

Quality Of Photo-documentation During Oesophagogastroduodenoscopy In A High Volume Tertiary Referral Endoscopy Unit

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Dear Editor,

Oesophagogastroduodenoscopy (OGD) is the diagnostic gold standard investigation for pathologies of the upper gastrointestinal tract. However, lesions may be missed due to inadequate technique and failure to visualise all mucosal surfaces. At present, there is no agreed global photo-documentation protocol. In countries with a high incidence of upper gastrointestinal tract cancers, such as South Korea and Japan there are long established protocols to guide photo-documentation of key anatomical landmarks during OGD to ensure a thorough examination is completed. These protocols often entail taking between 20 and 40 photos during routine diagnostic OGDs.

In western countries with a traditionally lower incidence rate of upper gastrointestinal tract cancers, such as Ireland and the UK, there is much less of a focus on high quality photo-documentation during OGDs. Only recently this is beginning to change. The British Society of Gastroenterology (BSG) published their first position paper on quality standards in OGD in September 2017. A key part of these recommendations is to ensure that 8 anatomical landmarks are routinely photographed during routine diagnostic OGDs. These landmarks include; upper oesophagus (UO), lower oesophagus (LO), fundus (F), gastric body (GB), incisura (IN), antrum (A), duodenal bulb (DB), distal duodenum (DD). We set out to audit current photo-documentation practice in our unit which is a large high volume endoscopy unit in a tertiary referral centre. Our aim was to investigate the adherence to BSG photo-documentation guidelines in our unit.

A retrospective review of OGD reports was done. Inclusion criteria: consecutive elective OGDs with electronic reports performed from January 4th 2023. Exclusion criteria: emergency, therapeutic OGDs. The following data was recorded: patient demographics, indication, number of photos, anatomical sites photographed, pathology, and pathology identified.

A total of 99 OGDs met criteria during the study period and were reviewed. These comprised 51 male patients and 48 female patients. The average age of the cohort was 64 years. The

average number of photos taken during the OGDs was 11.2, this included both relevant anatomical photographs but also any photos taken of encountered pathology. The most common indication of performing an OGD was for Dysphagia 17 (17%). Only 3 of the 99 OGDs had photo-documentation of all 8 anatomical landmarks. The percentage rates for photo-documentation of each anatomical landmark were as follows: UO 38%, LO 83%, F92%, GB 53%, IN 10%, A 73%, DB 71%, DD 89%. Of the 17 OGDs performed for dysphagia only 53% had photo-documentation of the upper oesophagus and only 88% had photo-documentation of the LO. Overall the most commonly identified pathology was gastritis, 32%.

In conclusion, our unit is not currently meeting the requirements for photo-documentation during routine diagnostic OGDs. An education program to increase adherence will be undertaken and performance re-audited.

Declarations of Conflicts of Interest:

None declared.

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