Single Balloon Enteroscopy for Management of Small Bowel Diseases – 7 years Experience in QEH
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Introduction
A decade ago, small bowel was still considered the dark continent of endoscopy. With the introduction of capsule endoscopy and balloon-assisted enteroscopy, minimally invasive endoscopic management of small bowel disease is now possible.

Objectives
Since 2008, we started to perform single balloon enteroscopy (SBE) in QEH. The clinical performance of this novel procedure is summarized in this abstract.

Methodology
This is a retrospective review of all the patients who has undergone the novel SBE in QEH. Their baseline characteristics, indication, intervention, adverse events and clinical outcome were recorded.

Result
From 2011 to 2015, a total of 25 patients (17 male, age 58 (IQR 50 - 70) had undergone SBE procedures. The indications of SBE were: occult obscure gastrointestinal bleeding (GIB) (36%), overt obscure GIB (32%), protein-losing enteropathy (4%), refractory iron deficiency anemia (16%), suspected Crohn’s disease with retention of capsule endoscope (4%) and abnormal CT enteroclysis/RBC scan (8%). Capsule endoscopies were performed in 7 patients (87%). The median duration of their symptoms prior to SBE procedure was 22 months (IQR 10 - 54). Oral route of SBE insertion were carried out in 18 patients (72%) and seven patients (28%) had SBE performed via anal route. The median duration of procedure was 95 minutes (IQR 73 - 136). The median depth of insertion was 145cm (IQR 88 - 150) beyond pylorus and 100cm (IQR 50 - 100) proximal to ileocecal valve. New endoscopic findings that were missed by prior capsule endoscopy were noted in 11 patients (44%). Definitive diagnoses were made in 14 patients (56%). These included angiodysplasia (36%), tumor/ GIST (21%), jejunal polyp (14%), ulceration (14%), stricture (7%), diverticulum (7%) and small bowel Crohn’s disease (7%). Definitive endoscopic therapies (argon plasma coagulation and polypectomy) were performed
in 6 patients (43%). The procedure were well-tolerated. One patient developed moderate self-limiting GI bleeding related to portal hypertension after the procedure. Another patient has mild aspiration pneumonia. No procedure-related mortality was noted. Conclusions: Single balloon enteroscopy is a safe and effective endoscopic procedure for small bowel diseases. It allows accurate diagnosis and therapeutic interventions to be made within the same procedure.