



## Service Priorities and Programmes Electronic Presentations

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### **Single Balloon Enteroscopy for Management of Small Bowel Diseases – 7 years Experience in QEH**

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#### **Introduction**

A decade ago, small bowel was still considered the dark continent of endoscopy. With the introduction of capsule endoscopy and balloon-assisted enteroscopy, minimally invasive endoscopic management of small bowel disease is now possible.

#### **Objectives**

Since 2008, we started to perform single balloon enteroscopy (SBE) in QEH. The clinical performance of this novel procedure is summarized in this abstract.

#### **Methodology**

This is a retrospective review of all the patients who has undergone the novel SBE in QEH. Their baseline characteristics, indication, intervention, adverse events and clinical outcome were recorded.

#### **Result**

From 2011 to 2015, a total of 25 patients (17 male, age 58 (IQR 50 - 70) had undergone SBE procedures. The indications of SBE were: occult obscure gastrointestinal bleeding (GIB) (36%), overt obscure GIB (32%), protein-losing enteropathy (4%), refractory iron deficiency anemia (16%), suspected Crohn's disease with retention of capsule endoscope (4%) and abnormal CT enteroclysis/ RBC scan (8%). Capsule endoscopies were performed in 7 patients (87%). The median duration of their symptoms prior to SBE procedure was 22 months (IQR 10 - 54). Oral route of SBE insertion were carried out in 18 patients (72%) and seven patients (28%) had SBE performed via anal route. The median duration of procedure was 95 minutes (IQR 73 - 136). The median depth of insertion was 145cm (IQR 88 - 150) beyond pylorus and 100cm (IQR 50 - 100) proximal to ileocecal valve. New endoscopic findings that were missed by prior capsule endoscopy were noted in 11 patients (44%). Definitive diagnoses were made in 14 patients (56%). These included angiodysplasia (36%), tumor/ GIST (21%), jejunal polyp (14%), ulceration (14%), stricture (7%), diverticulum (7%) and small bowel Crohn's disease (7%). Definitive endoscopic therapies (argon plasma coagulation and polypectomy) were performed

in 6 patients (43%). The procedure were well-tolerated. One patient developed moderate self-limiting GI bleeding related to portal hypertension after the procedure. Another patient has mild aspiration pneumonia. No procedure-related mortality was noted. Conclusions: Single balloon enteroscopy is a safe and effective endoscopic procedure for small bowel diseases. It allows accurate diagnosis and therapeutic interventions to be made within the same procedure.