

## POSITION STATEMENT

### *Manipulation of Endoscopes During Endoscopic Procedures*

#### Disclaimer

The Society of Gastroenterology Nurses and Associates, Inc. (SGNA) assumes no responsibility for the practices or recommendations of any member or other practitioner, or for the policies and procedures of any practice setting. Nurses and associates function within the limitations of licensure, state nurse practice act, and/or institutional policy.

#### Definitions

For the purpose of this document, SGNA has adopted the following definitions:

**Manipulation** refers only to the act of advancing or withdrawing the endoscope under the direct supervision of the endoscopist.

**Nurse** refers to registered nurse, licensed practical nurse, or licensed vocational nurse.

**Associate** refers to assistive personnel such as technicians, technologists, and assistants.

#### Background

The delivery of health care in the field of gastroenterology and endoscopy is expanding, modifying the traditional role of gastroenterology nurses and associates. The gastroenterology nurse or associate may be called upon to provide assistance to the endoscopist by manipulating the endoscope, thereby enhancing the diagnostic or therapeutic abilities of the endoscopist.

#### Position

The Society of Gastroenterology Nurses and Associates, Inc. supports the position that the gastroenterology nurse or associate educated and experienced in endoscopy may assist the endoscopist by manipulating the endoscope when required to facilitate an endoscopic procedure.

SGNA also asserts the following:

1. The nurse or associate who assumes this role must have knowledge of the techniques of endoscope manipulation and understand the complications associated with endoscopy. He or she must be competent to identify the associated symptom(s), and will initiate appropriate interventions under the direction of the endoscopist.
2. It is essential that throughout the endoscopy, the nurse or associate manipulating the endoscope has full view of the lumen by way of a teaching adapter or a video screen.
3. The nurse or associate should exercise safe body mechanics while manipulating the endoscope. Ideal positioning should protect the nurse or associate from strain or injury (Nelson, et al. 2003).
4. When the patient is sedated, a nurse, in addition to the nurse or associate manipulating the endoscope, is responsible for monitoring the patient (SGNA, 2004).

## Endoscope Manipulation

### References

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