

## Impact of Covid-19 on the out of hours (OOH) endoscopy service in theatre in a tertiary hospital

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### Background

Out of hours (OOH) endoscopy service is a potentially life saving service, provision of which is a recommendation from the British Society of Gastroenterology (BSG) for all acute hospitals. Our aim is to establish the number of unstable patients with GI bleeds requiring OOH endoscopic intervention, in a theatre setting and to see if a change in practise required. Also to assess the impact of Covid-19 on this service, if any

### Methods

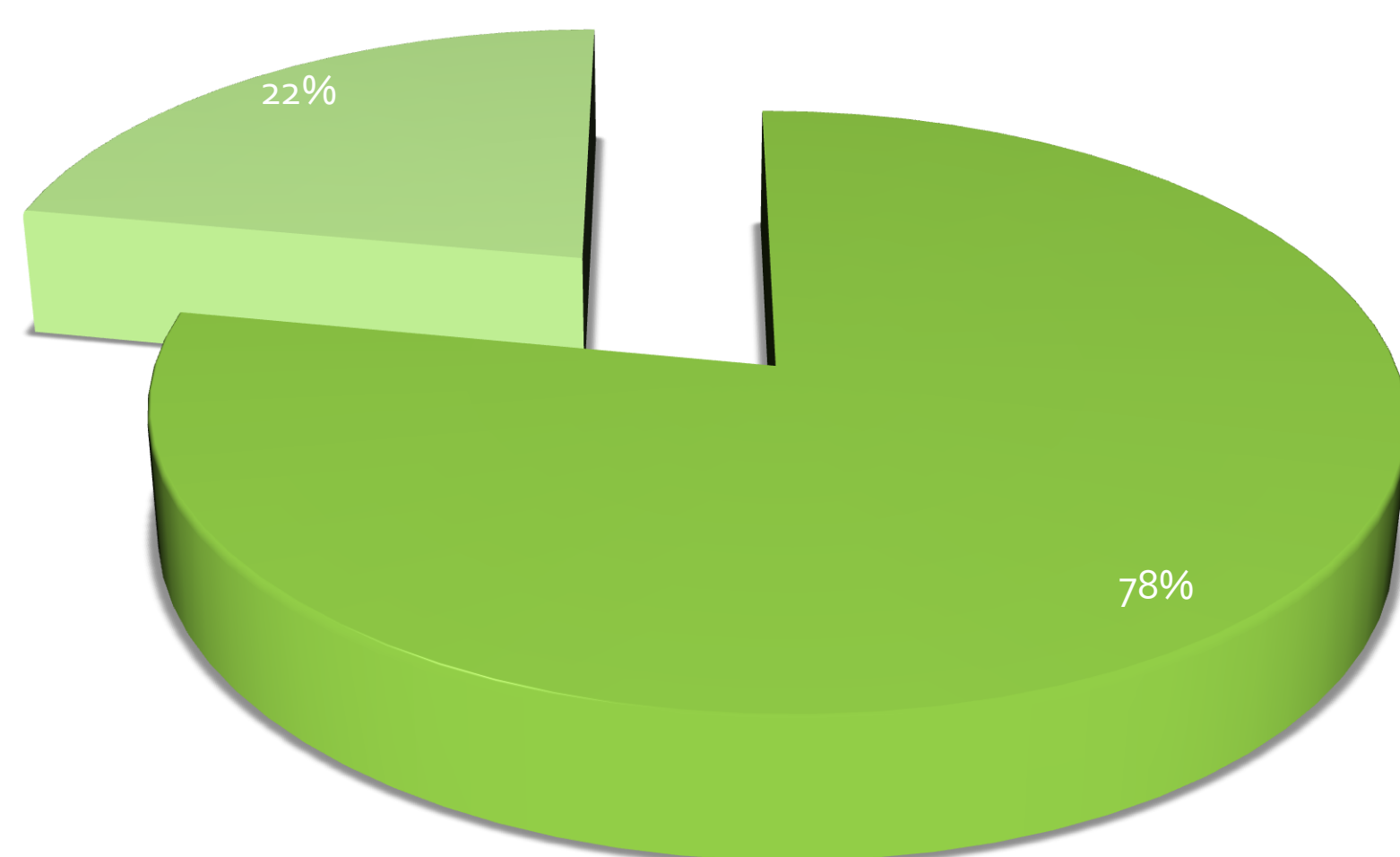
- All endoscopic procedures carried out OOH in a theatre setting over a six month period
- Data collected from theatre register and patient health records

### Results

- 52 patients had endoscopic procedures done in theatre setting (out-of-hours) over a 12 month period from September 2019-2020 inclusive.
- Of them, 21% were female (n=11). Median age was 62 years.
- The most common indication for an out-of-hours procedure was dysphagia/food bolus impaction followed by unstable upper gastrointestinal (GI) haemorrhage. OGD comprised 84% of all procedures performed out-of-hours. Upper GI bleed was given as indication for OGD in 30% (n=16). 44% was for symptoms of dysphagia (n=23)
- 16 cases of upper GI bleeding were recorded of which 4 were variceal bleeds who had appropriate intervention with endoscopic band ligation. 8 were bleeds from ulcers, which were treated with adrenaline injection and gold probe, and two of these patient failed endoscopic interventions attempted and proceeded to surgery. 88% (n=14) of these patients required ICU/HDU admission for hemodynamic instability and there was no reported repeat GI bleed during their hospitalisation. Two deaths occurred within 30 days which was not directly attributed to the upper GI bleed or any procedural complication.
- Of the 23 procedures done for dysphagia, 18 had a physical obstruction seen on endoscopy, either a food bolus or a mechanical obstruction (n=7) treated with subsequent stent insertion. All of these obstructions were successfully treated. Median length of stay was 4 days for these patients
- Three patients were re-admitted (6%) following their procedures, two whose stent was blocked and another who went onto to develop a volvulus which was conservatively managed.
- There were 27 procedures done during the months of April to September 2020 when the impact of Covid-19 was severe on the curtailment of our routine services, and 25 procedures done during the months of September 2019 to April 2020 when we were, when the impact was generally not as severe.

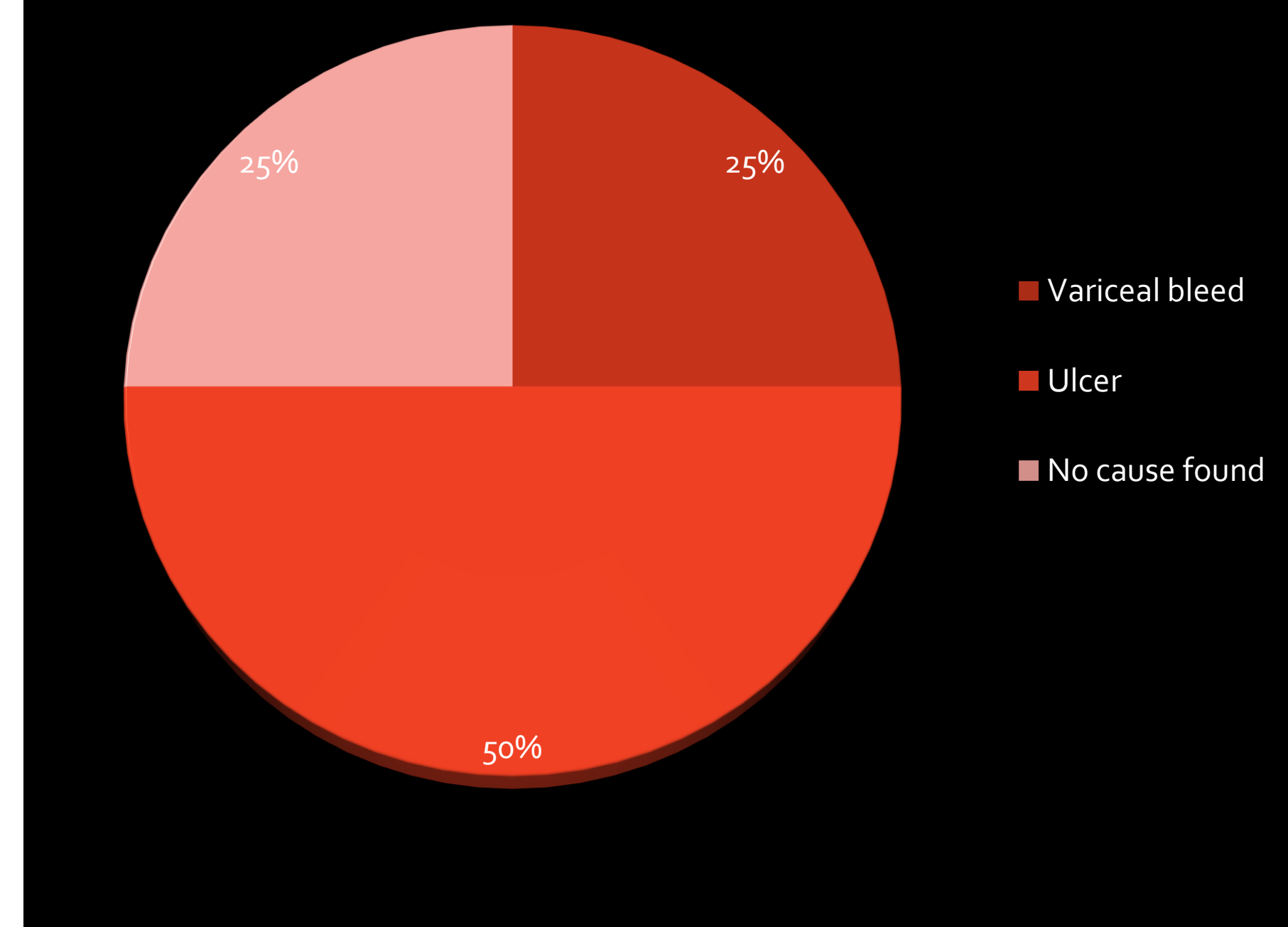
#### Dysphagia

- Food bolus
- Mechanical obstruction



#### Upper GI Bleed

- Variceal bleed
- Ulcer
- No cause found



### Discussion

- 31% of procedures were done for upper GI bleeds, nearly all (88%) of these patients were unstable who required ICU/HDU care with a 30 day mortality in this cohort of 14% (n=2).
- While not all procedures done for dysphagia were performed for clinically unstable patients, the median length of stay was 4 days for all patients who had an obstruction treated endoscopically.
- The rate of complications was low, with only 3 patients re admitted within 6 months (6%), and overall 30 day mortality of 4% (n=2).
- Impact of Covid-19 on this life saving service was generally minimal, with similar numbers of presentations of patients both during the period when curtailment of our routine endoscopy service was severe to the period when our service was running normally