

## **COVID- 19 and Pediatric Endoscopy**

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ISPGHAN recommends all pediatric gastroenterologists to adhere to local advisories and institutional guidelines for infection control.

### Recommendations

1. During the pandemic, avoid doing routine elective endoscopic procedures. Upper endoscopic procedures carry the highest risk of aerosols. . Colonoscopy and sigmoidoscopy carry some risk of aerosols since the virus can be isolated from GI secretions and stool.
2. At presentation seek detailed history of fever, sore throat , respiratory symptoms and family information regarding travel, clustering or contact with COVID-19 patient. Record Temperature of each patient scheduled for endoscopy
3. After evaluation prioritise the need for endoscopy. Ask a question “Is it essential / life saving and/or will bring about a significant change in management? Like children with Acute Upper GI Bleed; Oesophageal obstruction; Button Battery or sharp pointed object ingestion, ERCP for Biliary drainage should be done immediately without delay. For all other procedures after discussion with parents a possible date one month later or till the current threat due to COVID-19 is over should be given
4. In the event of endoscopy minimum number of staff should be present. A full personal exposure protection package should be worn by those in the immediate vicinity of the endoscopy including an N95 mask; normal surgical masks are inadequate. If biopsies are taken, place them immediately into formalin. Any accessories used should immediately be disposed of and incinerated as per local policy. Standard Endoscopy room and Endoscopes disinfection policy should be followed as per standard protocol.

### **Suggested Reading**

COVID -19 AND the Endoscopy Unit: Joint Indian Societies (ISG, INASL SGEI) Guidelines

ESGE and ESGENA Position Statement on gastrointestinal endoscopy and the COVID-19 pandemic

Joint Advisory Group on GI Endoscopy by British Society of Gastroenterology

Thompson CC, Shen L, Lee LS. COVID-19 in Endoscopy: Time to do more? *Gastrointest Endosc.* 2020 Mar 28. pii: S0016-5107(20)34126-2. doi:10.1016/j.gie.2020.03.3848.