

Quality parameters in upper-GI: How good are they?

Monika Ferlitsch

UEG Week Berlin 2025

Presentation

Endoscopy

Nurses

October 6, 2025

The speaker presented European Society of Gastrointestinal Endoscopy quality standards for upper GI endoscopy, recommending seven-minute examination time, visibility score documentation in over 95% of procedures, and a minimum 20-minute scheduling time slot for diagnostic gastroscopy.

KEY POINTS

- The speaker stated that diagnostic upper GI endoscopy should have a minimum time slot of 20 minutes and an examination time of at least seven minutes to investigate oesophagus, stomach, and duodenum systematically.
- The speaker reported that a visibility score should be recorded in more than 95% of procedures, with clean preparation (score of nine, analogous to Boston Bowel Prep score) achieved using simethicone; higher visibility scores (at least two) were stated to be independent factors for upper GI pathology detection.
- The speaker stated that adherence to Seattle Protocol in Barrett's oesophagus significantly increases dysplasia detection and provides twice the detection rate of high-grade dysplasia and adenocarcinoma compared to non-adherence.
- The speaker stated that gastric observation time of less than three minutes was associated with higher risk of gastric cancer and was an independent predictor for detecting gastric neoplasm in Helicobacter pylori-eradicated patients.
- The speaker recommended ten standardised photographs of all landmarks for upper GI cancer screening and use of the STAR project standardised reporting template published one month prior.
- In discussion, the speaker acknowledged that diagnostic quality indicators such as dysplasia detection rates in Barrett's surveillance (stated as approximately 4.8%) are not yet well-established and that data collection is needed to define appropriate performance targets.

VIEW THIS CONTENT ON GUTFLIX

<https://gutflix.eu/search/d/ba21df8a-a82e-11f0-a912-0242ac140006>



AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.