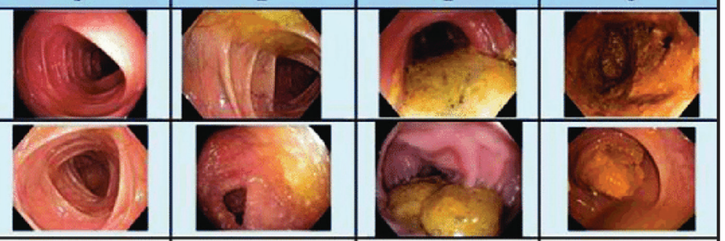
NZSG Endoscopy Room Poster

Boston Bowel Preparation Scale

BBPS		3	2	1	0
3=Excellent 2=Good 1=Poor 0=Inadequate					
LC	☐	☐	☐	☐	☐
TC	☐	☐	☐	☐	☐
RC	☐	☐	☐	☐	☐
BBPS= ☐					

Modied Gloucester Comfort Scale

Score	Scale	Description
1	No	No discomfort, talking/resting comfortably throughout
2	Minimal	One or two episodes of mild discomfort (without distress)
3	Mild	More than two episodes of mild discomfort (without distress)
4	Moderate	Significant discomfort experienced several times with some distress
5	Severe	Extreme discomfort frequently during the test

Tattoo Protocol

References

The Paris endoscopic classification of superficial neoplastic lesions: esophagus, stomach, and colon. November 30 to December 1, 2002 Participants in the Paris Workshop

Kudo S, Tamura S, Nakajima T, Yamano H, Kusaka H, Watanabe H. Diagnosis of colorectal tumorous lesions by magnifying endoscopy. Gastrointest Endosc. 1996;44:8–14.

Endoscopic tattoo: the importance and need for standardised guidelines and protocol. J R Soc Med. 2017 Jul; 110(7): 287–291. Published online 2017 May 24.

Endoscopic Classification for Early Gastric Cancer; Particularly Focusing on Micro-Vascular Pattern and Surface Glandular Structure. Akira Yokoyama, Haruhiro Inoue, Hitomi Minami, Hitoshi Satodate, Shigeharu Hamatani, Shin-Ei Kudo. Volume 71, Issue 5, PAB209, April 01, 2010.

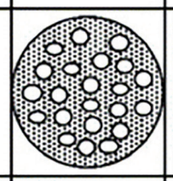
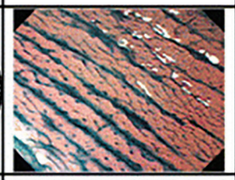
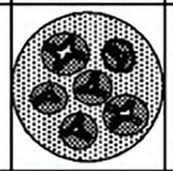
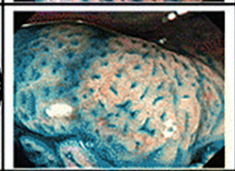
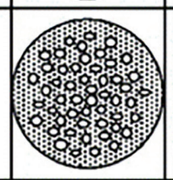
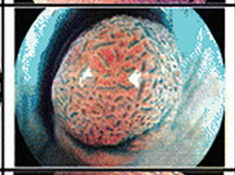
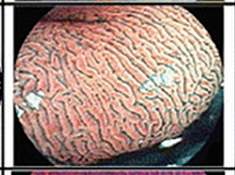
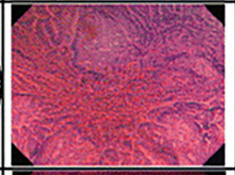
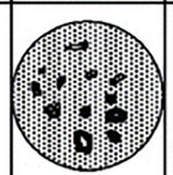
Sedation practice and comfort during colonoscopy: lessons learnt from a national screening programme. Eur J Gastroenterol Hepatology.2015 Jun;27(6):741-6 Alex J Ball 1, Colin J Rees, Bernard M Corfe, Stuart A Riley.

Comprehensive Validation of the Boston Bowel Preparation Scale. Gastrointest Endosc. Author manuscript; available in PMC 2011 Apr 1. Published in final edited form as: Gastrointest Endosc. 2010 Oct; 72(4): 686–692. doi: 10.1016/j.gie.2010.06.068. Audrey H. Calderwood, MD and Brian C. Jacobson, MD, MPH.

email feedback to office@racp.co.nz

disclaimer: content will be reviewed in 2024.

Kudo classification of pit patterns

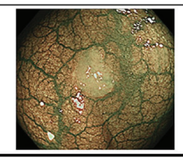
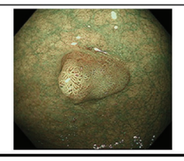
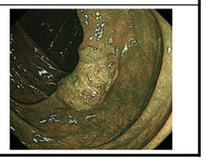
Type	Schematic	Endoscopic	Description	Suggested Pathology
I			Round pits.	Non-neoplastic.
II			Stellar or pap-illary pits.	Non-neoplastic.
IIIs			Small tubular or round pits that are smaller than the normal pit	Neoplastic.
IIIL			Tubular or roundish pits that are larger than the nor-mal pits.	Neoplastic.
IV			Branch-like or gyrus-like pits.	Neoplastic.
VI			Irregularly ar-ranged pits with type IIIs, IIIL, IV type pit patterns.	Neoplastic (invasive).
VN			Non-structural pits.	Neoplastic (massive submucosal invasive).

New Zealand Society of Gastroenterology Inc

Paris morphological classification system of colorectal lesions

Endoscopic appearance	Paris class		Description
Protruded lesions	Ip		Pedunculated polyps
	Ips		Subpedunculated polyps
	Is		Sessile polyps
Flat elevated lesions	0–IIa		Flat elevation of mucosa
	0–IIa/c		Flat elevation with central depression
Flat lesions	0–IIb		Flat mucosal change
	0–IIc		Mucosal depression
	0–IIc/IIa		Mucosal depression with raised edge

Narrow-band imaging (NBI) magnifying endoscopic classification of colorectal tumors proposed by the Japan NBI Expert Team

	Type 1	Type 2	Type 3
Color	Same or lighter than background	Browner relative to background (verify color arises from vessels)	Brown to dark brown relative to background; sometimes patchy whiter areas
Vessels	None, or isolated lacy vessels may be present coursing across the lesion	Brown vessels surrounding white structures**	Has area(s) of disrupted or missing vessels
Surface pattern	Dark or white spots of uniform size, or homogeneous absence of pattern	Oval, tubular or branched white structures** surrounded by brown vessels	Amorphous or absent surface pattern
Most likely pathology	**Hyperplastic & sessile serrated polyp (SSP) *** **	**Adenoma**** **	**Deep submucosal invasive cancer**
Endoscopic image			

* Can be applied using colonoscopes with/ without optical (zoom) magnification

** These structures (regular or irregular) may represent the pits and the epithelium of the crypt opening.

*** In the WHO classification, sessile serrated polyp and sessile serrated adenoma are synonymous.

**** Type 2 consists of Vienna classification types 3, 4 and superficial 5 (all adenomas with either low or high grade dysplasia, or with superficial submucosal carcinoma). The presence of high grade dysplasia or superficial submucosal carcinoma may be suggested by an irregular vessel or surface pattern, and is often associated with atypical morphology (e.g., depressed area).