J turn is more efficient, because the forceps channel is where the water pools up.

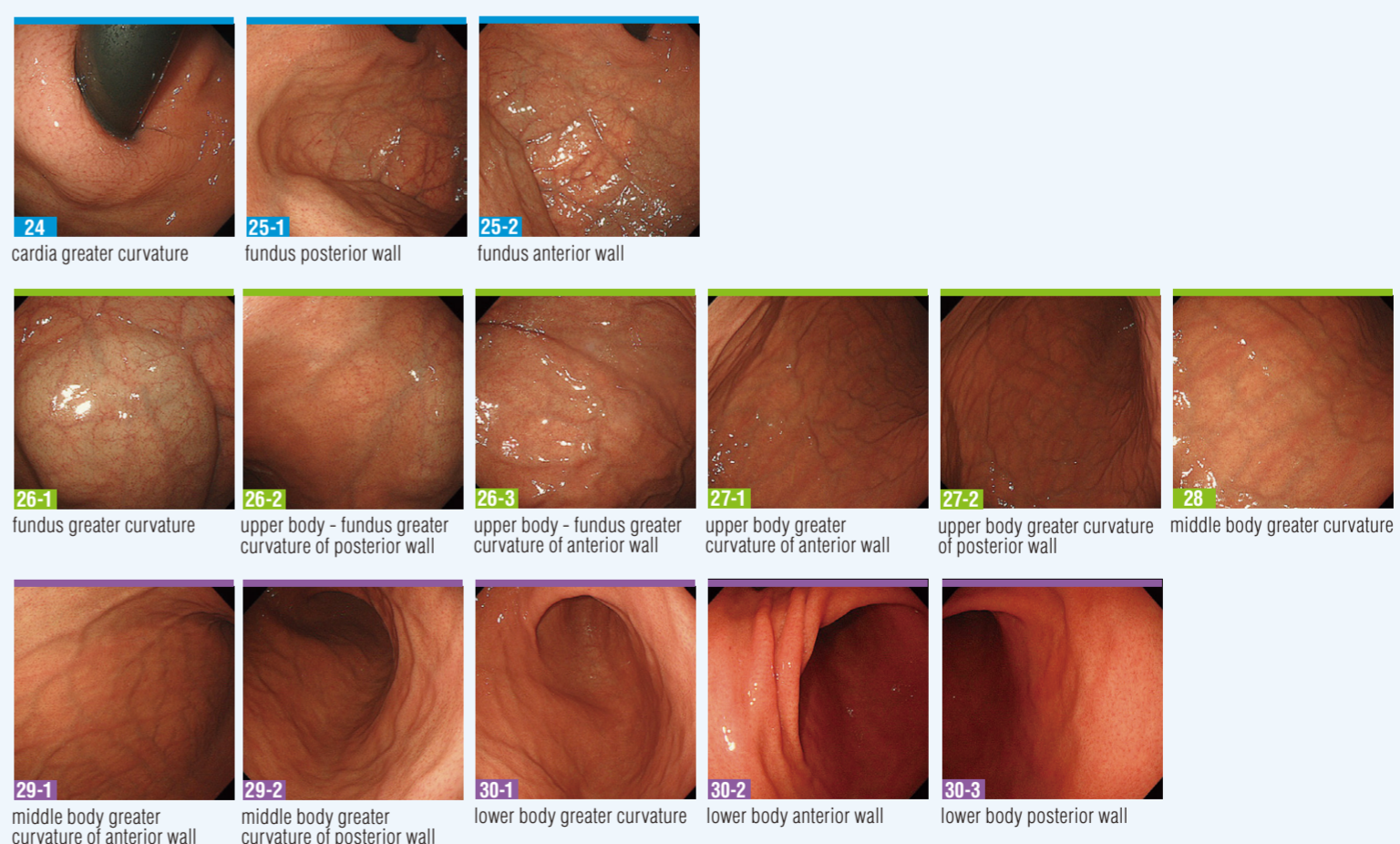
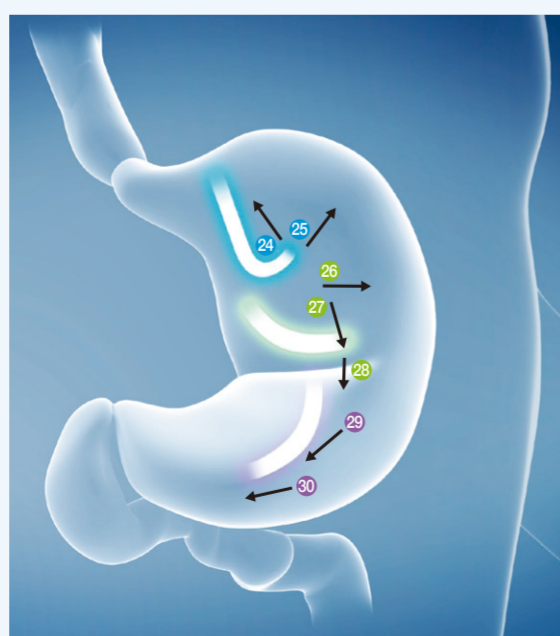


U-turn; observation from gastric fundus to gastric body

After observing up to the cardia with a J turn, further rotate the scope and perform a U turn observation throughout the fundus.

Note that during a U turn observation, left and right are reversed compared to a J turn observation, meaning the right side on image is the anterior wall and the left side is the posterior wall.

After U-turn observation of the fundus, while withdrawing the scope, cancel the up angle and rotate left to return to observing the posterior wall while looking down on the fundus greater curvature. Here, maximum air is supplied and folds stretched firmly for the observation of the body upper-mid fundus greater curve. Advance to the body lower part while moving the scope to the anterior-posterior wall in the greater curve center. Finally, invert to capture the hidden middle body - angle anterior and posterior walls.
This completes endoscopic observation.



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