

Section: Division of Nursing

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PROCEDURE

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Approval: _____

Issue Date: August 10, 1993

Reviewed Date: March 23, 2005

HACKETTSTOWN REGIONAL MEDICAL CENTER

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MINOR PROCEDURES

(Scope)

TITLE: BICAP COAGULATION

PURPOSE: To outline the steps for assisting with bicap coagulation.

- SUPPORTIVE DATA:
1. Bicap coagulation is used to control hemorrhage and bleeding with the use of a specialized hemostatic probe through an endoscope channel.
 2. Bicap coagulation is indicated for active bleeding lesions in the upper or lower GI tract.

- EQUIPMENT LIST:
1. See safety protocol
 2. Colonoscope or gastroscope with video system and corresponding accessories
 3. Automatic monitoring unit for vital signs, cardiac and O₂ saturation monitoring
 4. ERBE unit with disposable heater probe
 5. Sterile H₂O or NaCl if physician prefers for BiCap bottle and H₂O bottle
 6. 4x4's (10)
 7. Chux (3)
 8. Gloves for M.D. and nurse
 9. Barrier gowns for M.D. and nurse
 10. Emesis basin with H₂O for testing scope and rinsing after
 11. Introducer for biopsy channel
 12. Surgilube (2 oz.)
 13. Suction cannisters (2)
 14. Suction tubings (2)
 15. O₂ nasal cannula

CONTENT:

PROCEDURE STEPS:

KEY POINTS:

A. Pre-Procedure Assessment/Care

Contraindications:

- | | |
|--|---|
| <ol style="list-style-type: none">1. Verify signed, informed consent.2. Obtain baseline vital signs and attach to automatic monitor.3. Establish IV line as ordered.4. Set up for emergency endoscopy.5. Set up BiCap unit:<ol style="list-style-type: none">(a) Fill H₂O bottle with sterile H₂O or NaCl to level indicated and connect to port on machine.(b) Connect probe and foot pedal to unit.(c) Prime the probe with H₂O by depressing the H₂O pedal. | <ol style="list-style-type: none">1. Combative, uncooperative patient2. Massive hemorrhage which requires immediate surgery3. Inadequate visualization of the bleeding site4. Free peritoneal air on x-ray |
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Patient Teaching:

1. Refer to EGD/Colonoscopy procedures.
2. Assure patient that utilization of probe will not cause pain.

B. Responsibilities During Procedure

1. Follow EGD or Colonoscopy responsibilities in addition to the following:
2. Remind the physician to advance the probe with slow strokes to prevent possible kinking which may break internal conducting wires.
3. Maintain the H₂O level in the H₂O bottle by adding sterile H₂O.
4. Set the energy levels as directed by the physician.
5. Wipe the probe with gauze as it is withdrawn from the scope to remove secretions.
6. Monitor the patient for abdominal distention due to large amounts of air and H₂O put into the stomach.

C. Post-Procedure Assessment/Care

1. Refer to EGD or Colonoscopy procedure.
2. Monitor patient's vital signs and observe for bleeding, vomiting, abdominal pain and distention and document results.
3. Disassemble and clean machine.
4. Flush the H₂O from the unit.
5. Empty the H₂O bottle and sterilize.

Potential Complications:

1. Perforation
2. Delayed hemorrhage
3. Deep ulceration

REFERENCE: MANUAL OF GASTROINTESTINAL PROCEDURES, 5th, 2004, Society of Gastroenterology Nurses & Associates, Inc.