

Preface

Attempts to look into human body orifices and body cavities date back to antiquity. Most of these efforts met with little success because of poor illumination. A breakthrough came in 1806 when Philip Bozzini introduced his *Lichtleiter* ("light conductor"), which supplied at least a theoretical solution to the problem. Bozzini was the first to envision the future application of endoscopes in urology, gynecology, and gastroenterology and the eventual development of laparoscopy.

Adolf Kussmaul introduced the rigid gastroscope in the 1890s. The gastroscopes used during the first half of the 20th century were semirigid devices in which lens systems transmitted the image to an eyepiece. A major advance came in the mid-20th century, when Basil Hirschowitz developed a flexible fiberoptic endoscope. But even this technology appears to have been superseded by the development of video endoscopy and, more recently, by wireless capsule endoscopy.

As endoscopy has evolved, the instruments have become more flexible and their outer diameters smaller, making the examination much easier for both the endoscopist and the patient. Today, upper gastrointestinal endoscopy is the most rewarding procedure for investigating complaints of the upper gastrointestinal tract. Visual inspection, specimen collection, and any

necessary interventions can be carried out in the same sitting. Upper gastrointestinal endoscopy is safe and easy to perform for experienced endoscopists.

The quality of the examination depends upon the interplay between the endoscopic technique and the interpretation of the images. Anyone who is learning endoscopy is bound to encounter technical difficulties at first. For this reason, we have provided ample didactic information to supplement the atlas portions of this book.

Endoscopic interventional procedures have been practiced for more than 30 years. The range of endoscopic treatment options is constantly expanding, and examiners are often expected to perform these interventions in the early phase of their endoscopic training. Established therapeutic procedures are described in some detail, therefore.

We hope to provide our readers with an easy-to-use, comprehensive introduction to the method and its capabilities, and we wish them much success and satisfaction in the practice of gastrointestinal endoscopy.

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