

Complications of diagnostic and therapeutic oesophagogastroduodenoscopy

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Diagnostic upper gastrointestinal endoscopy is a safe procedure with minimal morbidity as long as appropriate patient selection and safe sedation practices are embedded in the unit's policy. The rate of serious complications is approximately 1:10 000. The majority of adverse events relate to sedation and patient comorbidity. Particular caution should be exercised in patients with recent unstable cardiac ischaemia and respiratory compromise. Perforation can occur at any point in the upper gastrointestinal tract, including the oropharynx. It is rare during diagnostic procedures and is usually associated with inexperience. Perforation is more common in therapeutic endoscopy, particularly oesophageal dilatation and EMR/ESD for early malignancy. Early diagnosis significantly improves outcome and can potentially be managed endoscopically with clips or endoscopic suturing. Prompt management includes radiological assessment using CT/water-soluble contrast studies, strict nil by mouth, intravenous fluids and antibiotics and early review by an experienced upper gastrointestinal surgeon. Summary box 9.5 Symptoms of endoscopic oesophageal perforation

Figure 9.9 A self-expanding metal stent may alleviate symptoms relating to malignant oesophageal strictures.

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(Left) An endoscopic view of a deployed stent, and (right) the radiographic image.

Neck/chest pain Increasing tachycardia Dysphagia/drooling saliva Hypotension Abdominal pain
Surgical emphysema

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