

Simulated Endoscopy Procedure no.4

You have just finished performing a colonoscopy and gastroscopy on a **62-year old male patient** at **Toronto General Hospital** in the **Endoscopy Unit**. Prior to beginning the procedure, **you received consent from the patient after explaining to him the risks and benefits**. You also completed the **endoscopy safety checklist with members of the care team**.

The patient was seen because of **nausea and bloating**.

He had a previous **tonsillectomy** and receives treatment for **hypertension**.

You asked the patient about their compliance with their prep and the patient told you they completed a **split Sodium Picosulfate prep**.

Before beginning the colonoscopy, you completed an abdominal exam which was **unremarkable**. You then completed a perianal exam and digital rectal examination which **were unremarkable**. You asked the nurse to administer the following sedation; **MIDAZOLAM 2mg and FENTANYL 75mcg intravenously**.

You instructed the patient to lay on their **left side** and to bend their legs. You introduced the adult colonoscope through the **anus** and you were able to navigate to the **terminal ileum without complication**. Overall, you thought the preparation quality was **excellent**.

You visualized moderate diverticulosis in the descending and sigmoid colon. No bleeding was seen. You did not observe any other abnormalities in the ascending, transverse colon and rectum.

Before withdrawing the colonoscope, you retroflexed and observed a **small non-prolapsed internal hemorrhoid**. **There were no signs of bleeding**. You then fully withdrew the colonoscope and instructed the patient that their colonoscopy was complete.

While the nurse prepared for the gastroscopy, you asked the patient to move up on the bed and lay on their **left side**. The nurse administered **Lidocaine spray** to their pharynx and placed a mouth piece in the patient's mouth.

You slowly inserted the gastroscope into the patient's **mouth**. You were able to navigate to the **2nd portion of the duodenum without complication**. Overall, you thought the visualization was **excellent**.

In the esophagus, you saw suspected Barrett's esophagus. The gastroesophageal junction was located at 36cm from the incisors, the most circumferential extent of the columnar metaplasia was located at 33cm and the maximal extent of the metaplasia was located at 30cm from the incisors. You performed a four quadrant biopsy every 2cm using a cold forceps.

There was a small sliding hiatus hernia measuring approximately 2cm in length. The distance from the incisors to the GE junction was 36cm and the distance from the incisors to the diaphragm was 38cm.

You did not observe any esophagitis or varices in the esophagus. In the stomach, there was no ulceration or gastritis and retroflexion of the fundus and cardia **were normal**. The duodenum was normal.

Overall the patient tolerated the **procedure well** and was returned to the recovery room in **good condition**.

Based on what you observed, you will follow-up with pathology regarding the biopsies and communicate the results with the referring doctor. You provided the patient a prescription of LANSOPRAZOLE 30mg to be taken two times daily (b.i.d).