

# 5. PATIENT ASSESSMENT

## INTRODUCTION

Endoscopy, both diagnostic and therapeutic, is a high volume, predominantly day case, procedure. According to the advisors' experience there is often no prior assessment to determine whether patients are suitable for endoscopy until the day of the procedure. Although patients may have been reviewed in the clinic before endoscopy, they may have to wait several months for their investigation during which time their clinical condition may have changed. Similarly, inpatients are rarely reviewed by the endoscopist before the procedure, unless they are a member of the team caring for the patient.

There has been a paucity of studies that have examined patient selection<sup>1 2</sup>. A recent report from Ireland identified a 16% 30 day mortality following PEG placement in 205 patients, indicating that selection criteria for this procedure may need to be refined<sup>1</sup>. In addition, careful patient selection can reduce the risk of ERCP associated pancreatitis. Patients are at a greater risk of pancreatitis if they have certain combinations of characteristics that include females, normal serum bilirubin, recurrent abdominal pain, and previous post-ERCP pancreatitis<sup>2</sup>. However, it is likely that those at greatest risk will be inpatients, because they will be sicker than those who are outpatients; those who have comorbidities (with an increased number of comorbidities associated with greater risk); and those who need immediate or emergency endoscopy. Clinicians should recognise that the general condition of inpatients undergoing endoscopy is likely to be different to the condition of routine outpatient endoscopy patients.