POSITION STATEMENT

*Manipulation of Endoscopes during Endoscopic Procedures*

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**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.

**Gastroenterology Nurse** refers to practitioners (APRN, RN, LPN/LVN) in gastroenterology, hepatology, or endoscopy.

**Nursing Assistive Personnel** (NAP) refers to individuals who are trained to function in an assistive role in the gastroenterology setting.

**Background**
The gastroenterology nurse or Nursing Assistive Personnel (NAP) 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 NAP educated and experienced in endoscopy may manipulate the endoscope under the direct supervision of the endoscopist when required to facilitate an endoscopic procedure.

SGNA also asserts the following:
1. The gastroenterology nurse or NAP who assumes this role must have documented competency in:
   a. Techniques of endoscope manipulation,
   b. Knowledge of complications associated with endoscopy and their symptoms,
   c. Appropriate interventions under the direction of the endoscopist.
2. It is essential that throughout the endoscopy, the gastroenterology nurse or NAP manipulating the endoscope has a clear view of the entire lumen at all times and never uses force to advance the endoscope.
3. In addition to the gastroenterology nurse or NAP manipulating the endoscope, a nurse is required to monitor the patient (SGNA, 2010; SGNA, 2012).
References


Recommended Reading


Adopted by SGNA Board of Directors, January 1991.

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