12. UPPER GASTROINTESTINAL DILATION AND TUBAL PROSTHESIS INSERTION

INTRODUCTION

NCEPOD examined endoscopic upper gastrointestinal (GI) dilation and tubal prosthesis insertion in patients over a three-month period (Jan-Mar 2003), regardless of outcome. The primary aim was to determine the occurrence of common complications during and within 48 hours of the procedure. The follow-up time period of 48 hours was selected as it was thought that a longer follow-up would be onerous for busy departments, resulting in poor compliance. The complications for which information was sought were oesophageal perforation, oesophageal haemorrhage, cardiac or respiratory arrest, pulmonary aspiration, chest infection, sepsis related to the procedure and stroke. Secondary aims included determining the age, sex and physical status profile of patients, grade of operator, type of endoscope, anaesthesia or sedation used and the incidence of death. In 2004, after the data collection period, the British Society of Gastroenterology (BSG) produced guidelines on the use of oesophageal dilation in clinical practice[1] and reference is made to these.