PROCEDURES AND PATIENTS

Key point

94% of all endoscopic oesophageal dilations and/or tubal prosthesis insertions were performed using a flexible endoscope.

Questionnaires were completed for 2,945 cases. The procedures identified are presented in Table 67.

Table 67. Procedure type		
	Total	*(%)*
Flexible endoscopic dilation	2,217	*(75)*
Flexible endoscopic dilation followed by tubal prosthesis	64	*(2)*
Flexible endoscopic insertion of tubal prosthesis	496	*(17)*
Rigid endoscopic dilation	148	*(5)*
Rigid endoscopic dilation followed by tubal prosthesis	9	*(<1)*
Endoscopic insertion of tubal prosthesis other than oesophagus	11	*(<1)*
Total	**2,945**	

In total, 94% (2,777/2,945) of all endoscopic oesophageal dilations and or tubal prosthesis were performed using a flexible endoscope and only 5% (157/2,945) using a rigid endoscope and for 11 the type of endoscope was not known. There is no evidence as to the safest method and the use of a flexible or rigid endoscope is related to the personal preference and training of the endoscopist. Whether the underlying condition was benign or malignant is presented in Table 68.

Table 68. Underlying condition		
	Total	*(%)*
Benign	1,784	*(63)*
Malignant	1,052	*(37)*
Sub-total	**2,836**	
Not answered	109	*(4)*
Total	**2,945**	

It is recognised that complications are less common after dilation of benign strictures, compared to malignant ones[2].

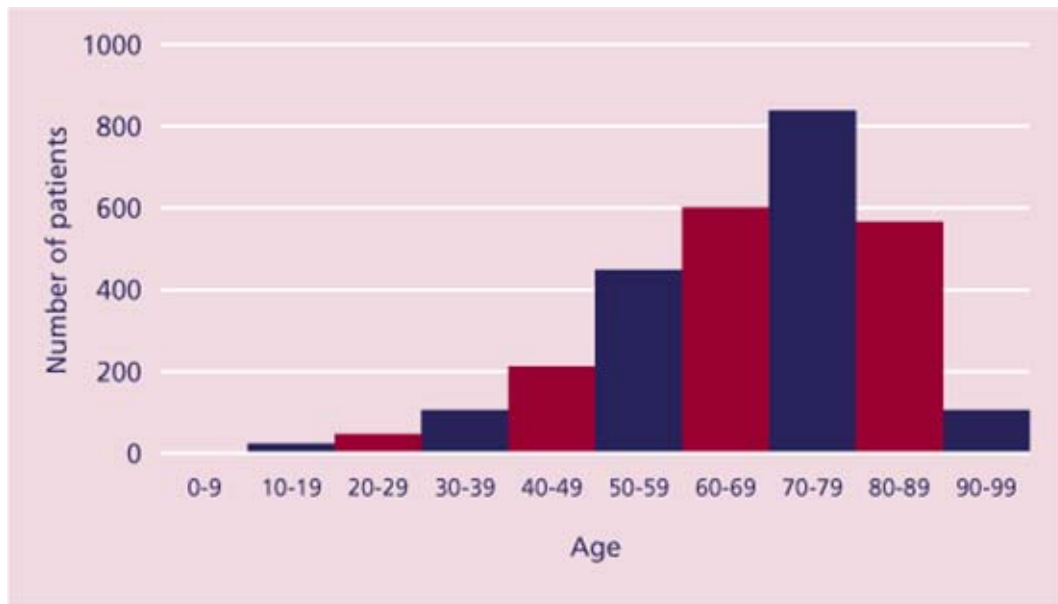The age distribution is presented in Figure 19 and 51% of patients were aged 70 years or older.

Figure 19. Age distribution

The sex distribution of cases, where provided, was 45% (1,323/2,926) male and 55% (1,603/2,926) female and 19 were not answered. The physical status of the patient (ASA) is presented in Figure 20.
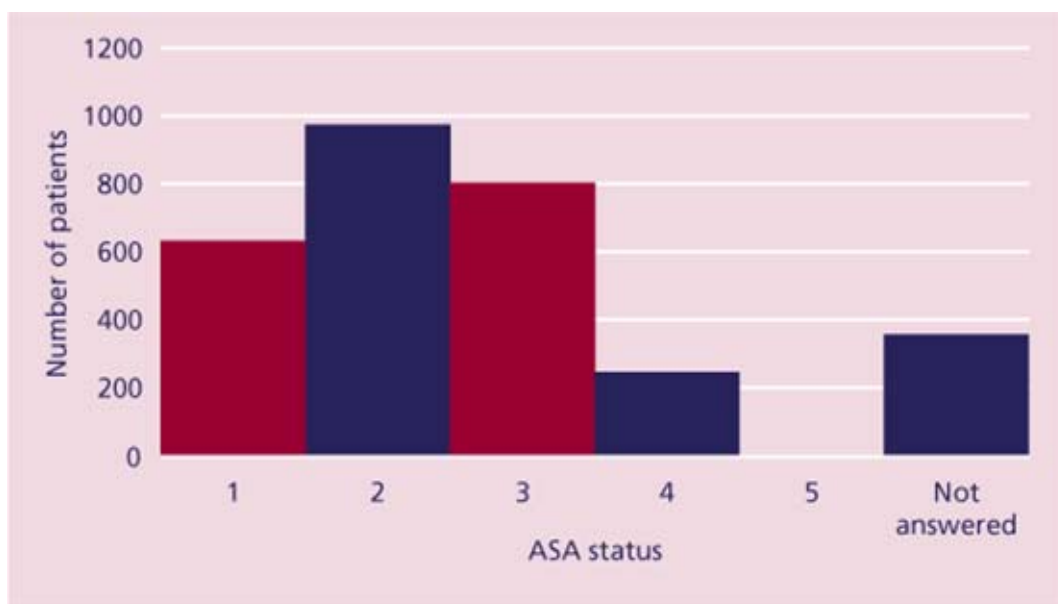

Figure 20. ASA status

11% (322/2,945) of those that responded were unable to provide an ASA status for the patient, despite ASA status being defined on the questionnaire. This is perhaps not surprising since surgeons and anaesthetists have used this classification for many years, but physicians have not and many may not be familiar with it.