

## POSITION STATEMENT

### *Manipulation of Gastrointestinal Endoscopes During Endoscopic Procedures*

#### **Disclaimer**

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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, maintaining position, or withdrawing the endoscope under the direct supervision of the endoscopist.

**Gastroenterology Nurse** refers to a practitioner (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 who have direct patient care responsibility and are supervised by a gastroenterology nurse and/or endoscopist.

#### **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 only the gastroenterology nurse or NAP who is educated, experienced, and has documented competency in gastrointestinal endoscopy may manipulate the endoscope under the direct supervision of the endoscopist when required to facilitate an endoscopic procedure.

The endoscopist is responsible for providing detailed instructions to the gastroenterology nurse or NAP when manipulating the endoscope to promote patient safety. There should be clear

communication between the endoscopy team members. A safety plan should be in place to address unexpected events.

SGNA also asserts the following:

1. The gastroenterology nurse or NAP who assumes this role must have documented competency in:
  - a. Techniques/skills of endoscope manipulation;
  - b. Knowledge of complications associated with gastrointestinal endoscopy and their signs or symptoms; and
  - c. Appropriate interventions under the direction of the endoscopist.
2. It is essential that throughout the gastrointestinal 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. The gastroenterology nurse or NAP manipulating the endoscope must not replace the endoscopist or assume responsibility of the endoscopic procedure.

In addition to the gastroenterology nurse or NAP manipulating the endoscope, a second registered nurse must be present to monitor and manage the care of the sedated patient (SGNA, 2016).

Gastroenterology staff must review institutional policies and State Board of Nursing Position statements to provide safe patient care.

**References**

Society of Gastroenterology Nurses and Associates, Inc. (2016). *Minimum Registered nurse staffing for patient care in the gastrointestinal endoscopy unit* [Position statement]. Chicago, IL: Author.

**Recommended Reading**

American Society for Gastrointestinal Endoscopists Standards of Practice Committee. (2011) Complications of colonoscopy [Guideline]. *Gastrointestinal Endoscopy*, 74(4), 745-752.

Sagawa, T., Kakizaki, S., Iizuka, H., Onozato, Y., Sohara, N., Okamura, S., & Mori, M. (2012). Analysis of colonoscopic perforations at a local clinic and a tertiary hospital. *World Journal of Gastroenterology*, 18(35), 4898-4904.

Shi, X., Shan, Y., Yu, E. et al. (2014) Lower rate of colonoscopic perforation: 110,785 patients of colonoscopy performed by colorectal surgeons in a large teaching hospital in China. *Surgical Endoscopy*, 28(8), 2309 - 2316

Singla, K., Mahajan, G., Agarwal, S., & Sharma, S. (2012). Role of histopathological examination in nontraumatic perforation of colon. *Tropical Gastroenterology*, 33(4), 265-269.

Society of Gastroenterology Nurses and Associates, Inc. (2012). *Role delineation of the licensed practical/vocational nurse in gastroenterology* [Position statement]. Chicago, IL: Author.

Society of Gastroenterology Nurses and Associates, Inc. (2012). *Role delineation of Nursing Assistive Personnel in Gastroenterology* [Position statement]. Chicago, IL: Author.

Society of Gastroenterology Nurses and Associates, Inc. (2012). *Role delineation of the registered nurse in a staff position in gastroenterology* [Position statement]. Chicago, IL: Author.

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