

## Summary of Article

### **Summary of ASGE Position Statement on Appropriate Use of GI Endoscopy**

The American Society for Gastrointestinal Endoscopy (ASGE) has provided a position statement detailing the appropriate use of gastrointestinal (GI) endoscopy in various clinical scenarios. This guideline, prepared by the Standards of Practice Committee, is based on a thorough review of current data and expert consensus. It aims to guide endoscopists and primary care physicians in the effective and safe use of endoscopic procedures.

### **Overview of GI Endoscopic Procedures**

**Esophagogastroduodenoscopy (EGD):** Examines the esophagus, stomach, and proximal duodenum, allowing for diagnosis and treatment of conditions like ulcers, neoplasms, and strictures.

**Colonoscopy:** Inspects the entire colon and rectum, often used for screening colorectal cancer, evaluating GI bleeding, and treating lesions.

**Flexible Sigmoidoscopy (FS):** Examines the rectum and sigmoid colon, useful for screening and treating distal colonic diseases.

**Endoscopic Retrograde Cholangiopancreatography (ERCP):** Combines endoscopy and fluoroscopy to diagnose and treat biliary and pancreatic ductal systems.

**Endoscopic Ultrasound (EUS):** Utilizes ultrasound technology for high-resolution imaging of the GI wall and adjacent structures, allowing for tissue sampling and therapeutic interventions.

**Enteroscopy:** Visualizes the small bowel beyond the reach of standard endoscopes, used for diagnosing and treating small-bowel diseases.

**Video Capsule Endoscopy:** Non-invasive method for visualizing the GI tract by transmitting images wirelessly from a swallowed capsule.

### **General Indications for GI Endoscopy**

Indicated when results will likely change patient management.

Used after unsuccessful empirical therapy for suspected benign digestive disorders.

Preferred over radiographic studies for initial evaluation in certain cases.

Suitable for primary therapeutic procedures.

### **Contraindications for GI Endoscopy**

Not indicated when results will not impact management decisions.

Generally contraindicated if patient health risks outweigh benefits, or if patient cooperation or consent is unobtainable.

Not recommended in cases of known or suspected perforated viscus.

### **Specific Indications and Contraindications**

**EGD:** Indicated for persistent upper abdominal symptoms, dysphagia, GI bleeding, and for therapeutic interventions like polypectomy and stenting. Not indicated for functional symptoms without organic disease.

**Colonoscopy:** Indicated for evaluation of unexplained GI bleeding, iron deficiency anemia, and neoplasia screening. Contraindicated in chronic stable irritable bowel syndrome without red flags.

**FS:** Indicated for screening at-risk individuals and evaluating distal colonic disease.

Contraindicated when colonoscopy is required.

ERCP: Indicated for jaundice due to biliary obstruction and pancreatic disease evaluation. Contraindicated in the absence of objective biliary or pancreatic disease findings.

EUS: Indicated for tumor staging and evaluating pancreatic and biliary abnormalities. Not indicated for staging tumors with known metastasis unless impacting treatment decisions.

Enteroscopy: Indicated for evaluating small-bowel bleeding and lesions. Not indicated if the source of GI bleeding is identified by other means.

Video Capsule Endoscopy: Indicated for obscure GI bleeding and small bowel evaluation when other endoscopies are inconclusive. Use with caution in cases of suspected GI tract obstruction or swallowing disorders.

Article

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