

# GASTROINTESTINAL EMERGENCIES IN ENDOSCOPY - SHOULD I STAY OR SHOULD I GO ?

September 2016

**“Week vs weekend” endoscopy**  
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**BSGIE Annual Meeting 2016**

**GASTRO-INTESTINAL EMERGENCIES IN ENDOSCOPY SHOULD I STAY OR SHOULD I GO ?**  
for Endoscopists and Endoscopy Nurses  
THURSDAY 22 SEPTEMBER 2016 - KINOPOLIS IMAGBRAINE

**“Week versus weekend” endoscopy**

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CHU Charleroi

## « Weekend Effect »

- Increased mortality in patients admitted at the weekend compared to weekday
- 1,11 < OR < 1,28
- Described for medical, surgical, emergency department or intensive care unit

Bell et al N Engl J Med 2001  
Clarke et al Intern Med J 2010  
Marco et al Am J Med Quality 2011  
Mikulich et al Acute Med 2011

**TABLE 3. CONDITIONS FOR WHICH WEEKEND ADMISSION WAS ASSOCIATED WITH SIGNIFICANTLY HIGHER MORTALITY THAN WAS WEEKEND ADMISSION\***

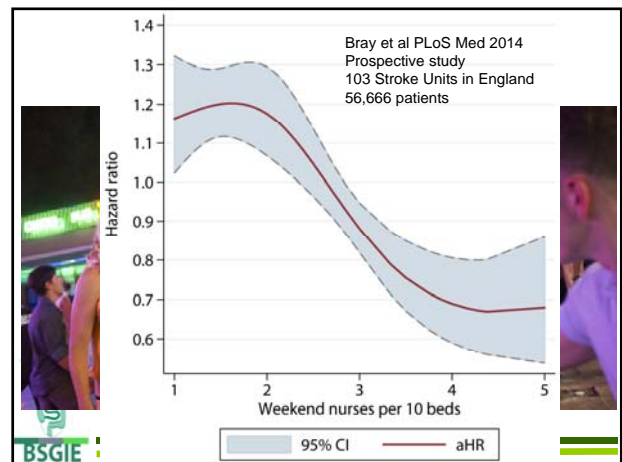
Condition	No. of Admissions	Mortality Rate		Odds Ratio (95% CI)†
		WEEKDAY ADMISSION	WEEKEND ADMISSION	
Cause of the trachea, bronchus, or lung	27,013	44	48	1.18 (1.13-1.23)
Secondary cancer of the esophagus or stomach tract	13,249	37	39	1.11 (1.04-1.18)
Chronic ischemic heart disease	52,900	8.7	9.3	1.08 (0.99-1.14)
Cardiac dysrhythmia	76,987	5.4	6.1	1.14 (1.07-1.21)
Unspecified condition requiring intra-vascular	5,912	43	44	1.08 (1.01-1.16)
Colorectal cancer	11,966	25	26	1.19 (1.15-1.24)
Secondary cancer at other specified sites	13,016	23	26	1.19 (1.13-1.25)
Acute myocardial infarction	7,826	27	43	1.27 (1.21-1.33)
Esophageal cancer	5,721	41	44	1.15 (1.07-1.23)
Breast cancer in women	5,192	39	45	1.17 (1.09-1.25)
General cardiovascular symptoms	7,074	28	32	1.22 (1.15-1.31)
Prostate cancer	8,569	22	35	1.25 (1.18-1.32)
Stomach cancer	4,651	36	41	1.26 (1.19-1.33)
Cancer of the nasopharynx or anus	5,018	27	33	1.22 (1.15-1.30)
Acute pulmonary heart disease	11,050	11	12	1.27 (1.17-1.38)
Cancer of the breast	5,586	19	24	1.30 (1.23-1.38)
Cause of the liver or biliary tract	2,291	45	51	1.14 (1.07-1.21)
Renal failure	2,230	30	36	1.34 (1.27-1.41)
Mediastinal or intrathoracic cancer	2,203	25	30	1.26 (1.18-1.35)
Intraocular hemorrhage (unspecified)	5,535	18	22	1.21 (1.14-1.28)
Intestinal disorder (unspecified)	10,251	4.8	6.0	1.25 (1.18-1.32)
Cardiovascular disorder	4,081	2.2	2.5	1.14 (1.07-1.21)
Leukemia (unspecified of type)	779	33	43	1.40 (1.17-1.67)

\*Conditions are listed in descending order according to the total number of associated deaths. The mortality rates and odds ratios are the result for all the 100 conditions are available in Supplemental Appendix 1 with the full text of this article at <http://www.nejm.org>.

†Odds ratios are for death among patients admitted on a weekend as compared with those admitted on a weekday. P-values for all unadjusted odds ratios, CI denotes confidence interval.

‡Significance was made for age, sex, and the score on the Charlson comorbidity index.

Bell et al NEJM 2001



## Weekend Effect : Different emergency issues

- Bleeding
- Obstructive
- Perforation

## QUESTION N° 1: When I'm on duty:

- I remain in hospital
- I will never come back
- I will come back, alone
- I will come back, with my (favourite) endoscopic nurse (or a dedicated assistant)

### Weekend Effect in Endoscopy

- Type & severity of the diseases
  - Bleeding
  - Obstruction
- Weekend definition (time of administrative admission)
- Quality Care evolution over time
- Definition of an early endoscopy
- Multidisciplinary approaches (cf UVB / TIPSS)



Gralnek GIE 2014