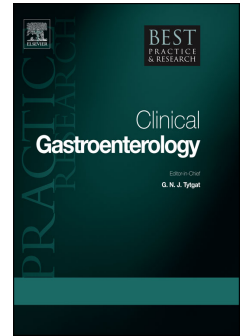


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Complications in gastrointestinal endoscopy

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Best Practice & Research: Clinical Gastroenterology**Volume 30, Issue 5, October 2016****Preface****Complications in gastrointestinal endoscopy**

Endoscopy is in most cases a minimal invasive intervention, but accompanied by a risk of complications. This risk is low for most endoscopic procedures, but endoscopy is widely performed and becoming more invasive. It has evolved from basic diagnostic procedures with a simple flexible endoscope to advanced therapeutic procedures involving sophisticated endoscopes and accessories that have replaced major surgery in some indications. Even though, providing additional patient benefits an increased risk of complications was also noticeable.

As complications are inherent to gastrointestinal endoscopy, they are often described as “adverse events”, and with the increased invasiveness of endoscopy, some events have become almost integral with the procedure. For example, pneumoperitoneum occurs so frequently after percutaneous endoscopic gastrostomy or during peroral endoscopic myotomy that it is not investigated or is routinely resolved by percutaneous drainage without clinical consequences.

Moreover, endoscopy is increasingly performed in older patients with comorbidities. Such patients are often on medications that may increase the risk of complications. These include antiplatelet and anticoagulant medications.. Appropriate management of medication use prior and post procedure is outlined in guidelines based on available evidence and published by professional societies. Other than

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