We thank Dr Zhai and colleagues for their letter to the editor regarding our recent study on inpatient endoscopy delay (IED). Coordination of inpatient endoscopy is challenging because multiple factors can contribute to delays. Intuitively, severity of illness may impact timing of endoscopy. However, we disagree with Zhai et al that all inpatient endoscopic procedures should have been included in the analysis. We can safely assume that in most centers, endoscopy is expedited for patients with life-threatening indications. Yet, this cohort represents only a small proportion of all inpatient endoscopies. Notably, because of the nature of these procedures, most of them are performed outside of the endoscopy unit (eg, bedside, operating room, intensive care unit) and not subject to the same operational and systems issues that may contribute to IED. We agree with Zhai et al that the study has its methodologic limitations, starting by the retrospective design. Furthermore, additional calculations, including the development of a predictive model, may have helped strengthened the conclusions. Nonetheless, our study with its large sample size of more than 4000 inpatient endoscopic procedures, demonstrates that IED is a common problem that negatively impacts the delivery of high-quality care. Additional studies are needed to evaluate the feasibility and efficacy of actionable measures to reduce IED.

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References

Conflicts of interest
Dennis Yang is a consultant for Olympus, Lumendi, Boston Scientific, and Steris.

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