Gastroenterologists at the University of Wisconsin Hospital and Clinics manage complex and chronic disorders of the esophagus, stomach, small intestine, colon, anorectum, pancreas, gall bladder, liver and biliary tract. With specialized training in advanced diagnostic and therapeutic endoscopic procedures, and access to the latest and most advanced technology, our physicians perform more procedures than any other program in the region. Our expertise with these procedures, combined with our multi-specialty approach to care, means shorter hospital stays and faster patient recovery.

The American Society for Gastrointestinal Endoscopy (ASGE), a leading gastrointestinal medical society, has recognized the UW Hospital and Clinics Ambulatory Procedure Center and the Madison Surgery Center as part of its program specifically dedicated to promoting quality in endoscopy. The ASGE Endoscopy Unit Recognition program honors endoscopy units that follow the ASGE guidelines on privileging, quality assurance, endoscope reprocessing and CDC infection control guidelines, and have completed specialized training on principles in quality and safety in endoscopy.

UW Health gastroenterology specialists are national leaders in their field, and are ranked as one of the nation’s top hospitals in the treatment of digestive disorders by US News and World Report.

How to Schedule an Appointment/Contact Us
We are committed to providing our patients with convenient and accessible appointments, as well as options for emergency conditions.

To schedule an advanced endoscopic procedure, request an advanced procedure consult or to schedule a gastroenterology clinic appointment: (608) 890-5000

For inpatient/hospital admissions contact our Access Center: (800) 472-0111
Endoscopic Ultrasound (EUS)

EUS is a non-surgical procedure that combines endoscopy and ultrasound to obtain high-quality, detailed images of the lining and walls of the upper and lower digestive tract, pancreas, liver and gall bladder. Since 2007, our team has performed more than 800 procedures annually. EUS is a relatively new diagnostic tool that is used to identify cancers of the esophagus, stomach, pancreas, rectum and the posterior wall chest. It is also used to: evaluate chronic pancreatitis and bile duct abnormalities, examine the lining of the intestinal tract, study tumors in the lining of the stomach and to sample lesions through ultrasound guided fine needle aspiration. EUS can assist in pancreas cyst fluid drainage procedures and in celiac plexus block in patients with refractory pain from advanced pancreas malignancy and severe chronic pancreatitis.

Endoscopic Mucosal Resection (EMR)

EMR is a procedure used to remove cancerous or other abnormal tissues from the digestive tract, including the upper digestive tract and colon. EMR is also used to remove deeper sections of the esophageal lining instead of using ablation, which only treats the surface lining of the esophagus. EMR can also be used as a less invasive alternative for removing early stage esophageal cancers when traditional surgery is not an option for the patient.

Balloon-Assisted Deep Enteroscopy

Balloon-assisted deep enteroscopy (double balloon and single balloon enteroscopy) is imaging technology that allows physicians to visualize and inspect small bowel disease. Using the balloon allows the scope to pass further into the small bowel than previously possible, and allows the entire GI tract to be viewed in real time. The procedure is used to evaluate unexplained or obscure gastrointestinal bleeding, to evaluate tumors and polyps in the small bowel and to diagnose Crohn’s disease and celiac disease. It is also helpful in the completion of an ERCP on patients who have significantly altered upper GI anatomy, such as a gastric bypass or Roux-en-Y procedure.

Capsule Endoscopy (CE)

Capsule endoscopy includes the patient swallowing a tiny pill equipped with a camera that allows doctors to see images of the entire intestinal tract. As it travels through the digestive tract, the camera takes thousands of pictures that are transmitted to a recorder worn on a belt around the patient’s waist. Capsule endoscopy is used to evaluate unexplained gastrointestinal bleeding, diagnose inflammatory bowel disease such as Crohn’s disease, diagnose or monitor celiac disease and to identify tumors or polyps of the small intestine or digestive tract.

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Halo Radiofrequency Ablation (HRA)

Halo RFA technology offers a new treatment option for patients with Barrett’s Esophagus. This pre-cancerous condition requires ongoing monitoring because the disease can progress to cancer of the esophagus. Halo RFA is an outpatient procedure that delivers bursts of heat-energy in a very precise and controlled manner to remove pre-cancerous cells in the esophagus without damaging the lining or underlying structure, thus protecting the healthy tissue and cells. Our experienced team has been performing approximately 30 to 40 cases annually since 2007. The procedure is often performed in conjunction with endoscopic mucosal resection (EMR).