

## POSITION STATEMENT

### *Manipulation of Endoscopes during Endoscopic Procedures*

#### Disclaimer

The Society of Gastroenterology Nurses and Associates, Inc. (SGNA) assumes no responsibility for the practices or recommendations of any member or other practitioner, or for the policies and procedures of any practice setting. Nurses and associates function within the limitations of licensure, state nurse practice act, and/or institutional policy.

#### Definitions

For the purpose of this document, SGNA has adopted the following definitions:

**Manipulation** refers only to the act of advancing or withdrawing the endoscope under the direct supervision of the endoscopist.

**Gastroenterology Nurse** refers to practitioners (APRN, RN, LPN/LVN) in gastroenterology, hepatology, or endoscopy.

**Nursing Assistive Personnel (NAP)** refers to individuals who are trained to function in an assistive role in the gastroenterology setting.

#### Background

The gastroenterology nurse or Nursing Assistive Personnel (NAP) may be called upon to provide assistance to the endoscopist by manipulating the endoscope, thereby enhancing the diagnostic or therapeutic abilities of the endoscopist.

#### Position

The Society of Gastroenterology Nurses and Associates, Inc. supports the position that the gastroenterology nurse or NAP educated and experienced in endoscopy may manipulate the endoscope under the direct supervision of the endoscopist when required to facilitate an endoscopic procedure.

SGNA also asserts the following:

1. The gastroenterology nurse or NAP who assumes this role must have documented competency in:
  - a. Techniques of endoscope manipulation,
  - b. Knowledge of complications associated with endoscopy and their symptoms,
  - c. Appropriate interventions under the direction of the endoscopist.
2. It is essential that throughout the endoscopy, the gastroenterology nurse or NAP manipulating the endoscope has a clear view of the entire lumen at all times and never uses force to advance the endoscope.
3. In addition to the gastroenterology nurse or NAP manipulating the endoscope, a nurse is required to monitor the patient (SGNA, 2010; SGNA, 2012).

### **References**

- Society of Gastroenterology Nurses and Associates, Inc. (2010). Statement on the use of sedation and analgesia in the gastrointestinal endoscopy setting [Position statement]. Chicago, IL: Author.
- Society of Gastroenterology Nurses and Associates, Inc. (2012). *Minimum Registered nurse staffing for patient care in the gastrointestinal endoscopy unit* [Position statement]. Chicago, IL: Author.

### **Recommended Reading**

- Gastroenterological Nurses College of Australia, Inc. (2011). *The manipulation of endoscopes and accessories by the gastroenterology nurse during endoscopy procedures* [Position statement]. Retrieved from [http://www.genca.org/images/stories/PDFs/publications/positionstatements/ps\\_manipulation.pdf](http://www.genca.org/images/stories/PDFs/publications/positionstatements/ps_manipulation.pdf)
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- American Society for Gastrointestinal Endoscopists Standards of Practice Committee, Dominitz, J. A., Eisen, G. M., Baron, T. H., Goldstein, J. L., Hirota, W. K.,... (2003). Complications of colonoscopy [Guideline]. *Gastrointestinal Endoscopy*, 57(4), 441-445.
- Stein, D. F., Myaing, M., Guillaume, C. (2002). Splenic rupture after colonoscopy treated by splenic artery embolization. *Gastrointestinal Endoscopy*, 55(7), 946-948.
- Society of Gastroenterology Nurses and Associates, Inc. (2010a). Role delineation of the licensed practical/vocational nurse in gastroenterology [Position statement]. Chicago, IL: Author.
- Society of Gastroenterology Nurses and Associates, Inc. (2010b). Role Delineation of Nursing Assistive Personnel in Gastroenterology [Position statement]. Chicago, IL: Author.
- Society of Gastroenterology Nurses and Associates, Inc. (2010c). Role delineation of the registered nurse in a staff position in gastroenterology [Position statement]. Chicago, IL: Author.

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