Consent, Common Adverse Events, and Post–Adverse Event Actions in Endoscopy

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KEYWORDS

• Adverse events • Medicolegal • Open-access endoscopy • Postprocedural care

KEY POINTS

- Despite being exceptionally safe overall, modern endoscopy carries significant risks of adverse events.
- Most adverse events can be treated endoscopically, but in rare cases surgery or other interventions will be needed.
- A proper consent and clear communication of the risks, benefits, and alternatives to a procedure are helpful in setting realistic expectations of what to expect both during and after a procedure.
- Establishing a good doctor-patient relationship before a procedure can alleviate some of the stress induced once an endoscopic adverse event occurs, and only helps to provide improved clinical care for the patient.

INTRODUCTION

Endoscopy constitutes a wide range of procedures with many indications. Esophagogastroduodenoscopy, colonoscopy, endoscopic retrograde cholangiopancreatography (ERCP), endoscopic ultrasonography (EUS), and enteroscopy comprise the most commonly performed procedures. These examinations all carry risk to the patient, and incumbent in this is some legal risk with regard to how the procedure is conducted, decisions made based on the intraprocedure findings, and the postprocedure results, in addition to events that occur following the procedure. This article provides an overview of consent and complications of endoscopy.

PATIENT SELECTION

Patient selection for endoscopy is often straightforward but always has some medicolegal implications. If the patient is known to you, has been seen in your clinic previously, and you have reviewed their history, examined the patient, and so forth, you have most likely appropriately recommended a procedure based on their history, problem, and current and future needs.

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Open-access endoscopy is completely within the standard of care. Open-access endoscopy, which is widely performed, presents challenges, as the history and physical examination are performed in the immediate preprocedure setting, and in most cases these can be resolved. When practicing open-access endoscopy, the following should be considered:

- Is the patient an appropriate candidate for the intended procedure?
- Does the patient understand the nature of the proposed procedure?
- Does the patient understand the risks of the proposed procedure, and the consequences of an adverse event?
- Does the patient have comorbid illnesses that would make the intended procedure unwise?
- Does the patient understand that they may need multiple procedures going forward to accomplish the endoscopic goals?
- Does the patient understand that surgery may be required if endoscopic approaches fail?
- Does the patient have adequate time to have any procedure-related questions asked and answered?

INFORMED CONSENT

A perfect informed consent does not exist, and there can always be some disagreement on what constitutes a well-crafted informed consent, especially after an adverse event. As has been said many times, so much so that it is almost a mantra, informed consent is a process and not simply a piece of paper. Many physicians delegate the process of obtaining the actual informed consent to nonphysicians (nurses, medical assistants, medical students, and so forth). Although not required, a good rule of thumb is that one of the physicians who will be performing the intended procedure should be the one to obtain the informed consent from the patient if at all possible. As such, it is completely acceptable for either the attending physician or a gastrointestinal (GI) fellow to obtain consent on a procedure performed jointly by an attending physician and a fellow. Consent should ideally give the patient adequate time to ask any and all relevant questions. Many patients would like to have family present at the time of consent, and if this is the case they should also have the opportunity to ask questions. Informed consent for endoscopy should include a review of the risks, benefits, alternatives to the procedure, and nature of the procedure itself, in addition to the following potential complications:

- Bleeding
- Allergic/cardiac/respiratory reaction
- Bowel perforation with the possible need for emergency surgery
- Pancreatitis for patients undergoing ERCP or EUS with pancreatic fine-needle aspiration (which can be severe)
- Infection
- Missed lesions (usually in the case of colonoscopy)

OVERVIEW OF KEY ADVERSE EVENTS

This section is a brief introduction to a few of the most commonly encountered adverse events related to endoscopy. More detailed reviews can be found elsewhere in this issue.

Post–Endoscopic Retrograde Cholangiopancreatography Pancreatitis

Post-ERCP pancreatitis (PEP) remains the most common and most feared adverse outcome in the realm of therapeutic endoscopy. The reported incidence of PEP for