

## **INDICATIONS FOR ENDOSCOPIC PROCEDURES**

An Action Plan item from October 2010 GRS was to develop a list of guidelines for appropriate indications for endoscopic procedures which would be available in the endoscopy unit. See below for some background information.

Below is an excerpt from a draft version of CAG “Quality and Safety Indicators in Endoscopy Consensus”

**Statement 4. Endoscopic procedures are performed for an appropriate, clearly documented indication, consistent with current, evidence-based guidelines.**

**Evidence grade:** low/very low

**Strength of recommendation:** Do it, 97%; possibly do it, 0%; possibly don't do it, 3%; don't do it, 0%

**Level of agreement with recommendation:** Agree, 97% (agree strongly, 85%; agree moderately, 6%; agree slightly, 6%; disagree slightly, 3%; disagree moderately, 0%; disagree strongly, 0%)

### **Discussion**

Guidelines for appropriate indications for endoscopic procedures should be developed. Furthermore, the indication for the procedure and any deviation from accepted guidelines should be documented in the procedure report.

Consensus guidelines derived from published literature and expert opinion provide explicit statements of appropriate indications for endoscopic procedures (European Panel on the Appropriateness of Gastrointestinal Endoscopy, 2008; American Society for Gastrointestinal Endoscopy, 2000). It has been shown that the diagnostic yield of the endoscopic procedure is significantly increased if the procedure is performed for an appropriate indication (Froehlich *et al.*, 2000; Morini *et al.*, 2001). However, studies report that 11–39% of endoscopic procedures are performed for inappropriate indications (Froehlich *et al.*, 2000; Quine *et al.*, 1994). Studies have also shown that endoscopic procedures done for surveillance purposes may be performed at inappropriate intervals (John *et al.*, 2008). Studies in the UK and US have shown that more than half of surveillance colonoscopies are unnecessary (or do not adhere to recommendations) (Mysliwiec *et al.*, 2004; Pickard *et al.*, 2007; Saini *et al.*, 2009).

It should, however, be noted that determination of appropriateness is a dynamic process. For example, while esophagogastroduodenoscopy may initially be deemed inappropriate for an untreated patient with dyspepsia, it may become appropriate if initial medical therapy fails. In addition, deviation from guidelines should occur in certain clinical situations (e.g. colonoscopy a few months following a piecemeal resection of an adenomatous polyp) and be clearly stated in the procedure report.

I have attached a list in bullet form of appropriate indications for endoscopic procedures as per the ASGE. I would appreciate your feedback.