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Titolo	Endoscopic Follow-up of Digestive Anastomosis // edited by Giuseppe Galloro
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Note generali	Description based upon print version of record.
Nota di bibliografia	Includes bibliographical references at the end of each chapters and index.
Nota di contenuto	Preface -- Section 1 Diagnostic procedures and follow-up.- Analysis of surgical risk factors in tailoring digestive anastomosis.- Impact of flexible endoscopy in the evaluation of digestive anastomosis -- Methodology and appropriateness of the follow-up -- Timing and protocols of endoscopic follow-up in operated patients after - esophageal surgery - gastric surgery - small bowel surgery - colo-rectal surgery. Intraoperative endoscopy in the evaluation of digestive anastomosis: which role? -- Contribution of Endo-Ultra Sonography. - Augmented endoscopic imaging in the study of digestive anastomosis: does it really work and how? -- Section 2 – Therapeutic procedures of anastomotic complications -- Physiopatology and treatment of anastomotic ulcer: an emerging pathology?.- Endoscopic treatment of anastomotic recurrences in oncologic patients. - Therapeutic endoscopy for the treatment of anastomotic strictures: - techniques of dilation (semirigid, idropneumatic, TTS, OTW) - self expanding stenting (metal, plastic and biodegradable) - thermal techniques (LASER, APC, incisional) -- Therapeutic endoscopy for the

treatment of anastomotic dehiscences - self expanding stenting (metal, plastic and biodegradable) - clipping (standard, OTSC) and suture - endosponge - biological glues.- Emostatic procedures in bleeding anastomosis.- Endoscopic treatment of anastomotic complications after bariatric surgery.

Sommario/riassunto

Owing to the alterations in visceral anatomy, many endoscopists, and especially trainees, experience difficulties when performing endoscopic surveys or procedures in patients who have previously undergone surgery to the digestive tract. In this richly illustrated book, an expert in the field provides a detailed overview of endoscopic follow-up of gastrointestinal (esophageal, gastric, and colorectal) anastomosis. Both normal appearances and pathological conditions involving complications are fully covered. The methodology, timing, protocols, and role of diagnostic endoscopy are first discussed. Endoscopic treatments for the resolution of different clinical problems related to recurrences, stenoses, dehiscences, and fistulas are then evaluated step by step with the aid of high-quality images. Regardless of level of experience, endoscopists and gastroenterologists will find Endoscopic Follow-up of Digestive Anastomosis to be an invaluable source of information and aid to treatment in this important area, which too often receives insufficiently detailed attention.
