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Summary

Upper and lower GI video case: What not to do

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Endoscopy

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The speaker emphasizes that high-quality colonoscopy and upper endoscopy require meticulous technique including adequate withdrawal time, thorough cleaning, complete examination, and appropriate biopsies to prevent missed cancers and interval carcinomas.

KEY POINTS

- The speaker states that high-quality colonoscopy with negative findings protects patients for up to 17 years from interval cancer and that caecal intubation rates of at least 95% reduce post-colonoscopy colorectal cancer deaths
- The speaker presented two cases illustrating consequences of inadequate examination: a patient with dysphagia had a normal gastroscopy in June but was found to have a ten centimetre squamous cell carcinoma invading the trachea four months later in October, and a liver transplant patient with reported normal colonoscopies developed cancer with liver metastasis
- The speaker recommends not withdrawing the scope too quickly from the oesophagus or rectum, stating that most interval cancers occur from rectal lesions
- The speaker recommends cleaning the colon to a Boston Bowel Prep Score of 9 and removing all small polyps immediately during insertion rather than leaving them for later, noting that adenoma miss rates are about 20%
- The speaker recommends always taking biopsies from the oesophagus in patients with dysphagia and from the colon in patients with diarrhoea
- The speaker states that the goal of endoscopy is not just reaching the caecum or second part of duodenum but performing a high-quality examination with adequate time for washing, cleaning, and use of dedicated scales

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