Food presence at gastroscopy – incidence, factors involved and outcome.
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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.

<table>
<thead>
<tr>
<th>Category</th>
<th>Hours</th>
<th>Number of GS</th>
<th>Reported to have food present</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>8am – 1pm</td>
<td>4603 (52.6%)</td>
<td>56 (1.2%)</td>
</tr>
<tr>
<td>PM</td>
<td>1pm – 5pm</td>
<td>3007 (34.3%)</td>
<td>32 (1.0%)</td>
</tr>
<tr>
<td>Evening</td>
<td>5pm – 8pm</td>
<td>960 (11.0%)</td>
<td>26 (2.7%)</td>
</tr>
<tr>
<td>Out of Hours</td>
<td>8pm – 8am</td>
<td>186 (2.1%)</td>
<td>5 (2.7%)</td>
</tr>
</tbody>
</table>

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).

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

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.

This presenter has the following declaration of relationship with industry: None.