

Table 1 OC-026

Upper endo	
Level 1	Diagnostic EGD, with or without biopsy/cytology.
2	Dilation esophageal stricture; Treat vascular lesions, hemostasis; Gastric polypectomy, stalked <2 cm; Nutritional support (catheter placement, PEG); Foreign body removal; Push enteroscopy.
3	Gastric polypectomy (stalked >2 cm); Esophageal stent; Dilation duodenal stricture; Duodenal stent; Tumour and Barrett's ablation; Endoscopically assisted Achalasia dilation; Device-assisted enteroscopy (e.g., balloon).
4	Percutaneous Jejunostomy; Resect sessile lesions (EMR/ESD); Crico-pharyngeal myotomy.
Colonoscopy	
1	Diagnostic (sampling, tattooing), Colonoscopy via ostomy.
2	Polypectomy, stalked <2 cm; Treat vascular lesions, hemostasis; Decompression tube; Banding varices and hemorrhoids.
3	Polypectomy, stalked >2 cm; Stricture dilation; Colonic stent.
4	Percutaneous endoscopic colostomy; Colonic EMR and ESD.

REFERENCES

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OC-026

A NEW COMPREHENSIVE SCALE FOR RANKING COMPLEXITY OF ENDOSCOPIC PROCEDURES

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Introduction Working parties of the ASGE Quality Committee recently published a proposed new lexicon for adverse events (complications), and a separate extensive review of risk factors. The complexity of procedures also affects outcomes. A scale of complexity for ERCP was developed in 2000¹ and has been used in a modified form.² Our goal was to update that scale and to develop one for the other main procedures.

Methods We made lists of all of the techniques and contexts in which they are used and refined them after review by members of the ASGE Quality Committee and their clinical colleagues. The final lists were then distributed to 75 gastroenterologists in USA, Canada and Britain who were asked to score the items on a scale of 1–4, with 4 being the most complex. They were asked also whether or not to raise the item by one level (to a maximum of 4) if the procedure was done out of normal working hours, or in a child aged less than 3 years, or one that had been unsuccessful before.

Results The data for upper endoscopy and for colonoscopy are shown. Those for EUS and ERCP will be presented

Conclusion A scale for ranking the complexity of the common endoscopic procedures has been developed and is ready to be tested and validated. This complements lexicons for adverse events and for risk factors that have been published recently from the Quality committee of the ASGE.

Competing interests None.

Keywords colonoscopy, complexity, endoscopy, ERCP, EUS.