Double-balloon endoscopy: Who needs it?

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Objective. Double-balloon endoscopy (DBE) made the small bowel accessible to inspection and therapy in its entirety. However, DBE is a time-consuming procedure that requires a highly skilled endoscopist, several nurses and - more often than not - anesthesiological support. This makes the selection of patients for DBE a pivotal point. The mainstay of this screening examination of the small bowel is capsule endoscopy (CE). The aim of this study was to describe the results of this screening procedure and the subsequent DBE in patients with suspected mid-gastrointestinal bleeding (MGIB). Material and methods. Patients referred for CE from March 2004 to September 2006 were evaluated retrospectively. If CE revealed pathology suitable for DBE, the procedure was then carried out. All referred patients were followed-up at the end of the period with regard to final diagnosis and symptom resolution. Results. A total of 83 patients were referred for suspected MGIB. Indications for DBE were found in 26 patients (31%). A total of 34 DBEs (27 oral, 7 anal) were performed. Insertion length for the oral and anal DBE was 200 cm (range 40-500 cm) beyond the ligament of Treitz and 137 cm (range 10-200 cm) beyond the ileocecal valve, respectively. In 2 out of 4 patients where insertion was attempted, a total inspection of the small bowel was possible (50%). The diagnostic yield was 77% (CI: 58-89%) with a therapeutic yield of 73% (CI: 54-86%). None of the 57 patients for whom there was no indication for DBE required DBE within the next 12 months. Conclusions. CE can be applied as a screening procedure for DBE and allows for an approximately two-thirds reduction in the need for DBE as well as enabling a choice to be made between the oral and anal route.