

8. Upper GI endoscopy (via the mouth)

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Q8-1: Is the test procedure the same as for other patients?

The procedures for entry into the test room, monitoring, pharyngeal anesthesia, sedation, endoscopy, etc., are the same as usual.

Q8-2: How do you monitor blood pressure in patients with missing or underdeveloped upper limbs?

Blood pressure is measured at the posterior tibial artery in the lower limb.

Q8-3: Are sedatives necessary?

In general, it is better to use sedatives, because many of these patients will be undergoing an upper GI endoscopy for the first time and will feel greater resistance and anxiety than patients who are used to the test. Sedation is not always necessary for patients who have previously undergone this procedure. Before the test, the patient should be asked if they have previously had the test, and whether they would like sedation.

Q8-4: Are there any important points when administering sedatives?

There are two points that need to be taken into consideration. Firstly, intravenous injection in the upper limb is not possible in some patients with missing or underdeveloped upper limbs. In such cases, intravenous injection via lower limb veins is an option, but establishing a suitable vein is difficult in some patients. Many patients who have experienced repeated failed attempts at intravenous injections are fearful of the procedure, so it is important to proceed with a gentle tone of voice.

The second point relates to the injection dose. Caution is necessary in patients with missing upper limbs, as there is a possibility of using too much sedative relative to the patient.

Q8-5: What sort of endoscope is used?

In principle, any type of endoscope can be used. However, we have inserted a transnasal endoscope through the mouth in some patients who were too fearful to accept a normal diameter endoscope through the mouth. Many patients have a small physique, and we therefore select the endoscope after careful consideration of the patient's body size and level of fear.

Specifically, we have used the Olympus H260, Q260, Q240X and XQ240. We have made frequent use of endoscopes with a slightly finer diameter than normal.

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Q8-6: Do patients have difficulty adopting a suitable position for endoscopy?

Assuming the left lateral decubitus position is possible even for those without upper limbs. However, tests lasting for a long time can be more painful for these patients, as this posture pushes the shoulder inwards.

Q8-7: Are there any important points when inserting the endoscope?

Thalidomide-impaired patients may have abnormalities of the pharynx, larynx and esophageal orifice, but these do not prevent endoscope insertion. A small-diameter endoscope should be used if the patient is particularly fearful of scope insertion.

Q8-8: Are there any important points regarding endoscopic observation?

There is nothing specifically requiring attention. As always, it is important to look carefully for any anatomical abnormalities, but we have not discovered anything in tests to date.

Q8-9: Are there any techniques for getting the patient to relax?

Many patients feel stressed and anxious, so do not explain things to them too quickly or in an overbearing manner. Try not to behave in a way that makes the patient feel stressed.

Q8-10: What strategies are used for those with hearing loss?

We prepare cards beforehand with a description of the test or specific instructions, such as 'We are going to start the test', 'Don't swallow any saliva', 'Breathe out', etc., and proceed with the test while showing these to the patient. (See attached documents)

Q8-11: Have there been any abnormal anatomical findings?

We have seen no noteworthy anatomical abnormalities in numerous observations from the pharynx to the duodenum.

Q8-12: Are there any other important points?

We have noticed that thalidomide-impaired people tend to feel very stressed and anxious about the tests. The person performing the test should, therefore, ideally be a highly experienced, senior physician.

It is important that the patient is relaxed for the test. It is also important to consider changing to a smaller-diameter endoscope at an early stage to suit the patient, rather than trying to force things.

Q8-13: Are there any important points for nurses attending the test?

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As with the physician performing the test, nurses should try to create a relaxed and welcoming atmosphere. It can be useful to rub the patient's back, or actively communicate with non-sedated patients or show them cards with written instructions during the test.