Anesthesia Colleagues,

Below is a very brief summary of endoscopy food bolus cases that require urgent/emergent care and potentially a general anesthetic from the GI perspective. These slides are provided courtesy of Dr. Joshua Stagg from the GI department.

 Please keep in mind that “conscious sedation” may be done in the ER/ICU by the GI team. In endoscopy (Memorial Hospital) this anesthetic type (if chosen) would have to be provided by the department of anesthesia.

 Versed/Fentanyl/Ketamine are available in each Pyxis and 20% benzocaine spray (hurricane spray) is also available in the anesthetic cart. If a patient needs general anesthesia (or high potential to convert to GA) they should be scheduled into suites 1 or 2 where our anesthesia machines are set-up.

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Director of Endoscopic Anesthesia Services

Baylor Scott & White Healthcare

TREATMENT – Dr. Joshua Stagg, GI

9/3/2015

**Upper Endoscopy is indicated for esophageal food impaction**

**Timing of Endoscopy**

* Emergent Endoscopy
* Complete esophageal obstruction (inability to tolerate oral secretions)
* Urgent Endoscopy
* Within 24 hours or presentation
* Without complete obstruction

**Most cases of food impaction can be managed with conscious sedation**

* General anesthesia may be required:
* Proximal esophageal impaction
* Object is difficult to remove
* Rigid endoscopy
* Multiple objects

***ASGE Guideline: Management of Ingested Foreign Bodies and Food Impactions. Gastrointestinal Endoscopy. 2011***