

Grade of recommendation	Clarity of benefit	Methodologic strength/supporting evidence	Implications
1A	Clear	Randomized trials without important limitations	Strong recommendation; can be applied to most clinical settings
1B	Clear	Randomized trials with important limitations (inconsistent results, nonfatal methodologic flaws)	Strong recommendation; likely to apply to most practice settings
1C +	Clear	Overwhelming evidence from observational studies	Strong recommendation; can apply to most practice settings in most situations
1C	Clear	Observational studies	Intermediate-strength recommendation; may change when stronger evidence is available
2A	Unclear	Randomized trials without important limitations	Intermediate-strength recommendation; best action may differ depending on circumstances or patients' or societal values
2B	Unclear	Randomized trials with important limitations (inconsistent results, nonfatal methodologic flaws)	Weak recommendation; alternative approaches may be better under some circumstances
2C	Unclear	Observational studies	Very weak recommendation; alternative approaches likely to be better under some circumstances
3	Unclear	Expert opinion only	Weak recommendation; likely to change as data become available

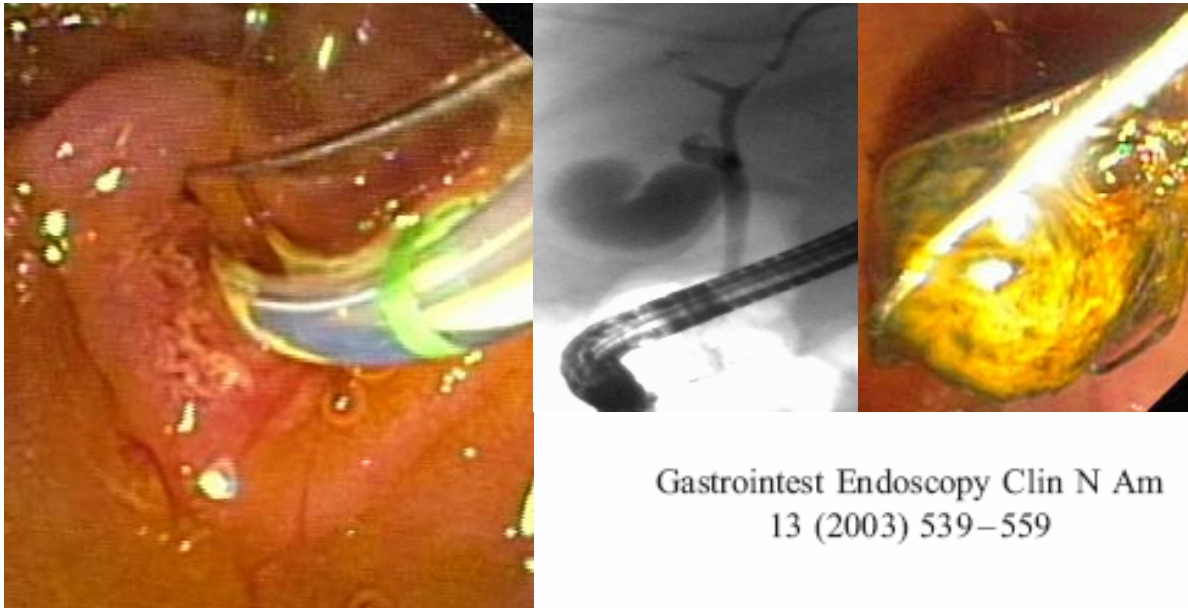
Adapted from Guyatt G, Sinclair J, Cook D, et al. Moving from evidence to action: grading recommendations—a qualitative approach. In: Guyatt G, Rennie D, editors. Users' guides to the medical literature. Chicago: AMA Press; 2002. pp. 599-608.

Safety and Saving in Therapeutic Endoscopy



“Personal observation
Just for your information”

Thawee Ratanachu-ek.,MD.



Gastrointest Endoscopy Clin N Am
13 (2003) 539–559

GASTROINTESTINAL
ENDOSCOPY
CLINICS OF
NORTH AMERICA

New technology for endoscopic retrograde cholangiopancreatography: improving safety, success, and efficiency

Richard J. Farrell, MD^a, Douglas A. Howell, MD^{b,c},
Douglas K. Pleskow, MD^{a,*}

^a*Division of Gastroenterology, Suite 8E, Beth Israel Deaconess Medical Center, 110 Francis Street,
Harvard Medical School, Boston, MA 02215, USA*

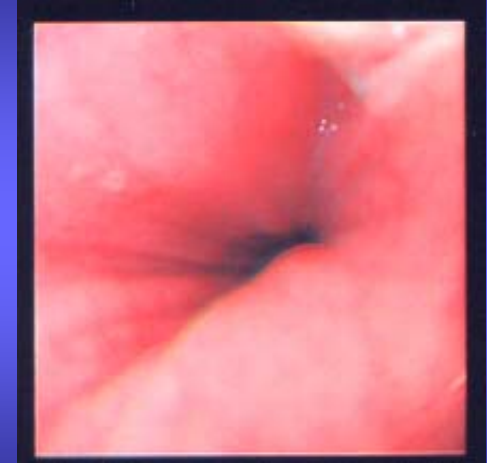
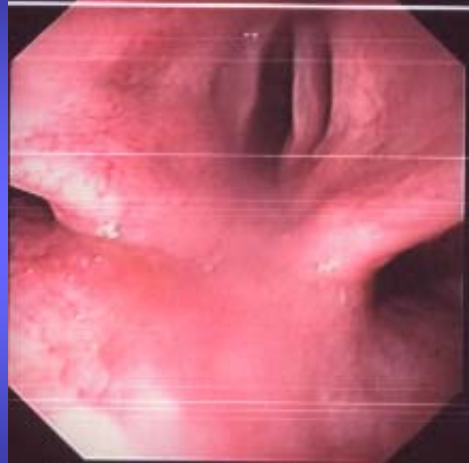
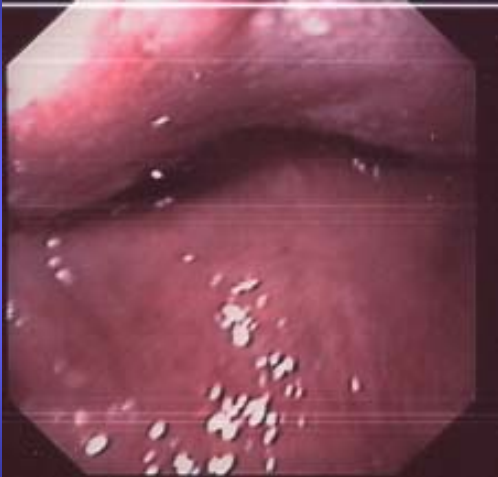
^b*Department of Medicine, University of Vermont College of Medicine, Burlington, VT 05401, USA*

^c*Division of Gastroenterology, Maine Medical Center, 1200 Congress Street, Suite 300,
Portland, ME 04102, USA*

Procedure	%	Related Factors
Diagnostic upper GI endoscopy	0.03	presence of anterior cervical osteophytes, Zenker's diverticulum, esophageal stricture (benign and malignant)
Therapeutic procedure		
Dilation		
Achalasia	3-4	large size balloon (40 mm), pressure greater than 11 psi
Cautic stricture	17	greater length, luminal compromise, type of dilator
Malignant	2-10	long angulation of tumor
Gastric outlet obstruction	4-6.7	greater than 15 mm diameter of dilator
EMR	1.6	early experience, size, location
Endoscopic band ligation	0.7	overtube usage
Endoscopic sclerotherapy	2-5	
Multipolar electrocoagulation	0-2	
Heater probe	0-2	repeat treatment performed within 24-48 hours
Diagnostic colonoscopy	0.12-0.2	inexperience of endoscopist
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Polypectomy	0.11-0.32	size, type(pedunculated or sessile)

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**Perform Endoscopy under vision
without tension(forceful)!**



Never Blind!

(if possible)

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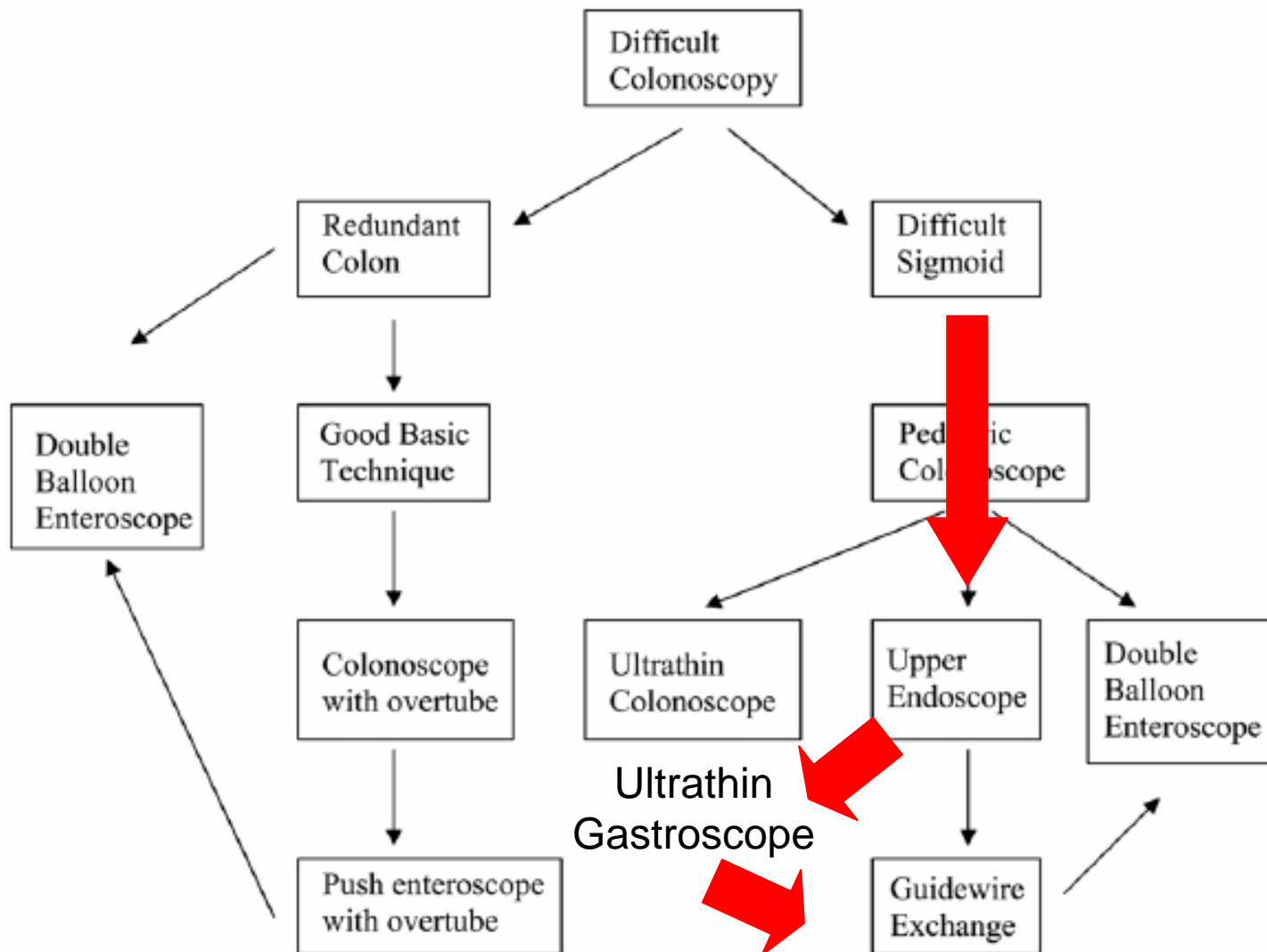


Figure 1. Algorithm for achieving cecal intubation in the very difficult colon.

Miss Rate For Adenomas in Tandem Colonoscopy Studies

Size of Polyp or Adenoma(mm)	Hixson	Rex
0-5	16	27
6-9	12	13
>=10	0	6

ความสำเร็จของการทำหัตถการการส่องกล้องทางเดินอาหาร มิใช่เพียงความสำเร็จ
ในเทคนิควิธีการทำหัตถการการส่องกล้องเพียงอย่างเดียวเท่านั้น
ต้องอาศัยความสามารถในการค้นหาและวินิจฉัยพยาธิสภาพ
พร้อมทั้งมีความรู้เกี่ยวกับหลักการรักษาโรค หรือพยาธิสภาพนั้นๆ

จริงหรือไม่ที่

กว่าจะถึง Caecum ก็รู้สึกเหนื่อยซะแล้ว

ทำให้รับถอยกล้องออก!!!

Jeromy Way

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Achalasia



- ✓ Always informed consent for perforation!
- ✓ Prolong fasting to minimize retained food
- ✓ Minimize perforation: 3 cm balloon under pressure < 11 psi,
 - ✓ Be careful: sudden rapid expansion

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Dilation



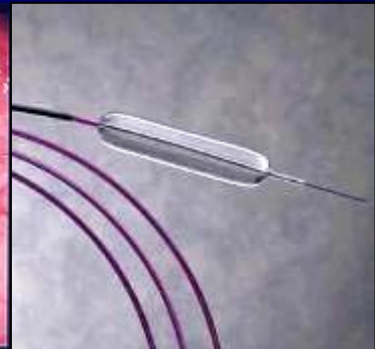
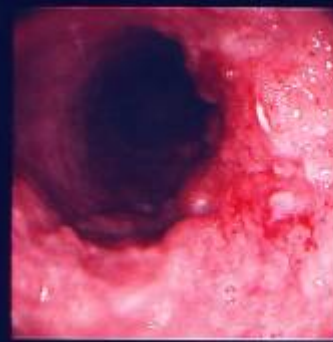
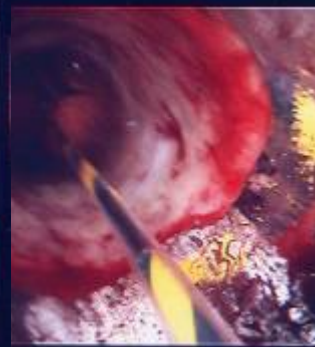
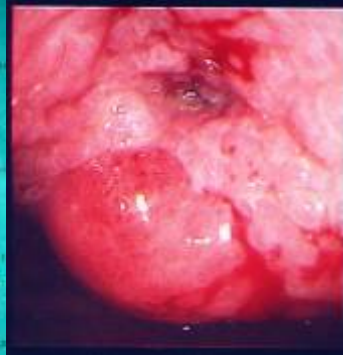
Rigid dilator

2.2%

Flexible Maloney

0.09%

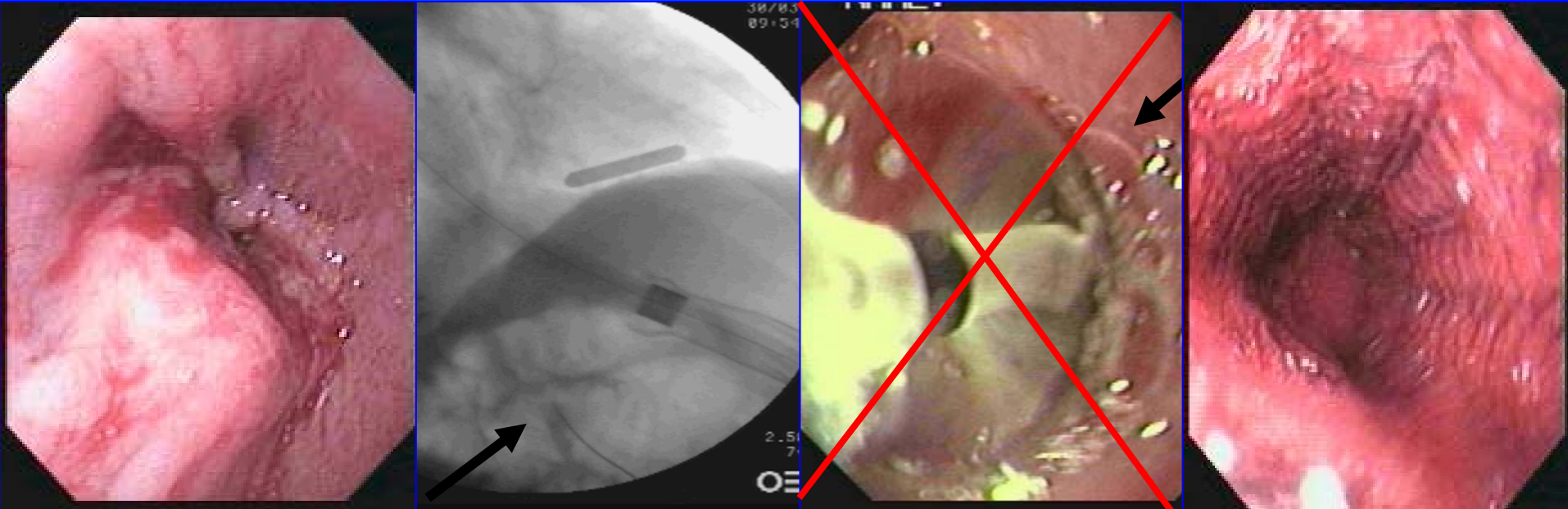
Wire-guided Savary dilator 0%



Under controlled tension/ rule of 3
Under vision

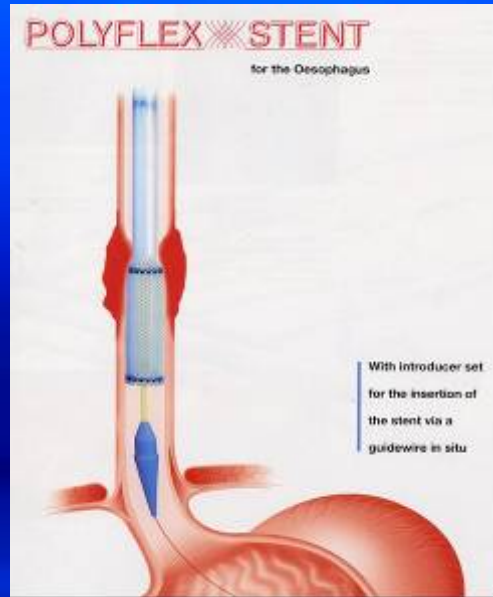
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Pre-stenting:Dilation



Becareful : Perforation
Incidence: Up to 6%
Factors: Prior dilation
42.8% vs 3.2%

Self-Expandable Plastic Stent



Stricture: Refractory to dilation
Benign fistula

✓ Dilation 2-3 mm less than recommendation

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EMR: Endoscopic Mucosal Resection

ESD: Endoscopic submucosal dissection

bleeding perforation

(%)

(%)

Esophageal cancer

3.6

5

Gastric cancer

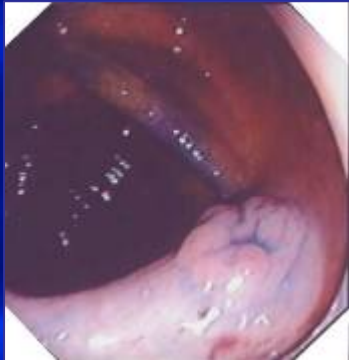
1.4

0.5

Colon cancer

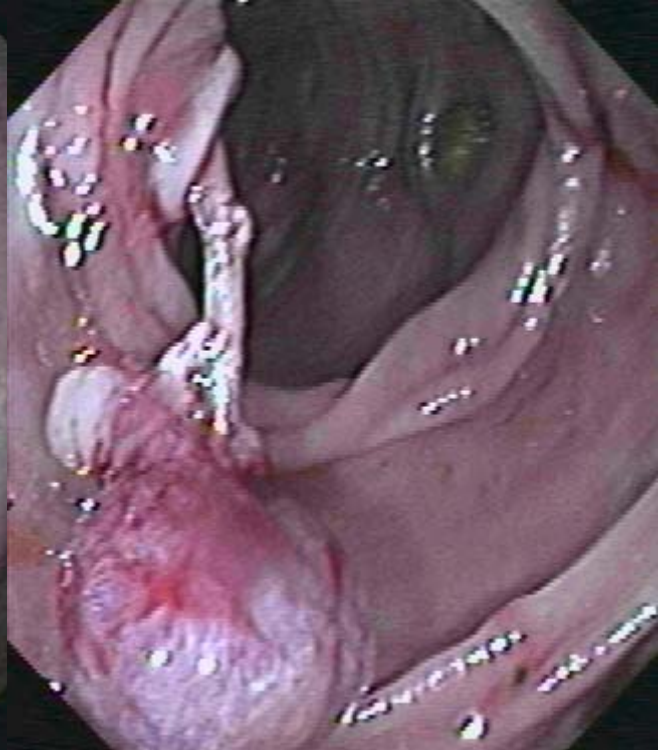
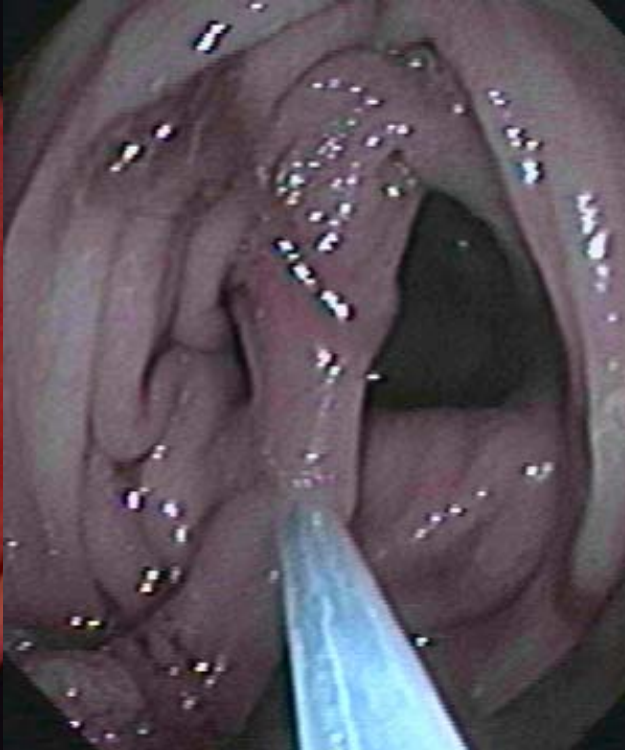
1.4

0

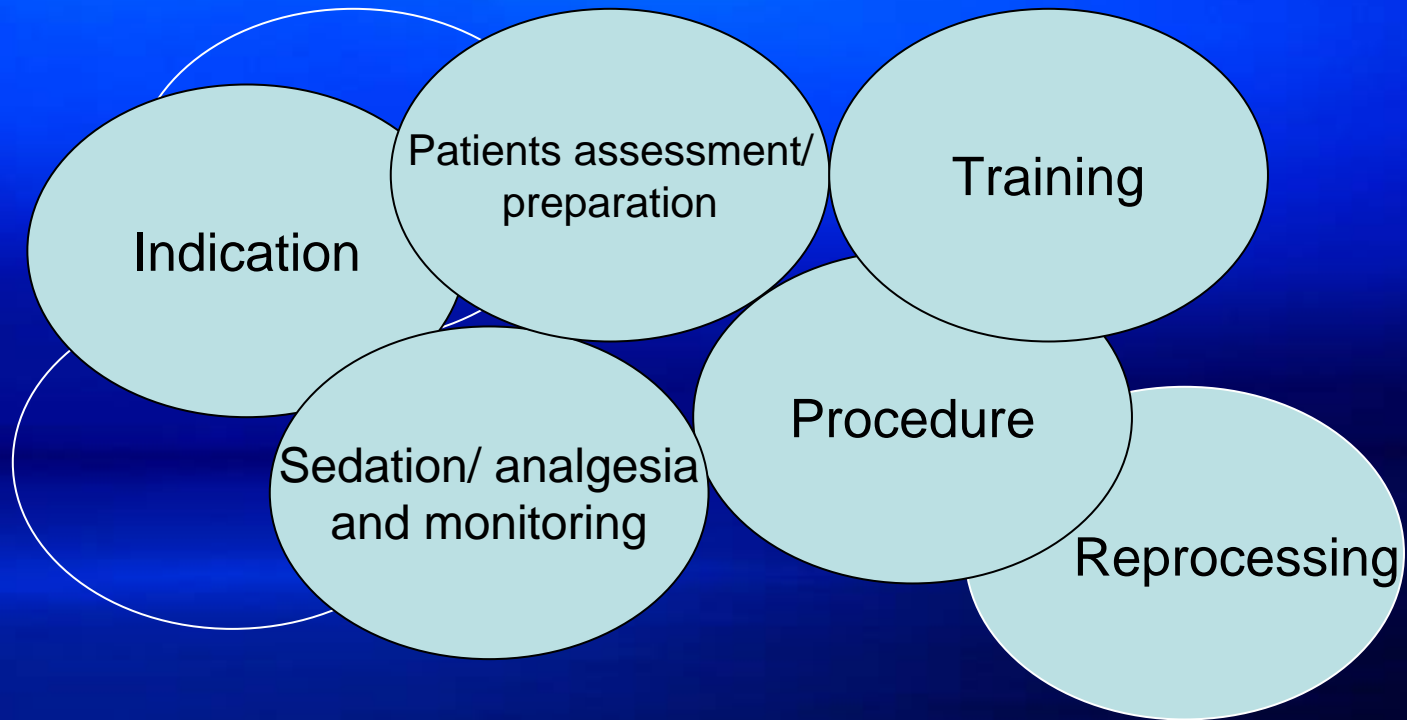


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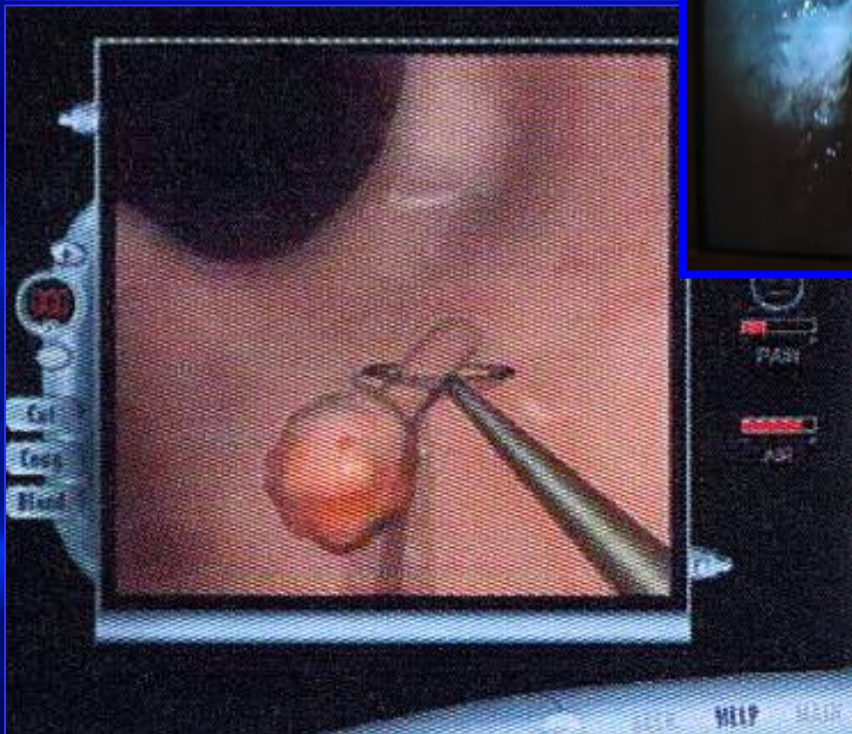
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Safety and Saving in Therapeutic Endoscopy



**Avoidance of marginal indication
single best way to avoid lawsuits.**



COMING SOON

Live & Hands-on GI Endoscopy workshop
1st August, 2008
Suratthani Hospital, Suratthani

The 3rd International Advanced Endoscopy
19th-20th August, 2008
Siriraj GI Endoscopy Center, Siriraj Hospital, Bangkok

Challenging Endoscopy, GI Fellow Day
6th-7th September, Pattaya, Chonburi

Hot topics in GI endoscopy
19th September, 2008, Chulalongkorn Hospital, Bangkok

Make your schedule!

Thanks for your time



Brugge, Belgium 2008



Accidente aéreo de Habsheim (ángulo opuesto)
Courtesy: Youtube website