Pediatric Gastrointestinal Endoscopy Textbook and Atlas

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Adult gastroenterologists, don't be put off by the title—this is a book for all endoscopists, whatever your background. Don't believe me? The primary indication for endoscopy in children is investigation of suspected inflammatory bowel disease which, in most cases in Scotland at least, is performed by "adult" rather than paediatric practitioners.¹ So, in 2007, while the British Society of Gastroenterology recommends that all children *deserve* an endoscopy by a paediatric gastroenterologist, the reality of the situation is quite different.² Therefore, in this uncomfortable hiatus, while this book should be a desirable read for all paediatric gastroenterologists, it is a "must-read" for "adult" trained endoscopists who will be less familiar with undertaking endoscopy (and all that it entails) in children. This is not a book about learning how to scope 2.5 kg babies with 6 mm scopes (this is only discussed in 2 out of 200 pages), but instead provides a comprehensive guide to performing endoscopy in children of all ages and sizes.

In the 21st century there is a clear pathway to training and continued good practice in undertaking endoscopy in children and adolescents (for an overview see chapter 3). All

endoscopists will be facing competency-based assessment and revalidation soon, so training models and endoscopy textbooks are useful to all endoscopists, whatever their experience. Training should begin "pre-patient" with virtual training on training simulators. Then, before moving onto "live cases" unaided, endoscopy should be performed in a controlled setting, optimally starting with a hands-on course run by trained experts before encountering theatre staff, consultants and anaesthetists. These stages will optimise the trainee's technique from the outset and minimise the risk of merely picking up their local trainers' bad habits from the start!

This practical endoscopy experience should be complemented by a sound knowledge base of indications for endoscopy, safe practice, practical advice and the potential complications arising from endoscopy, all of which are well covered in this book. In addition, all endoscopists are required to be experts in lesion recognition acquired by reviewing previous endoscopic images as well as by clinical experience. The book provides an extensive photographic atlas of both common and rare lesions in children, comprising both endoscopic photographs and especially useful histology slides from biopsies. The accompanying pocket-sized CD-ROM provides further visual material including video clips; look out for the removal of the nail from stomach—all that was missing was a running commentary.

So much for training. What about the child and family? A global rating scale has not yet

been applied to endoscopy units looking after children—in contrast to adults³—but, clearly, endoscopic examinations should be carried out in appropriate surroundings for the child with quality and safety as drivers. A word of caution: if your patient is clutching "*Winnie the Pooh*" when entering the endoscopy room, an adult endoscopy suite may not be appropriate for them! Further chapters deal with the important considerations of age-appropriate information and consent, psychology and anaesthesia choice (yes, most children do need a general anaesthetic!), which are all necessary before endoscopy is undertaken in children.

In the end this book provides an excellent overview of paediatric endoscopy for all to enjoy. It is an easy and practical read, covering the essential skills and knowledge needed by all endoscopists as well as providing more specialised information in later chapters on endoscopic ultrasound, polypectomy, capsule endoscopy and ERCP useful to most but only performed in paediatric gastrointestinal practice by a limited few.

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References

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- 2 Anon. Care of patients with gastrointestinal disorders in the UK. A strategy for the future. *Gut* 2007;**56**(Suppl 1):1–56.
- 3 Williams JG, Roberts SE, Ali MF, et al. Gastroenterology services in the UK. *Gut* 2007;**56**:1–113.