



Highlights from this issue

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This edition has a special focus on endoscopy with an exciting collection of papers covering many different aspects (commissioned and submitted) including clinical research, quality improvement, opinion, and up-to-date and authoritative reviews written by experts. Please read and enjoy the content and feed back on topics you feel we should cover in future editions.

Improving safety and reducing error in endoscopy

Patient safety incidents occur and human factors contribute in all areas of medicine including endoscopy. In this issue Ravindan and colleagues discuss simulation training as part of an 'improving outcomes and reducing errors' strategy in endoscopy, focusing on human factors and endoscopy non-technical skills (*see page 160*). The authors discuss some of the previous literature, practicalities and terminology—for example, latent errors which are failures in organisation or environment that can impact on patient safety—and how incorporating simulation into endoscopy training and revalidation is likely to impact on patient safety. Helpful and informative and well worth working through.

Deep sedation and anaesthesia in complex gastrointestinal endoscopy

More than 2.5 million endoscopic procedures are carried out each year, mostly under no or conscious sedation administered by the endoscopist. However, in a proportion a more intensive approach is needed—deep sedation or anaesthesia, particularly for complex and lengthy procedures, and for this extra support is needed. This requires some broad agreement regarding the indications, practicalities and environment/staffing with often significant resource implications. In this issue Sidhu and colleagues present the pragmatic, consensus guidance endorsed by the British Society of Gastroenterology, the Joint Advisory Group on Gastrointestinal Endoscopy and the Royal College of Anaesthetists (*see page 141*). It is detailed and practical and includes criteria for selection (including for anaesthesia vs deep sedation), what needs to be in place and various checklists for implementation. This will be a helpful resource for teams

struggling with these issues. Essential reading and Editor's Choice this month.

Impact of the Joint Advisory Group on Gastrointestinal Endoscopy on endoscopy services

Established in 1994 to standardise endoscopy training, the Joint Advisory Group on Gastrointestinal Endoscopy has evolved considerably in the last 25 years. Has this been effective? In this issue Keith Siau and colleagues have comprehensively reviewed the evidence under three categories—impact on quality of care, impact on quality of practice and impact on quality of training (*see page 93*). The authors acknowledge limitations in their approach; however, the evidence base is impressive. It is a paper that shows it is possible to achieve a transformation in quality, safety, patient experience and training with a strategic, centrally led approach. Sounds like an approach that should be used more widely across the National Health Service! See linked commentary by Roland Valori—Joint Advisory Group on Gastrointestinal Endoscopy achieves enduring large-scale change (*see page 91*).

What every endoscopist should know about decontamination

It is essential to know the endoscope is properly decontaminated before we use it, but how many of us know the detail of that process. In this issue Helen Griffiths and Laura Dwyer go through some of the practicalities, including a discussion of carbapenemase-resistant Enterobacteriaceae implicated in an alarming increase in the incidence of endoscopy-associated infections and deaths worldwide (*see page 167*). The authors discuss the risk factors for infection—poor instrument design, endoscope defects, inadequate manual cleaning, inadequate disinfection, inadequate drying, poor training and education. All these issues are considered in detail. The paper starts with a great quote from the Brothers Grimm: 'His conscience was clear and his heart light amidst all his troubles; so he went peaceably to bed, left all his cares to Heaven, and soon fell asleep. In the morning he sat himself down to his work; when, to his great wonder, there stood the Endoscope all ready decontaminated, on the table'. Something

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we should all reflect on and will enthuse us to read this excellent review.

Water-assisted colonoscopy

There is increased interest in water-assisted colonoscopy—essentially using water as the main insufflation method—with good evidence for efficacy but poor uptake in the UK. In this issue Keith Siau and Iosif Beintaris, in a focused review for the Education in practice section, discuss the background, definition, evidence and practicalities (*see page 194*). They highlight the potential benefits—water exerts a gravitational effect and therefore reduces colonic elongation, loop formation, patient discomfort and sedation requirements, and improves diagnostic potential from improved mucosal views. The authors, using the 'My approach to' principle, give a detailed and well-put-together strategy for implementation in practice. Very helpful and essential reading for endoscopists who want to start using this technique.

Human-machine collaboration: bringing artificial intelligence into colonoscopy

This is a topical and interesting opinion piece discussing the potential role of bringing artificial intelligence through machine learning into adenoma detection and categorisation at colonoscopy (*see page 198*). Trials are apparently imminent. Like clinicians machines continue to learn and improve their performance, and this 'big data' technology is being increasingly applied across many areas of medicine. This is a really good read, helpful and informative and part of the 21st medicine we all have to embrace.

On a personal note

I would like thank Ian Penman, who has provided strong support pulling this edition together and in particular for securing us the excellent commissioned content. I am delighted that he has agreed to join the editorial team and will be working with us going forward to get the best content into the journal.



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