

Blood Pressure Endoscopy - Full Clinical Guideline

Reference No: CG-ENDO/2016/005

Guidelines for the management of patients undergoing gastrointestinal (GI) endoscopic procedures with elevated blood pressure

Introduction

This clinical guideline applies to all adult patients undergoing GI endoscopy at Derby Teaching Hospital Foundation Trust.

Gastroscopy

All patients are asked to continue antihypertensive medication up to and including on the day of the procedure, as per patient information leaflet

Flexible Sigmoidoscopy (enema prep)

All patients are asked to continue antihypertensive medication up to and including on the day of the procedure as per patient information leaflet

Colonoscopy (or flexible sigmoidoscopy with full bowel prep)

Diuretic therapy

Patients should omit diuretic therapy the day before procedure (i.e. day of bowel prep) unless deemed to be at high risk of heart failure

ACE inhibitor, angiotensin-II receptor antagonist

These drugs should be omitted on the day before procedure (i.e. day of bowel prep) AND omitted on day of procedure, and for 2 days after procedure. This is to preserve renal perfusion in patients at risk of dehydration due to the bowel preparation, and is BSG guidance

All patients, attending for all procedures

BP may be elevated because of anxiety. If BP elevated, measurement should be repeated 3 times over 10 minute period and lowest figure accepted

If BP is $< 200/120$ mmHg procedure can be performed

If BP is $< 200/120$ mmHg but $> 170/100$ mmHg, procedure can be performed but patient should be advised to see GP non-urgently for review of BP

If BP is $> 200/120$ mmHg (either diastolic or systolic elevated above this figure) the procedure should be deferred

- If patient known hypertensive and had not taken medication “on the day” further advice given and procedure rebooked
- If patient not known to have hypertension, or inadequately treated known hypertension, patient should be advised to book early review appointment with GP and endoscopy appointment rebooked when hypertension adequately treated
- If patient known hypertensive and had not taken ACE inhibitor medication “on the day” due to advice pertaining to bowel prep, for review by endoscopist, consider proceeding after sedation (may reduce BP) – individual clinical decision.

References

¹ Laine L, Kaltenbach T, Barkun A, et al. SCENIC international consensus statement on surveillance and management of dysplasia in inflammatory bowel disease. [Gastrointest Endosc](#) 2015;81:489–501.

¹ Lamb CA, Kennedy NA, Raine T, et al. Gut Epub ahead of print: doi:10.1136/gutjnl-2019-318484

Documentation Controls

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