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2FA697 - TAYLOR ERIN

Over recent decades, the testing of gastrointestinal (GI) function has changed enormously. New techniques like pH monitoring and manometry have become commonplace around the world. The Practical Guide to Gastrointestinal Function Testing offers step-by-step descriptions of how to perform each procedure, and the guide will enable any GI centre to select the most appropriate tests for a suspected disorder. Four chapters adopt a problem-solving approach to disorders in each major region of the digestive system, and highlight the most appropriate diagnostic procedures. For easy reference, each disease is described under the following consistently applied headings:; etiology symptoms differential diagnosis diagnostic procedures; Each procedure for testing GI function is described as follows:; indications contraindications equipment before the study during the study procedure after the study interpretation pitfalls

THE ESOPHAGUS The Esophagus investigates the anatomy, physiology, and pathology of the esophagus. This sixth edition, revised and updated throughout, also explores the diagnosis and treatment of various esophageal conditions. It includes treatment guidelines approved by the two largest gastroenterology societies, the ACG and AGA, as befits a work co-edited by two former presidents of those organizations. Advancements in diagnostics are presented, as are developments in the surgical and drug therapies. Presented in full colour, and boasting an unrivalled team of editors and contributing authors, The Esophagus Sixth Edition will find a home wherever the anatomy, physiology, and pathology of the esophagus are studied and taught. This book is accompanied by a website containing all the figures from the book in Power-Point format. www.wiley.com/go/richter/esophagus6e Praise for the Fifth Edition: "There is absolutely no doubt that this edition of the textbook will maintain its status as the go-to reference for esophageal conditions, and will remain a highly utilized and clinically useful resource for novice and experienced physicians and surgeons alike." (Gastroenterology, 1 July 2013)

Some Chapter Topics Include:

Each chapter describes a very specific aspect of Achalasia by its known expert. Current diagnostic and management strategies of Achalasia, as well as the simplified operative approaches with relevant technical considerations, are outlined for the specific target audience. The treatment of Achalasia is complex and usually performed in specialized tertiary-care centres. The Editors' main goal is to render this disease more understandable and accessible to residents, fellows, and specialists in both the surgical disciplines (general surgery and thoracic surgery) and in gastroenterology. This issue reviews the various techniques and uses of esophageal function testing, including the Bernstein Test, Esophageal Acid Perfusion Test, Esophageal Acidity Test, Esophageal Function Studies, Esophageal Manometry, and Esophageal pH Monitoring. These tests are often used to help determine the cause of frequent heartburn or trouble swallowing and to determine whether chest pain is being caused by a problem with the esophagus. Clinical and Basic Neurogastroenterology and Motility is a state-of-the-art, lucidly written, generously illustrated, landmark publication that comprehensively addresses the underlying mechanisms and management of common adult and pediatric motility disorders. These problems affect 50% of the population and include conditions such as dysphagia, achalasia, gastroesophageal reflux disease, gastroparesis, irritable bowel syndrome (IBS), gas and bloating, SIBO, constipation and fecal incontinence. The book brings together international experts and clinician scientists, epitomizing their years of wisdom into a concise yet practical text that is delivered in two distinct sections, basic and clinical. It fulfills a large unmet need, and bridges a long-awaited knowledge gap among trainees, clinicians, scientists, nurses and technicians, earnestly engaged in this field. First of its kind text that covers both basic and clinical aspects, bridging the knowledge gap, and providing a bench to bedside approach for management of common disorders Discusses the latest concepts and basic principles of neurogastroenterology and motility, and how the gut and brain interact in the genesis of functional gastrointestinal and motility disorders Provides an illustrated and practical text on hot topics written by leading adult and pediatric gastroenterology experts across the globe Includes an accompanying more detailed web version of the text with free access to future podcasts

This text comprehensively reviews the current state of the art in Laryngopharyngeal Reflux (LPR) together with a comprehensive explanation and description of the known gastroesophageal reflux (GERD) literature. With chapters written by experts from around

the world, this text aims to deliver what is current in reflux recognition, diagnosis, reflux related complications, and the various treatment modalities. This is the first textbook to combine the most up to date knowledge of both LPR and GERD meant for both specialties and the general medicine population. Completely unique to the reflux literature is a section detailing the substantial benefits of a mostly plant based, Mediterranean style diet in the treatment of reflux disease. Encouraging patients to read and learn about diet and health is likely the most important step in improving their disease. The text provides direction to the caregiver on how to transition to a mostly plant-based diet. Review of myths, effects of diet in the setting of other disease states, and dietary consequences are explained. Guidelines on how to transition diet, dining out while maintaining a plant-based diet, and how to wean off medication, such as PPI, are also provided. Laryngopharyngeal and Gastroesophageal Reflux: A Comprehensive Guide to Diagnosis Treatment, and Diet-Based Approaches will provide the medical community with a resource to understand, teach, and provide the latest in LPR and GERD information to the caregiver and subsequently the patient.

Esophageal diseases are amongst the most common gastrointestinal illnesses encountered by both the gastroenterologist as well as the primary care physician. Gastroesophageal reflux symptoms affect 20% of adult Americans on a weekly or more frequent basis, and Barrett's esophagus, a pre-cancerous lesion of the distal esophagus associated with chronic GERD, is prevalent in 2-6% of the adult population. Additionally, there have been remarkable advances in the care of esophageal diseases in the last several years, with the development of new imaging modalities, new physiological tests, and promising data emerging with respect to biomarkers for esophageal neoplasia. A relatively new clinical entity, eosinophilic esophagitis, is being characterized in the literature, and the ubiquity of this condition is now recognized. Given the dynamic nature of this area, the strides being made in esophageal diseases, and the importance of these diseases to clinicians practicing both subspecialty and general medicine, a volume dedicated to esophageal diseases is timely and necessary. The goals of this work are to familiarize clinicians with advances in care of patients with esophageal disorders, and to update them on new trends in epidemiology and outcomes of these diseases.

The leading reference text entirely devoted to this increasingly significant condition This text is dedicated to Barrett's esophagus and provides recent evidence and current approaches to patient management. It has been completely revised, updated and extended to include the latest research findings and describes how these affect day-to-day clinical practice. It includes seven new chapters and even more color images than the last edition. Each chapter, written by the leading international experts in the field, provides clear, didactic guidance on diagnosis, treatment and management of this condition. Barrett's Esophagus gives an extensive overview covering epidemiology, screening, pathology, gastroenterology and surgery. It looks at the precursor lesions leading to the development of Barrett's epithelium, the unique characteristics of Barrett's esophagus, and the consequences of malignant degeneration. All aspects of diagnosis, secondary prevention, multimodality, and medical and surgical treatment are clearly explained. This is a complete guide on the latest thinking on diagnosis and treatment of Barrett's esophagus which can be referred to over and over again.

Deglutition or a swallow begins as a voluntary act in the oral cavity but proceeds autonomously in the pharynx and esophagus. Bilateral sequenced activation and inhibition of more than 25 pairs of muscles of mouth, pharynx, larynx, and esophagus is required during a swallow. A single swallow elicits peristalsis in the pharynx and esophagus along with relaxation of upper and lower esophageal sphincters. Multiple swallows, at closely spaced time intervals, demonstrate deglutitive inhibition; sphincters remain relaxed during the entire period, but only the last swallow elicits peristalsis. Laryngeal inlet closure or airway protection is very important during swallow. Upper part of the esophagus that includes upper esophageal sphincter is composed of skeletal muscles, middle esophagus is composed of a mixture of skeletal and smooth muscles, and lower esophagus, including lower esophageal sphincter, is composed of smooth muscles. Peristalsis progresses in seamless fashion, despite separate control mechanism, from the skeletal to smooth muscle esophagus. The esophagus's circular and longitudinal muscle layers contract synchronously during peristalsis. Sphincters maintain continuous tone; neuromuscular mechanisms for tonic closure in the upper and lower esophageal sphincters are different. Lower esophageal sphincter transient re-

laxation, belching mechanism, regurgitation, vomiting, and reflux are mediated via the brain stem. Table of Contents: Introduction / Central Program Generator and Brain Stem / Pharynx-Anatomy, Neural Innervation, and Motor Pattern / Upper Esophageal Sphincter / Neuromuscular Anatomy of Esophagus and Lower Esophageal Sphincter / Extrinsic Innervation: Parasympathetic and Sympathetic / Interstitial Cells of Cajal / Recording Techniques / Motor Patterns of the Esophagus-Aboral and Oral Transport / Deglutitive Inhibition and Muscle Refractoriness / Peristalsis in the Circular and Longitudinal Muscles of the Esophagus / Neural and Myogenic Mechanism of Peristalsis / Central Mechanism of Peristalsis-Cortical and Brain Stem Control / Peripheral Mechanisms of Peristalsis / Central Versus Peripheral Mechanism of Deglutitive Inhibition / Neural Control of Longitudinal Muscle Contraction / Modulation of Primary and Secondary Peristalsis / Neural Control of Lower Esophageal Sphincter and Crural Diaphragm / Lower Esophageal Sphincter / Swallow-Induced LES Relaxation / Crural Diaphragm Contribution to EGJ and Neural Control / Transient LES Relaxation and Pharmacological Inhibition / Compliance of the EGJ / References

Clinical Case Studies for the Family Nurse Practitioner is a key resource for advanced practice nurses and graduate students seeking to test their skills in assessing, diagnosing, and managing cases in family and primary care. Composed of more than 70 cases ranging from common to unique, the book compiles years of experience from experts in the field. It is organized chronologically, presenting cases from neonatal to geriatric care in a standard approach built on the SOAP format. This includes differential diagnosis and a series of critical thinking questions ideal for self-assessment or classroom use.

This book presents a new, multi- and interdisciplinary approach to gastroesophageal reflux disease (GERD) and Barrett's esophagus that reflects the latest advances in understanding of the disease. The role of each of the available diagnostic techniques, including endoscopy, histopathology, esophageal manometry, reflux monitoring, and EndoFLIP assessment, is carefully explained. The use of endoscopy for the purposes of mucosal ablation (radiofrequency ablation, cryoablation) and mucosal resection is described, and all aspects of anti-reflux surgery are covered, with detailed explanation of indications and techniques for standard fundoplication, endoscopic fundoplication, and surgical procedures using the LINX system and the EndoStim device. To assist the reader further, a novel interdisciplinary algorithm is presented for GERD diagnosis and treatment. In addition, the latest diagnostic and therapeutic approaches (including endoscopic and surgical resection and chemoradiation) are also presented for esophageal cancer and cancer palliation. A key feature of the book is its recognition of the contribution of different specialties in the management of GERD, and it will accordingly appeal to a wide range of practitioners.

A detailed compilation of the latest research and recommendations for the diagnosis and assessment of esophageal disorders, this reference delves into a wide range of applications and technologies currently utilized in the field including radiology, endoscopy, endoscopic ultrasonography, manometry, ambulatory manometry, pH testing, catheter-free pH testing, bilitec monitoring, and impedance plethysmography.

This guide focuses on the answers to patient questions that are frequently posed to providers who care for patients with GI motility disorders. Additionally, the text guides clinicians through the complicated diagnostic and therapeutic/management approaches to motility disorders, including common and specialized tests, drug initiation, medications side effects, and disease complications. Written by experts in the field, Gastrointestinal Motility Disorders: A Point of Care Clinical Guide is a valuable reference for busy clinicians who need the best evidence-based answers to patient questions at their fingertips.

As aging trends in the United States and Europe in particular are strongly suggestive of increasingly older society, it would be prudent for health care providers to better prepare for such changes. By including physiology, disease, nutrition, pharmacology, pathology, radiology and other relevant associated topics, Geriatric Gastroenterology fills the void in the literature for a volume devoted specifically to gastrointestinal illness in the elderly. This unique volume includes provision of training for current and future generations of physicians to deal with the health problems of older adults. It will also serve as a comprehensive guide to practicing physicians for ease of reference. Relevant to the geriatric age group, the volume covers epidemiology, physiology of aging, gastrointestinal physiology, pharmacology, radiology, pathology, motility disorders, luminal disorders, hepato-biliary disease, sys-

temic manifestations, neoplastic disorders, gastrointestinal bleeding, cancer and medication related interactions and adverse events, all extremely common in older adults; these are often hard to evaluate and judge, especially considering the complex aging physiology. All have become important components of modern medicine. Special emphasis is be given to nutrition and related disorders. Capsule endoscopy and its utility in the geriatric population is also covered. Presented in simple, easy to read style, the volume includes numerous tables, figures and key points enabling ease of understanding. Chapters on imaging and pathology are profusely illustrated. All chapters are written by specialists and include up to date scientific information. Geriatric Gastroenterology is of great utility to residents in internal medicine, fellows in gastroenterology and geriatric medicine as well as gastroenterologists, geriatricians and practicing physicians including primary care physicians caring for older adults.

This one-of-a-kind reference provides a comprehensive and practical guide to help you interpret endoscopic biopsies and resection specimens of all organs related to the digestive system. Plus, thanks to Expert Consult, you'll be able to access the entire contents of this title online and download all images, from anywhere there's an internet connection. The more than 2250 high quality illustrations, 30% more than in the first edition, help you recognize and diagnose any tissue sample under the microscope. Five new chapters, additional expert authors, expanded tables, and coverage of the current clinical approach to management and treatment options, particularly screening and surveillance recommendations for preneoplastic disorders, round out this unique reference. Acts as a one-stop resource for the entire gastrointestinal system, liver, biliary tract, and pancreas. Incorporates over 2250 high quality color illustrations so you can recognize and diagnose any tissue sample under the microscope. Provides all the necessary tools to make a comprehensive diagnostic workup including data from ancillary techniques and molecular findings whenever appropriate. Simplifies complex topics and streamlines decision-making using extensive tables, graphs, and flowcharts. Helps you avoid diagnostic errors thanks to practical advice on pitfalls in differential diagnosis. Uses a new "road map" at the beginning of each chapter, as well as a new, more clinical focus to help you navigate through the book more quickly. Reflects the latest classification and staging systems available so you can provide the clinician with the most accurate and up-to-date diagnostic and prognostic indicators, including key molecular aspects of tumor pathology. Includes access to the entire contents online, from anywhere there's an internet connection. Adds five new chapters including "Screening and Surveillance of the GI Tract", "Congenital and Developmental Disorders of the GI Tract", "Pediatric Enteropathies of the GI Tract", "Vascular Disorders of the GI Tract", and "Fatty Liver Disease". Expands appropriate chapters with new coverage of the normal histology of the GI tract, liver, biliary tract and pancreas. Uses expanded tables to outline specific differential diagnostic points helpful for surgical pathologists. Discusses the key molecular aspects of tumor progression and risk assessment in all chapters that cover neoplastic disorders. Helps you evaluate diagnostically challenging cases using diagnostic algorithms. Increases the number of high quality photographs by at least 30% to include even more normal and abnormal tissue samples. Updates all chapters to include the latest references, concepts, data, and controversies. Incorporates expanded coverage of the pancreas and liver, eliminating the need for a separate text. Your purchase entitles you to access the web site until the next edition is published, or until the current edition is no longer offered for sale by Elsevier, whichever occurs first. If the next edition is published less than one year after your purchase, you will be entitled to online access for one year from your date of purchase. Elsevier reserves the right to offer a suitable replacement product (such as a downloadable or CD-ROM-based electronic version) should access to the web site be discontinued.

GI/Liver Secrets Plus, 4th Edition, by Peter R. McNally, DO, FACP, FACP - a volume in the popular Secrets Series® - uses a convenient Q&A approach to provide rapid reference and review of today's most common GI and liver disorders and their management. An expanded size and layout, user-friendly two-color page layout, question-and-answer approach, and list of the "Top 100 GI/Liver Secrets" make it a perfect concise board review tool and a handy clinical reference. Updated coverage throughout equips you with all of the most current and essential knowledge in the field. Uses bulleted lists, tables, boxes, short answers, and a highly detailed index to expedite reference. Includes Key Points and memory aids in each chapter that make it perfect for board review or clinical reference. Covers all of today's most common GI and liver disorders and their management. Features the new "Secrets PLUS" format - with an expanded size and layout, more information, and more visual elements - for easier review and an overall enhanced reference experience. Contains new images and illustrations to provide more detail and offer a clearer picture of what is seen in practice. Incorporates revisions throughout to provide you with an up-to-date overview of gastroenterology and hepatology, including new chapters on Esophageal and Stomach Pathology, Pathology of the Lower GI Tract, Gastroesophageal Reflux and Esophageal Hernias, and Surgery of Achalasia and Esophageal Cancer. Offers reorganized and expanded sections covering the

bowels and colon for more specific and easier reference: Small and Large Bowel Disorders; Colon Disorders; and General Symptoms and Conditions.

Gastroesophageal reflux disease and its complications effect 40 % of the US population. It is the most common reason for outpatient GI visits with treatment costs amounting to nearly \$10 billion a year. This issue updates interested physicians on the new advance in GERD pathogenesis, diagnosis and medical/surgical treatment, especially over the last 5 years. Lots of advancements have been made in this time period and this will be a excellent reference book for the busy academic and community physician interested in GERD.

Highly Commended by the BMA Medical Book Awards for Internal Medicine! Written and edited by internationally renowned specialists, the third edition of Gastroenterological Endoscopy covers the entire spectrum of diagnostic and therapeutic procedures for the upper and lower GI tract while providing the latest overview of GI disorders. A great wealth of high-resolution photographs provides the visual information needed to confidently assess and diagnose mucosal lesions of the entire digestive tract. Significant advances in the field—both medical and technical—since the last edition are covered in comprehensive detail. Key Features: New panel of top international editors, continuing the tradition of excellence, depth, and breadth as originated by founding editors Classen, Tytgat, and Lightdale; list of contributing authors is a "who's who" of GI endoscopy Coverage of newest, advanced tools and techniques: gastric-POEMS, submucosal tunnel endoscopic resection (STER), lumen-apposing metal stents, "over-the-scope" clips, and much more More than 750 exquisite images Gastroenterological Endoscopy, third edition, surely deserves a prominent place in any complete endoscopy reference collection.

This issue devoted to Esophageal Function Testing highlights these tests that are complimentary to endoscopy and should be considered after endoscopy is performed. In fact, a prerequisite for performing many of these studies is a negative endoscopy and thus, the endoscopist should be well-informed regarding the indication and utility of these tests. Additionally, some of these newer technologies require endoscopy to be performed during the study as the placement or positioning of the measurement tool will require endoscopic landmarks or direct placement. There have been major advances in most of these older techniques, and new novel measurement paradigms have been created that allow for a more visual and accurate depiction of physiologic and anatomic data. These technologies have evolved to be more akin to an imaging technique and thus, the visual display and data acquisition is much more intuitive and easier to teach to trainees. This review would be of the utmost importance to readers of GI Endoscopy Clinics.

The field of benign foregut surgery continues to evolve with new diagnostic methods and treatment modalities. The text lays the foundation in understanding the foregut through review of the anatomy and physiology, followed by subsequent chapters focusing on the diagnosis and management of specific benign diseases of the foregut: gastroesophageal reflux disease and diaphragmatic hernia, Barrett's esophagus, disorders of esophageal dysmotility, benign esophageal and gastric tumors, peptic ulcer disease and gastric outlet obstruction, and gastroparesis. Written by experts, each of these sections addresses the evaluation and management of the disease process, technical conduct of the most common endoscopic and surgical procedures, postoperative management including complications, and revisional operations. Additionally, expert commentary will serve to highlight and clarify controversies in the field. The SAGES Manual of Foregut Surgery provides a comprehensive, state-of-the-art review and will serve as a valuable resource for clinicians and surgeons.

Surgical Management of Esophageal Disease is reviewed extensively in this important Surgical Clinics of North America issue. Articles include: Approach to Patients with Esophageal Dysphagia; Esophageal Motility Disorders; Achalasia; Esophageal Stricture and Diverticula; Benign Esophageal Masses; Gastroesophageal Disease; Barrett's Esophagus; Preoperative Evaluation of GERD; Surgical Treatment of GERD; Endoscopic Treatment of GERD; Paraesophageal Hernia; Short Esophagus; Reoperative Antireflux Surgery; GERD after Bariatric Procedure; Minimally Invasive Esophagectomy for Benign Esophageal Disease; and more!

While reflux disease, achalasia, esophageal spasm, gastroparesis and IBS include some of the most common disorders in all disease categories, the understanding of their pathophysiology has remained elusive. The field of clinical gastrointestinal motility has for decades relied on the measurement of intestinal movements for diagnosis and management of these difficult and enigmatic disorders of gut function. Although computers have increased the speed with which we can measure the movements of the gut, the devices to measure this movement have not changed in over 20 years. In the last 2 years, a new technologic breakthrough has taken place in the measurement of intestinal movement. The technology is called high resolution manometry. Rather than the old 4 and 8 channels systems of measuring pressure, high resolution employs 36 closely spaced solid state pressure transducers. By using this technology, the resolution of gut motor activity is incredible. This allows for better ways of viewing motility using color as

pressure. This technology makes for beautiful images of gut motility that we have never seen before. We have made diagnoses that would never have been appreciated with the old technology. High resolution manometry is taking over conventional manometry worldwide and represents a dramatic leap in a long time stagnant area.

This book provides teaching scripts for medical educators in internal medicine and coaches them in creating their own teaching scripts. Every year, thousands of attending internists are asked to train the next generation of physicians to master a growing body of knowledge. Formal teaching time has become increasingly limited due to rising clinical workload, medical documentation requirements, duty hour restrictions, and other time pressures. In addition, today's physicians-in-training expect teaching sessions that deliver focused, evidence-based content that is integrated into clinical workflow. In keeping with both time pressures and trainee expectations, academic internists must be prepared to effectively and efficiently teach important diagnostic and management concepts. A teaching script is a methodical and structured plan that aids in effective teaching. The teaching scripts in this book anticipate learners' misconceptions, highlight a limited number of teaching points, provide evidence to support the teaching points, use strategies to engage the learners, and provide a cognitive scaffold for teaching the topic that the teacher can refine over time. All divisions of internal medicine (e.g. cardiology, rheumatology, and gastroenterology) are covered and a section on undifferentiated symptom-based presentations (e.g. fatigue, fever, and unintentional weight loss) is included. This book provides well-constructed teaching scripts for commonly encountered clinical scenarios, is authored by experienced academic internists and allows the reader to either implement them directly or modify them for their own use. Each teaching script is designed to be taught in 10-15 minutes, but can be easily adjusted by the reader for longer or shorter talks. Teaching Scripts in Internal Medicine is an ideal tool for internal medicine attending physicians and trainees, as well as physician's assistants, nurse practitioners, and all others who teach and learn internal medicine.

Esophageal Motility Disorders: Advances in Research and Treatment: 2011 Edition is a ScholarlyBrief™ that delivers timely, authoritative, comprehensive, and specialized information about Esophageal Motility Disorders in a concise format. The editors have built Esophageal Motility Disorders: Advances in Research and Treatment: 2011 Edition on the vast information databases of ScholarlyNews.™ You can expect the information about Esophageal Motility Disorders in this eBook to be deeper than what you can access anywhere else, as well as consistently reliable, authoritative, informed, and relevant. The content of Esophageal Motility Disorders: Advances in Research and Treatment: 2011 Edition has been produced by the world's leading scientists, engineers, analysts, research institutions, and companies. All of the content is from peer-reviewed sources, and all of it is written, assembled, and edited by the editors at ScholarlyEditions™ and available exclusively from us. You now have a source you can cite with authority, confidence, and credibility. More information is available at <http://www.ScholarlyEditions.com/>.

This comprehensive encyclopedia supplies the reader with concise information on the molecular pathophysiology of disease. Entries include defined diseases (such as Parkinson's disease) as well as pathophysiological entities (such as tremor). The 1,200 essays are brilliantly structured to allow rapid retrieval of the desired information. For more detailed reading, each entry is followed by up to five references. Individual entries are written by leading experts in the respective area of research to ensure state-of-the-art descriptions of the mechanisms involved. It is an invaluable companion for clinicians and scientists in all medical disciplines.

This book provides a state-of-the-art overview of dysphagia. The text reviews current evidence behind the diagnosis, evaluation, and management of esophageal disorders that cause dysphagia, including GERD, eosinophilic esophagitis, achalasia, and spastic motor disorders. The book also focuses on the different variants of dysphagia, from oropharyngeal dysphagia to functional dysphagia, highlights advances in testing for dysphagia, and features evidence-based algorithms. Written by experts in the field, Evaluation and Management of Dysphagia: An Evidence-Based Approach is a valuable resource for gastroenterologists, otolaryngologists, and other clinicians and practitioners who treat patients afflicted with dysphagia.

A guide to the techniques and analysis of clinical data. Each of the seventeen sections begins with a drawing and biographical sketch of a seminal contributor to the discipline. After an introduction and historical survey of clinical methods, the next fifteen sections are organized by body system. Each contains clinical data items from the history, physical examination, and laboratory investigations that are generally included in a comprehensive patient evaluation. Annotation copyrighted by Book News, Inc., Portland, OR Gastrointestinal motility has evolved from an esoteric laboratory tool into a sophisticated diagnostic technique that is now widely used clinically to guide in management of complex gastrointestinal problems. Today, it is the most rapidly growing subspecialty within gastroenterology. Previously, many of the gastrointestinal

motility problems were either ignored or attributed to a disturbance of "psyche." But with the growing knowledge and understanding of how a dysfunction of the gastrointestinal muscle and nerves can cause disease, we are at the threshold of a revolution in our approach to the diagnosis and treatment of gastrointestinal motility disorders. The purpose of this book is to serve as a useful, up-to-date reference manual and guide for the diagnostic and therapeutic approach towards common adult and pediatric gastrointestinal motility problems. In order to enhance the understanding of these disorders, a problem-oriented approach has been chosen, and wherever possible the authors have provided clinical case scenarios to illustrate their message. The emphasis has been on how to diagnose and treat motility disorders rather than to provide an encyclopedic information. The reference list at the end of each chapter should enable the enthusiast to seek further information. Some of the material presented in this book has been derived from the proceedings of the annual University of Iowa College of Medicine GI Motility Symposia.