PROCTOSCOPY

PURPOSE

To diagnose and treat lower gastrointestinal tract diseases.

POLICY

1. The procedure will be explained to the patient/family and informed consent obtained by the physician.

2. The patient will be assisted to the exam table and placed in the knee-chest or left-lateral position.

3. A handwash with an antiseptic cleanser is performed by the physician and participating staff prior to the procedure (see Infection Control Policy IC 2.0, Hand Hygiene).

4. Personal protective equipment including mask, gown, eyewear and gloves are worn when splashing of body fluids is anticipated. Clean gloves are worn for this procedure. See the Policy Procedure Manual, A-01-PRO, Asepsis – Principles for Surgery.

INDICATIONS:

1. To confirm radiographic findings.
2. To obtain biopsy, cytology and culture specimens.
3. To perform polypectomy.
4. To locate and coagulate bleeding points.
5. To eliminate strictures.

CONTRAINDICATIONS:

1. Patients with a large aortic aneurysm.
2. Patients with acute myocardial infarction or severe cardiac decompensation.
3. Patients with abnormal coagulation studies.

EQUIPMENT

Fleets Enema (2)
Procto Light (Fiberoptic Light Head changed with each patient)
Anoscope and proctoscope, eye piece
Anal and procto suction tip
Suction tubing/suction
Personal protective equipment (gloves, gown, mask and eyewear)
Water-soluble lubricant
Medication for Rx of condyloma
Silver nitrate sticks
Ear bulb syringe
Procto sheet
3 x 3 unsterile gauze sponges
Specimen bottles containing 10% formalin for biopsy (bottles obtained from pathology)
Specimen label and cards
## RESPONSIBLE PARTY | ACTION
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MD | 1. Explain the procedure to the patient.
MD, Medical Student | 2. Have patient or responsible family member sign consent for procedure, if required.
MD, RN, Medical Student, LPN, NA | 3. Wash hands with antimicrobial soap, don clean gloves.
 | 4. Staff dons appropriate PPE, goggles, fluid-proof mask and gown if splashing anticipated.
 | 5. Give two (Fleet) enemas, as ordered. Remove gloves and wash hands. Don clean gloves.

NA | 6. Have patient put on hospital gown, if indicated.
 | 7. Help the patient onto the table in the appropriate knee-chest or left lateral position.
 | 8. Drape the patient with sheet.

RN, LPN, NA | 9. Tell the patient to breathe slowly and deeply.

MD | 10. Washes hands with antimicrobial soap, dons clean gloves.
 | 11. The doctor uses a gloved, lubricated finger and lubricated anal and proctoscope.
 | 12. Following insertion of the scope, the doctor insufflates a small amount of air and water.

RN, LPN, NA | 13. Turn suction on and hand anoscope and suction tip to physician.

MD | 14. Treatment or biopsy is performed by physician using sterile biopsy instruments.

RN, LPN, NA | 15. The specimens are placed in the appropriate bottles, labeled and taken to the lab.
<table>
<thead>
<tr>
<th>RESPONSIBLE PARTY</th>
<th>ACTION</th>
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<tr>
<td><strong>AFTER THE PROCEDURE</strong></td>
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<tr>
<td>RN, LPN, NA</td>
<td>16. Label each specimen and take to laboratory.</td>
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<td>17. Discard all disposable equipment. Rigid disposable sigmoidscopes are discarded after each use. Disposable anescopes are discarded after each use. Metal anescopes are placed in instrument cleaner and sent to Central Medical Supply for sterilization. The protoscope eye piece and handle is sent to Central Medical Supply for sterilization between patient use.</td>
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<td>18. Clean table with a hospital approved disinfectant after each patient and apply clean linen and paper.</td>
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<td>19. Suction canisters and tubing are discarded after single patient use.</td>
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<td>20. Schedule follow-up appointment as directed by physician.</td>
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