

Upper GI Endoscopy

I. Consent

- Discusses indications for the procedure, including potential findings, alternatives, and need for biopsy.
- Discusses possible risks and complications of the procedure, such as perforation, bleeding from biopsy site, reaction to anaesthetic/sedation, etc.

II. Pre operation planning

- Reviews referral data (patient history, comorbidities, medications, relevant results) and assesses the clinical indication for the procedure.
- Assesses the patient to identify significant comorbidities and foresee risks or contraindications.
- Identifies and ensures appropriate management of anticoagulation pre-procedure, where required.

III. Pre operative preparation

- Ensures appropriate monitoring is in place, and is able to describe the principles of monitoring.
- Ensures all equipment and the endoscopy room are set up correctly
- Checks endoscope function, identifies and corrects problems prior to procedure
- Actively participates in the World Health Organisation Safety Check and Team Time Out or equivalent, according to local protocols.

IV. Exposure and closure

- Positions patient in the left lateral position, with mouthguard in
- Administers (or supervises) appropriate sedation, and is able to demonstrate understanding of the principles of safe sedation and potential risks.
- Monitors and maintains patient dignity and comfort throughout the procedure.

V. Intra operative technique: global (G) and task-specific items (T)

- Demonstrates appropriate insertion technique, maintaining luminal views
- Demonstrates good tip control, is able to deliberately and reliably direct view of the scope using the control wheels and torque.
- Negotiates oropharynx and safely intubates the oesophagus
- Notes level of gastro-oesophageal junction, including the presence and description of Barrett's Oesophagus and hiatus hernia
- Passes the endoscope through the stomach, negotiating the pylorus to reach the duodenum safely.
- Retroflexes the scope to view cardia, with adequate views
- Appropriately uses insufflation, irrigation/flushing, suction and lens washing (luminal adjunct skills).
- Withdrawal technique is thorough and effective to view the entire mucosa, identifying pathology.
- Inspects the entire mucosa and photo-documents important landmarks (e.g. duodenum, pylorus, incisura, lesser curve, cardia and GOJ) and any pathology encountered.
- Pathology encountered is correctly identified and managed.
- Intervention techniques (including biopsies) are appropriate and competently performed.
- Optimises technique to maintain comfort, with additional reassurance, analgesia and sedation given when required.

VI. Post operative management

- Completes an accurate and appropriately detailed report in a timely manner.
- Arranges appropriate follow-up based on patient presentation, endoscopic findings and local protocols
- Ensures an appropriate post-procedure anticoagulation management plan is made and documented in the report, where required.
- Discusses the report and findings with patient, or delegates this appropriately.
- Demonstrates an understanding of the principles of identifying and managing complications, and performs this where required
- Discusses the management of common histological findings that may be relevant to the patient.