

## INTRODUCTION

Prior to gastroscopy (GS) patients are asked to fast for up to six hours. Despite this, some procedures are reported to be unsuccessful due to the presence of food.

## AIMS

Our aims were to look at incidence of food at GS, factors involved (time of day, age, indication) and outcomes following food at GS.

## METHODS

A retrospective analysis of 8756 patients who underwent GS from July 2016 to June 2017 took place. Data was obtained from reporting systems and patient clinical e-records.

## RESULTS

### Incidence

128 (1.3%) of patients were noted to have food present during their GS.

### Factors Involved

#### Time of Day

Scopes were categorized into the time of day they were carried out and the percentage noted to have food present was looked at (Fig. 1) (Fig. 2).

#### Age

Age made no difference: average = 59 years, for scopes noted to have food present and those which did not.

Category	Hours	Number of GS	Reported to have food present
AM	8am – 1pm	4603 (52.6%)	56 (1.2%)
PM	1pm – 5pm	3007 (34.3%)	32 (1.0%)
Evening	5pm – 8pm	960 (11.0%)	26 (2.7%)
Out of Hours (OOH)	8pm – 8am	186 (2.1%)	5 (2.7%)

Fig. 1

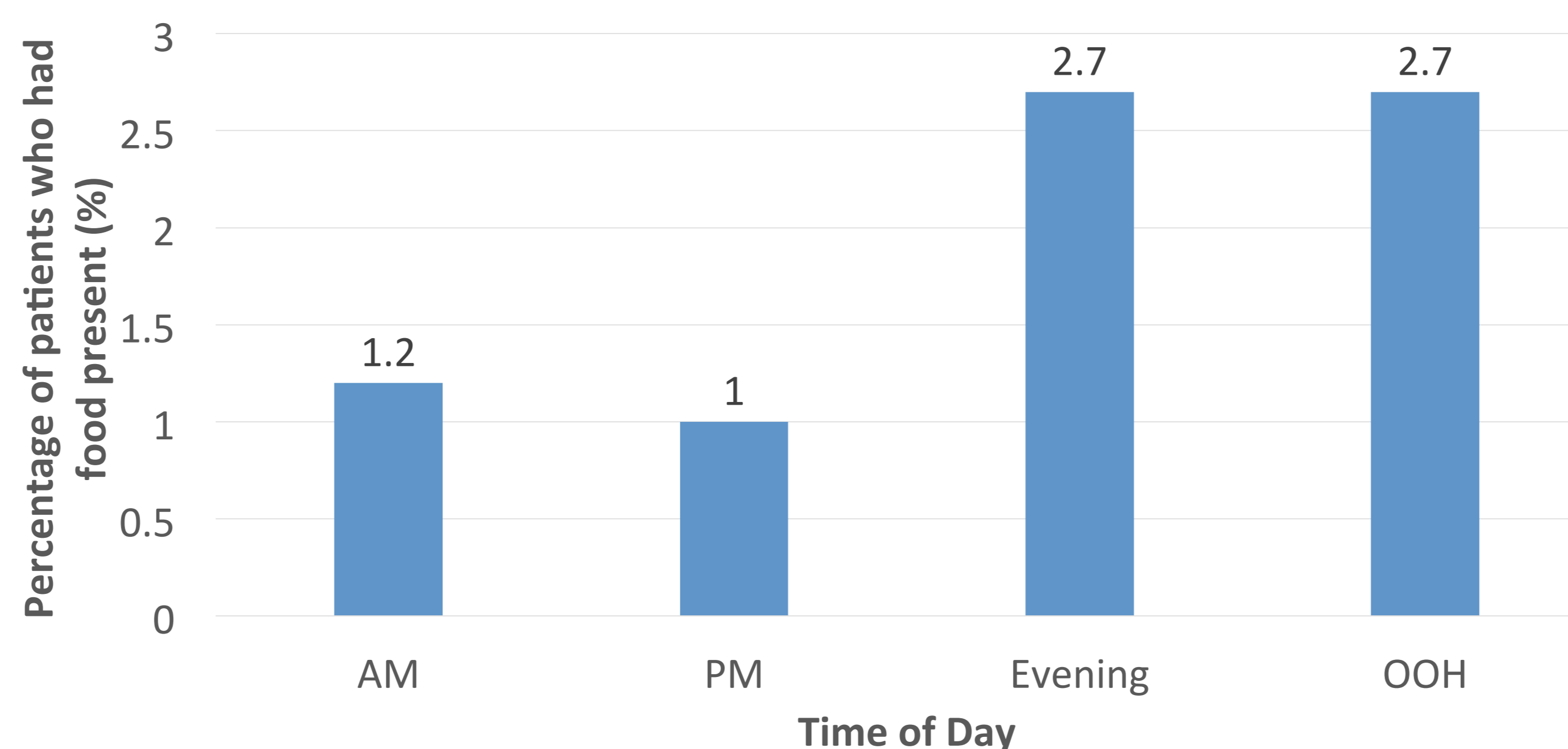


Fig. 2

### Indication for Endoscopy

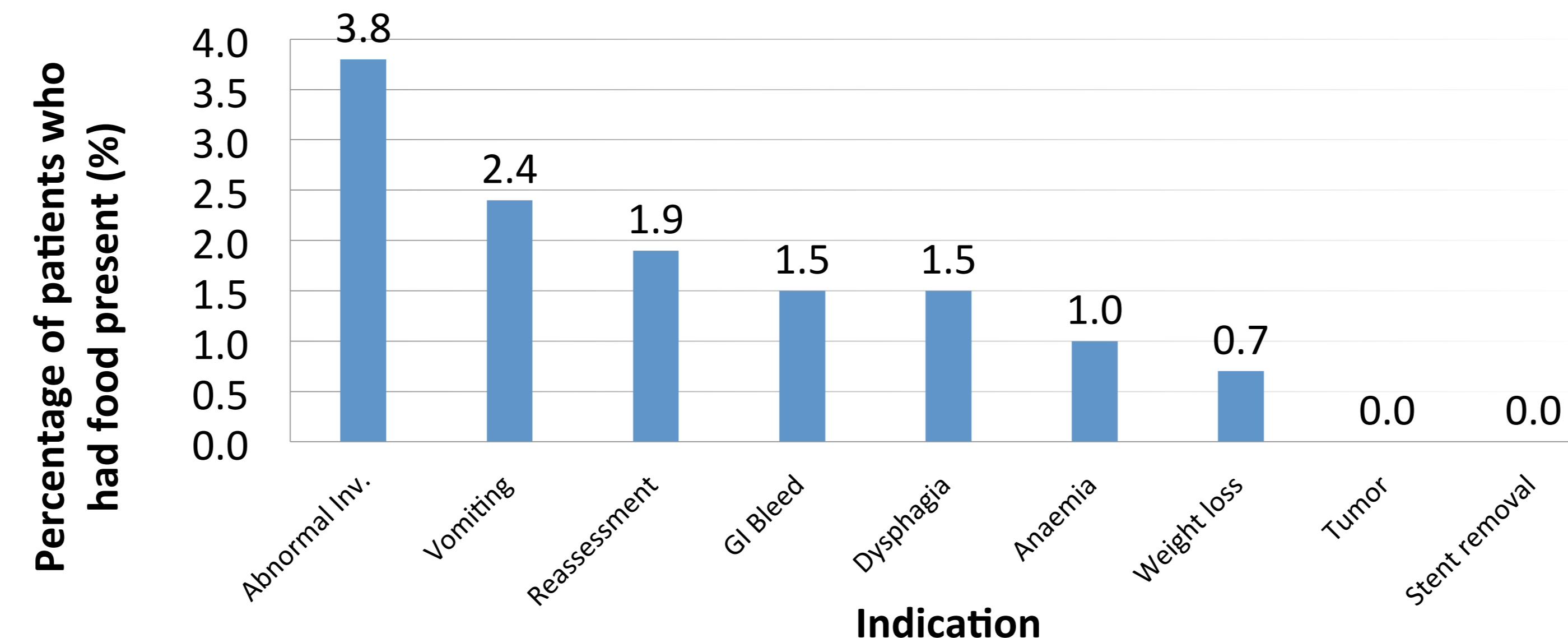


Fig. 3

Abnormal investigations (3.8%) had the highest indications associated with food followed by vomiting (2.4%) (Fig. 3).

## Outcome

We followed what happened to those scopes where food was noted to be present. It was found that successful re-scopes were attributed to different time slots and patient education (Fig. 4).

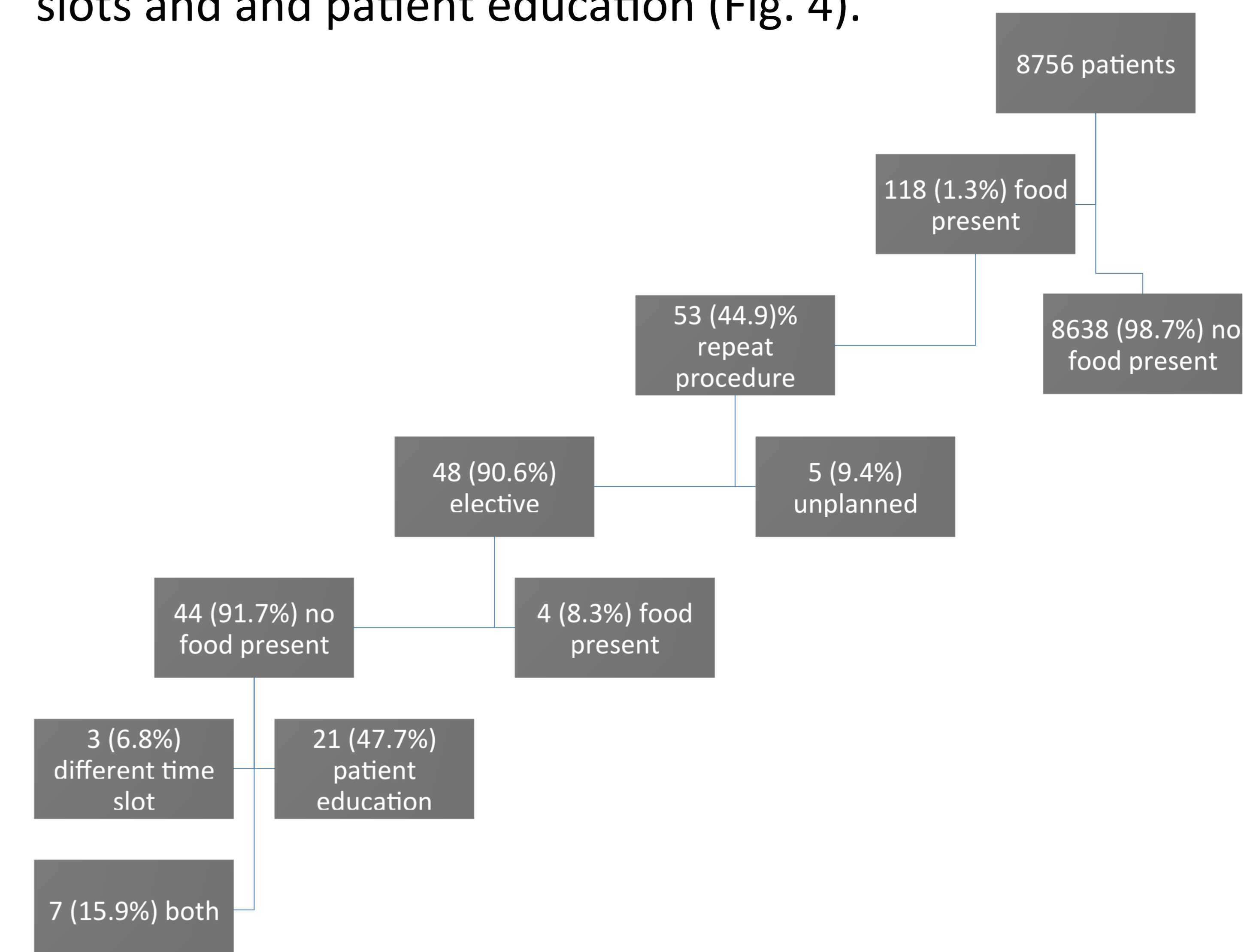


Fig. 4

## CONCLUSIONS

- Gastroscopies carried out in the evening were noted to have a higher rate of food present.
- Gastroscopies which were carried out as a result of abnormal investigation had a higher prevalence of food reported.
- Patient education regarding starvation helps in having improved outcomes at repeat procedures.

## RECOMMENDATIONS

We propose a new policy on starvation for evening GS and for this to consider prolonged starvation times.