Endoscopy reports: not all created equal

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Upper gastrointestinal endoscopy (UGE) is usually performed by gastrointestinal physicians or surgeons. The reports are usually for diagnostic purposes to guide medical management for conditions like gastritis, duodenitis or gastroesophageal reflux disease (GERD). The quality of the reports varies based on knowledge and experience.

UGE for planning purposes, such as preoperative evaluation of hiatal hernia, underscores the need for accurate formal assessment. The endoscopic antireflux modalities such as transoral incisionless fundoplication or Stretta are indicated for hiatal hernia of 2 cm or less in axial height. Lack of identifying a hiatal hernia or inaccurate measurement and reporting of its size may result in offering the wrong antireflux modality (1-3).

Endoscopic evaluation of paraesophageal hernia is usually straightforward yet, can be easily missed in inexperienced hands. The Hill's Grade and axial height of hiatal hernia, among others, are objective findings that should be included in every endoscopic report (4). The author of this article demonstrates the variability of reporting among different endoscopists. This highlights the need to pursue the conventional wisdom of the operating surgeon performing his own endoscopy. However, this approach may not always be feasible due to various logistical reasons. The best pragmatic approach is to train and educate endoscopists to follow a standardized reporting which is reproducible.

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