My Biggest Mistake (Yet)

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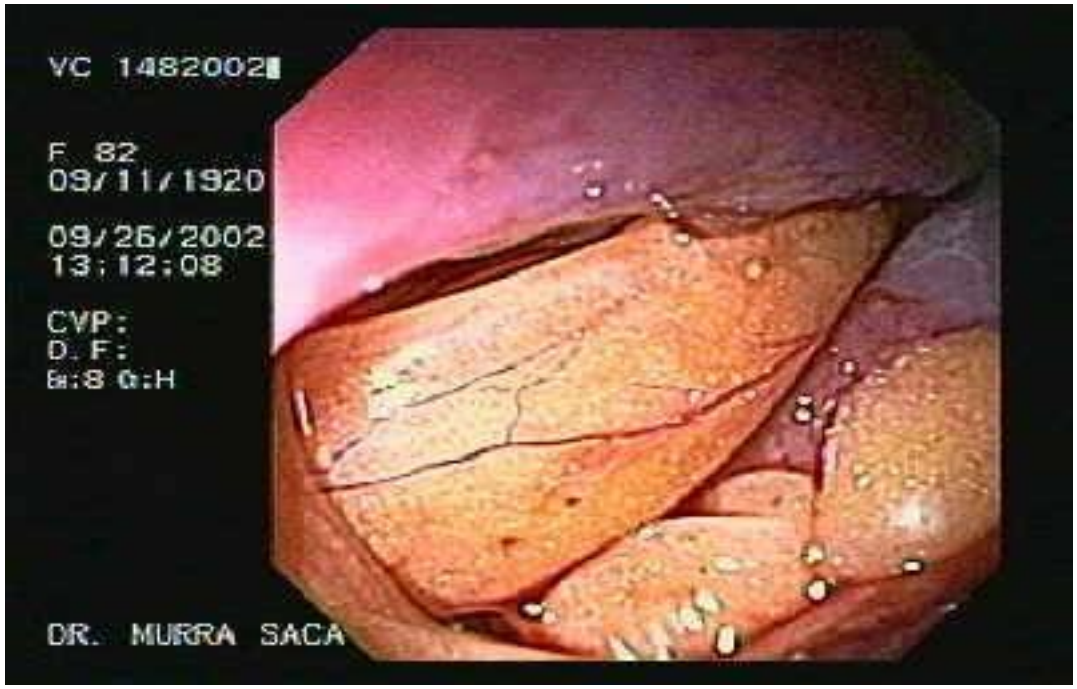
The Case

- 1st year gastro advanced trainee ~100 colonoscopies, reigns being loosened
- 73yo lady
  - Hx of breast Ca 1986 – surgery, chemorad
  - Hysterectomy and oophorectomy
  - Multiple melanoma excisions
  - Osteoporosis
  - T9 vertebral fracture
  - Thoracic kyphosis
  - GORD

- FHx 2xFDR (aged 42 and 61) CRC
  - 5yrly colonoscopies last 2011, private
  - New symptoms of CIBH (looser, more frequent, tenesmus)
- Well on day
- Usual process through unit
- 2.5mg midazolam, 100mcg fentanyl, Oxygen
- Rectum normal
- Sigmoid looking normal
- Corners were tight and some restricted mobility
- Began to push round a corner….

And It Was All Yellow…..

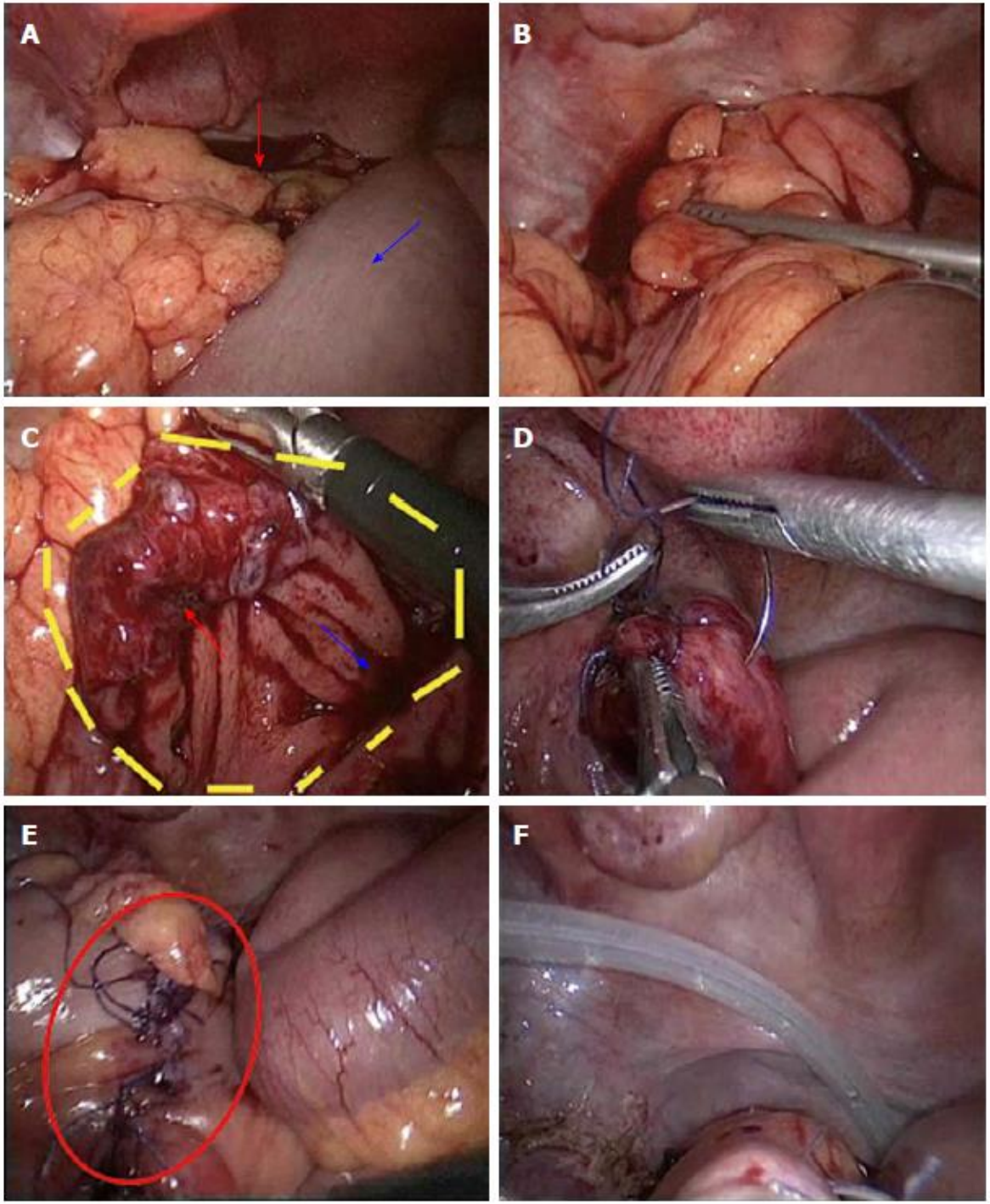


PANIC

- Called trainer in
- Withdrew scope
- Patient out to recovery
- Investigations and surgeon called
- Trainer finished the list

Post scope management

- Developed abdominal pain, rigidity, peritonism
- CXR: no free air seen
- CT abdomen: free air, perforation site not identified
- Had contrast enema, perforation not seen
- Laparoscopic repair same day in theatre (thanks Jon!)
  - Perforation on antimesenteric edge of sigmoid/descending junction, minimal soiling, omentum stuck on top
- Uneventful recovery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Colonoscopic Perforation

- Diagnostic perforation rate quoted 0.018-0.8%
- Therapeutic rate 0.1-3% World J Gastrointest Endosc. 2015 Jul 10; 7(8): 819–823
- BUT:
  - Endoscopy numbers increasing
  - Potentially attempting bigger resections
  - New techniques (ESD)
- Mechanical perforation with scope produces a large defect

What I did right

- Acknowledged the problem
- Got help
- Patient informed with ongoing discussion through post scope management

What I did wrong

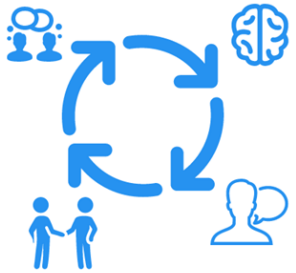
- Perforated
  - Pushing round a corner
- Too quick to come out/panic
- Could have attempted closure
- Mark perforation site with clips
- Length of scope prior to withdrawal
- Xray vs CT vs straight to surgery
  - There was peritonism, but pt stable clinically

Outcome

- For the patient:
  - Still needed investigation for symptoms
  - Went back to private sector
  - Faith in (public) health sector diminished
  - Wanted to avoid further investigations if possible
- For me:
  - Unassisted caecal intubation rate dropped for a time
  - Never push around corners (have broken this rule once)

Complications for Trainees

- It will happen
- Own it
- It helps dramatically with supportive teams
- M & M meetings
  - This case was presented as such
  - NSH runs an M&M meeting every month and is open to all with active encouragement and participation



Thank you for listening