MALAYSIAN GASTRO-INTESTINAL REGISTRY (MGIR) - ENDOSCOPY NOTIFICATION

Office use: ____ / ____

Centre: ____

Instruction: Where check boxes ☐ are provided, check (√) one or more boxes. Where radio buttons ◯ are provided, check (√) one box only.

A. Reporting Centre : .....

SECTION I : PATIENT PARTICULARS

1. Patient Name : *		**2. Patient RN :**	
3. NRIC : *	MyKad / MyKid: ☐☐☐☐☐☐ - ☐☐ - ☐☐☐☐	Old IC:	
	Other ID document No:	Specify document type (e.g.passport, armed force ID):	
4. Gender: *	◯ Male ◯ Female	**5. Date of Birth :** * (dd/mm/yyyy)	☐☐/☐☐/☐☐☐☐
6. Ethnic group: *	◯ Malay ◯ Chinese ◯ Indian ◯ Orang Asli ◯ Kadazan ◯ Melanau ◯ Murut ◯ Bajau ◯ Bidayuh ◯ Iban ◯ Other Malaysian, specify: ..... ◯ Foreigner, specify country of origin:		
7. Contact number:	1) Homephone:	2) Mobile:	3) Office:

SECTION II : PROCEDURES

1. Date of procedure (dd/mm/yyyy) : * ☐☐/☐☐/☐☐☐☐	**2. Age :** * ☐☐ *Auto calc.*

3. Source : *

◯ Internal

◯ External → i.Hospital Name: .....

ii.Hospital Type: → ◯ Government Hospital with specialist ◯ Government Health Clinic ◯ Private Clinic ◯ Government Hospital without specialist ◯ Private Hospital ◯ Not Available

4. Procedures and Indication : *

☐ OGDS →

☐ Dyspepsia →
- ◯ Upper abdominal symptoms that persist despite an appropriate trial of therapy
- ◯ Upper abdominal symptoms associated with other symptoms or signs suggesting serious organic disease or in patients > 45 years old

☐ GERD symptoms
☐ Dysphagia/Odynophagia
☐ Gastrointestinal bleeding →
- ◯ Active/ Recent bleeding
- ◯ Occult

☐ Reevaluation of previously Bleeding lesion
☐ Reevaluation peptic ulcer disease
☐ Investigation of Iron-deficiency anaemia
☐ Others, specify: .....

☐ Evaluation / treatment portal hypertension
☐ Evaluation of caustic injury
☐ Other therapeutic procedures: →
- ☐ Placement of feeding tubes, specify indication: .....
- ☐ Dilatation of stenotic lesions
- ☐ Management of achalasia
- ☐ Palliative treatment of stenosing neoplasms
- ☐ Removal of foreign bodies
- ☐ Removal of selected polypoid lesions

☐ Persistent vomiting of unknown cause
☐ Confirmation of radiologically demonstrated lesions
☐ Surveillance sampling of tissue or fluid is indicated →
- ◯ Barrett's oesophagus
- ◯ Familial adenomatous polyposis syndromes
- ◯ Other polyposis syndrome

☐ Investigation of chronic diarrhea
☐ Suspected upper GI malignancy

☐ Colonoscopy →

☐ Unexplained iron deficiency anaemia
☐ Evaluation of unexplained Gastrointestinal bleeding →
- ◯ Haematochezia (per rectal bleed)
- ◯ Melena after an upper GI source has been excluded
- ◯ Presence of fecal occult blood

☐ Alteration in bowel habits
☐ Chronic diarrhoea
☐ Screening for colonic neoplasia →
- ◯ Average risk group
- ◯ High risk group
- ◯ Hereditary non-polyposis colorectal cancer
- ◯ Sporadic colorectal cancer
- ◯ iFOBT positive

☐ Surveillance for colonic neoplasia →
- ☐ Polyps
- ☐ Inflammatory bowel disease
- ☐ Previous colorectal cancer
- ☐ Others, specify: .....

☐ Inflammatory bowel disease
☐ Chronic abdominal pain
☐ Abnormal imaging study
☐ Evaluation of gastrointestinal infection →
- ☐ TB
- ☐ Others, specify: .....

☐ Therapeutic →
- ☐ Treatment for bleeding
- ☐ Removal of foreign body
- ☐ Excision of colonic polyp
- ☐ Decompression/ megacolon/ volvulus
- ☐ Others, specify: .....
- ☐ Intraoperative identification of lesion
- ☐ Dilatation
- ☐ Palliative treatment
- ☐ Stenting

☐ Marking a neoplasm for localization
☐ Suspected lower GI malignancy
☐ Others, specify: .....

SECTION II : PROCEDURES (continue)

4. Procedures and Indication : *continue*

☐ Endoscopic Ultrasonography (EUS)

☐ Diagnostic

- ☐ Staging of tumour
  - ☐ Lung ☐ Large bowel ☐ Others, specify: .....
  - ☐ Oesophagus ☐ Ampulla
  - ☐ Stomach ☐ Pancreas
  - ☐ Small bowel ☐ Bile ducts
- ☐ Evaluating abnormalities of GIT wall / adjacent structures
- ☐ Assessment of obstructive jaundice
- ☐ Evaluation of abnormalities of the pancreas
  - ☐ Mass ☐ Chronic pancreatitis
  - ☐ Cystic lesion ☐ Pseudocyst ☐ Other, specify: .....
- ☐ Evaluation of adenopathy / mass
- ☐ Tissue acquisition
  - i.Comment:
- ☐ Acute pancreatitis
- ☐ Others, specify: .....

☐ Therapeutic

- ☐ Coeliac plexus block ☐ Others, specify: .....
- ☐ Pseudocyst drainage
- ☐ Biliary drainage, specify: .....
- ☐ Radio frequency ablatio

☐ ERCP →

- ☐ Acute pancreatitis ☐ Chronic pancreatitis ☐ Removal/ change of Stents ☐ Pseudocyst drainage
- ☐ Ascending cholangitis ☐ Dilated biliary system ☐ Bile duct injury ☐ Others, specify: .....
- ☐ Bile duct stone ☐ Obstructive jaundice ☐ Ampullectomy

☐ Enteroscopy* → ☐ Diagnostic

- ☐ GI bleeding → ◉ Occult digestive bleeding ◉ Overt bleeding with obscured source
- ☐ Evaluation of imaging abnormality →
  - a) Mode of Imaging
    - ☐ CT scan ☐ Capsule endoscopy ☐ MRI ☐ Others .....
  - b) Indication
    - ☐ Ulcer(s) ☐ Vascular lesion(s) ☐ Stricture(s) ☐ Abnormal Thickening
    - ☐ Polyp(s) ☐ Mass lesion(s) ☐ Malabsorption ☐ Suspected lymphoma
    - ☐ Suspected Crohn's Disease ☐ Suspected infiltrative disease ☐ Suspected Coeliac Disease ☐ Stricture of surgical anastomosis
    - ☐ Foreign body ingestion ☐ Others .....

☐ Therapeutic

- ☐ Endoscopic hemostatic therapies ☐ Placement of enteral feeding catherers ☐ Biliary route access after Roux-en-Y-jejunostomy
- ☐ Endoscopic dilation for stricture ☐ Foreign body removal(including retained capsule) ☐ Insertion of self-expanding metallic stents(SEMS) for obstruction
- ☐ Endoscopic polypectomy ☐ Others .....
- ☐ Endoscopic mucosectomy

SECTION II : PROCEDURES (continue)

4. Procedures and Indication : *continue*

☐ Capsule Endoscopy →

- ☐ Overt gastrointestinal bleeding with obscured source
- ☐ Occult gastrointestinal bleeding/anaemia
- ☐ Suspected Protein-losing enteropathy
- ☐ Suspected intestinal tuberculosis
- ☐ Suspected lymphoma
- ☐ Suspected intestinal ischemia
- ☐ Suspected NSAID enteroscopy
- ☐ Suspected Chrohn's disease
- ☐ Suspected Coeliac Disease
- ☐ Suspected Bechet's Disease
- ☐ Suspected intestinal tumour
- ☐ Polyposis syndrome
- ☐ Unexplained abdominal pain
- ☐ Unexplained diarrhea
- ☐ Unexplained weight loss
- ☐ Others ----------

☐ 24H pH Study

☐ Manometry → ◉ Esophageal manometry ◉ Anorectal manometry

☐ Other procedures, specify: ----------

5. Underlying Illness : *

- ☐ None
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ HIV
- ☐ Bronchial asthma
- ☐ COAD
- ☐ Diabetes mellitus
- ☐ Hypertension
- ☐ Valvular heart disease
- ☐ Ischaemic heart disease
- ☐ Prosthetic cardiac valve
- ☐ Dengue
- ☐ Blood dyscrasia, specify: ----------
- ☐ Chronic kidney disease
- ☐ Tuberculosis
- ☐ Malignancy, specify: ----------
- ☐ Covid, specify: ----------
- ☐ Others, specify: ----------

6. Previous Surgery : *

☐ None ☐ Unsure

☐ Stomach/ Duodenum →

- ☐ Gastrostomy
- ☐ Under-running of bleeders
- ☐ Gastrojejunostomy
- ☐ Partial gastrectomy & gastrojejunostomy
- ☐ Partial gastrectomy & gastroduodenostomy
- ☐ Roux En-Y
- ☐ Subtotal gastrectomy & gastrojejunostomy
- ☐ Total gastrectomy & oesophagojejunostomy
- ☐ Palliative gastrectomy & gastrojejunostomy
- ☐ Gastrectomy not otherwise specified
- ☐ Simple closure of PG
- ☐ Others, specify: ----------

☐ Colorectal →

- ☐ Loop colostomy
- ☐ Hartmann's procedure
- ☐ Limited right hemicolectomy
- ☐ Right hemicolectomy
- ☐ Transverse colecto
- ☐ Extended right hemicolectomy
- ☐ Left hemicolectomy
- ☐ Sigmoid hemicolectomy
- ☐ Subtotal colectomy
- ☐ Proctocolectomy with ileal pouch
- ☐ Proctocolectomy with end ileostomy
- ☐ PSARP
- ☐ Duhamel's procedure
- ☐ Delorme procedure
- ☐ Anterior resection
- ☐ Abdominoperineal resection
- ☐ Others, specify: ----------

☐ Anal / Perianal →

- ☐ Anal Stricture
- ☐ Haemorrhoids
- ☐ Others, specify: ----------

☐ Liver →

- ☐ Drainage of abscess
- ☐ Liver Resection
- ☐ Liver transplant
- ☐ Repair of liver lace
- ☐ Shunt surgery
- ☐ Others, specify: ----------

☐ Gallbladder / Bile Duct/ Pancreas →

- ☐ Cholecystectomy
- ☐ Subtotal cholecystectomy
- ☐ Cholecyctostomy
- ☐ Bile duct exploration
- ☐ Cholecystojejunostomy
- ☐ Choledochojejunostomy
- ☐ Gastrojejunostomy
- ☐ Hepaticojejunostomy
- ☐ Excision of choledochal cyst &
- ☐ Kasai's operation
- ☐ Pancreatic necrosectomy
- ☐ Whipple's operation
- ☐ Cystogastrostomy
- ☐ Others, specify: ----------

☐ Oesophagus →

- ☐ Antireflux procedure
- ☐ Oesophagectomy
- ☐ Others, specify: ----------

☐ Appendix →

- ☐ Appendicectomy
- ☐ Others, specify: ----------

☐ Gynaecological →

- ☐ Total abdominal hysterectomy (TAH)
- ☐ TAH & bilateral salphingo-oopherectomy
- ☐ Others, specify: ----------

☐ Other surgeries, specify: ----------

SECTION III : MEDICATION

1. Known Allergy : *

( ) Yes , specify: ..... ( ) No ( ) Unknown

2. Concurrent Medication : *

- [ ] None
- [ ] Antiplatelet
  - [ ] Aspirin
  - [ ] Clopidogrel
  - [ ] Ticlopidine
  - [ ] Others, specify: .....
- [ ] Proton Pump Inhibito
  - Specify: .....
- [ ] Non-steroidal- anti-inflammatory- drugs (NSAIDS)
- [ ] Anticoagulants
  - [ ] Warfarin
  - [ ] Low molecular weight heparin
  - [ ] Heparin
  - [ ] Others, specify: .....
- [ ] H2 Antagonist
  - Specify: .....
- [ ] Antibiotics
  - Specify: .....
- [ ] Traditional Medicine
  - Specify: .....
- [ ] Steroids
  - Specify: .....
- [ ] Prokinetic Agents
  - Specify: .....

3. Medication Administered :

- [ ] None
- [ ] General Anaesthesia
- [ ] Sedation
  - [ ] Midazolam → i.Dose ____ mg
  - [ ] Diazepam → i.Dose ____ mg
  - [ ] Pethidine → i.Dose ____ mg
  - [ ] Fentanyl → i.Dose ____ mcg
  - [ ] Propofol → i.Dose ____ mg
- [ ] Antimotility
  - [ ] Hyoscine → i.Dose ____ mg
  - [ ] Glucagon → i.Dose ____ mg
- [ ] Antidote
  - [ ] Naloxone → i.Dose ____ mg
  - [ ] Flumazenil → i.Dose ____ mg
- [ ] Prophylactic antibiotics
  - a) i.Agent: ..... ii.Route ( ) IV ( ) Oral ( ) IM iii.Dose ____ ( ) mg ( ) g
  - b) i.Agent: ..... ii.Route ( ) IV ( ) Oral ( ) IM iii.Dose ____ ( ) mg ( ) g
  - c) i.Agent: ..... ii.Route ( ) IV ( ) Oral ( ) IM iii.Dose ____ ( ) mg ( ) g
  - d) Comments: .....
- [ ] Motility enhancing drug → i. specify: ..... ii.Dose ____ mg
- [ ] Others, specify: .....
- [ ] Any adverse drug reaction → Comments: ____

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Office use: /

Centre:

Instruction: Where check boxes ☐ are provided, check (√) one or more boxes. Where radio buttons ◉ are provided, check (√) one box only.

* i) Name of Endoscopist : ii) Name of Supervisor :

* iii) Department : ◉ Medical ◉ Surgery ◉ Others, specify

* iv) Time of procedure (hh:mm) i.Start time: : ii.Stop time: : iii.Duration : Autocalc.

* v) Urgency ◉ Elective ◉ Emergency * ivi) Timing ◉ Office hours ◉ Out of office hours

SECTION I : FINDINGS

A) OESOPHAGUS

1. Location of Z-line: cm

2. General Appearance : ◉ Normal → *If Normal, kindly complete Section B Stomach* ◉ Abnormal → *If Abnormal, kindly complete item no.3, 4, 5, 6*

3. Type of Lesions :

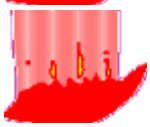
☐ **Oesophagitis**

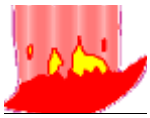
i. Type : *

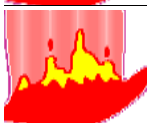
☐ Peptic / Reflux

Los Angeles Classification

◉ Grade A  *One or more mucosal breaks, no longer than 5 mm that do not extend between tops of two mucosal folds*

◉ Grade B  *One or more mucosal breaks, more than 5mm that do not extend between tops of two mucosal folds*

◉ Grade C  *One or more mucosal breaks, that are continuous between tops of two or more mucosal folds but which involves less than 75% of the circumference*

◉ Grade D  *One or more mucosal breaks, that involve at least 75% of the oesophageal circumference*

☐ Candidiasis ☐ Viral ☐ Chemical Induced ☐ Post-Radiation ☐ Others, specify ---------- ☐ Unknown

ii.Comment:

☐ **Oesophageal Ulcer**

i. Type : *

☐ Peptic ☐ Post-Sclerotherapy ☐ Post-Banding ☐ Malignant ☐ Others, specify : ---------- ☐ Unknown

ii.Number: *	iii.Size : * *(the largest ulcer size)*	iv.Distance from incisor:	v.Description: *
☐ Unknown	◉ <1 cm ◉ 1-2 cm ◉ 2 - 5 cm ◉ > 5 cm	cm ☐ Unknown	

☐ **Oesophageal Varices**

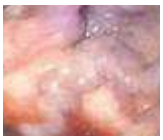
i.Number: *

ii.Size: *

Classification of the Japanese Research Society for Portal Hypertension

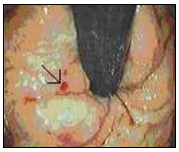
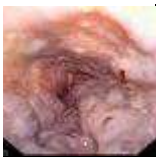
◉ None  *Normal oesophagus*

◉ F 1  *Small, straight varices not disappearing with insufflation*

◉ F 2  *Medium varices occupying less than one third of the lumen*

◉ F 3  *Large varices occupying more than one third of the lumen*

iii.Stigmata of recent bleeding: *

☐ Active Bleeding ☐ Cherry Red Spot  *Cherry red spots are signs of imminent hemorrhage* ☐ Red Wale Marking 

☐ Adherent Clot ☐ Haematocystic Spot  ☐ No Stigma

☐ Unknown

iv.Comment:

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SECTION I : FINDINGS (continue)

A) OESOPHAGUS (continue)

3. Type of Lesions :

☐ **Oesophageal Stricture**

i.Length : *	ii.Distance from Incisor : *	iii. Able to pass scope?
☐☐ cm ☐ Unknown	☐☐ cm ☐ Unknown	◉ Yes → Length of lesion ☐☐ cm ◉ No

iv.Comment:

☐ **Oesophageal Tumour**

i.Appearance: *	ii.Distance from Incisor : *
☐ Flat ☐ Polypoidal ☐ Ulcer ☐ Exophytic ☐ Stricture ☐ Unknown	☐☐ cm ☐ Unknown

iii. Able to pass scope?

◉ Yes → Length of lesion ☐☐ cm

◉ No

iv.Description:

4. Barrett's Oesophagus :

i.Length of segment ☐☐ cm ii. Prague Classification C ☐☐ M ☐☐

5. Congenital/ Anatomical Anomaly :

☐ Web (Paterson-Kelly) ☐ Diverticula ☐ Cyst

☐ Ring (Schatzki) ☐ Hiatus Hernia ☐ Others, specify : .....

6. Other Findings :

☐ Mallory Weiss Tear ☐ Foreign Body ☐ Achalasia ☐ Others, specify : .....

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SECTION I : FINDINGS (continue)

B) STOMACH

1. General * Appearance : ◉ Normal → *If Normal, kindly complete Section C Pylorus* ◉ Abnormal

2. Type of * Lesions :

☐ **Gastritis**

i. Site : * ☐ Antrum ☐ Corpus ☐ Pangastritis

ii. Severity : * ◉ Mild ◉ Moderate ◉ Severe

iii. Type : *

Sydney Classification

☐ Erythematous Gastritis

This form of gastritis is characterized by a speckled, sometimes confluent rubeosis affecting various parts of the gastric mucosa.

☐ Atrophic gastritis

The mucosa shows signs of inflammation, at the same time the mucosal layer is thinner and appears to be more transparent.

☐ Exudate Gastritis

In this form of gastric inflammation the mucosal defects are covered with mucus and fibrin.

☐ Haemorrhagic gastritis

Subepithelial hemorrhages have the appearance of discrete petechiae and erosions can be sparse or not demonstrable

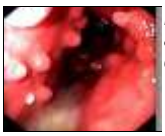
☐ Superficially Erosive Gastritis

Hallmark of erosive gastritis are mucosal lesions , which do not penetrate the muscular layer of the mucosa. The erosions present as lacerations, sometimes covered with hematin.

☐ Bile gastritis

Gastritis secondary to reflux of bile acids. In this form of gastritis a reflux of bile through the pylorus is evident and causes inflammatory changes of the gastric mucosa.

☐ Polypoid gastritis with erosions



Like in polypoid gastritis there are areas of polypoid, but also erosive changes of the gastric mucosa.

☐ Giant folds gastritis

Inflammation of the stomach due to the accumulation of inflammatory cells in the mucosa of the stomach resulting in abnormally large, coiled ridges or folds that resemble polyps in the inner wall of the stomach.

☐ Unknown

iv.General Comment:

☐ **Gastric Ulcer**

i. Site : *

☐ Fundal
☐ Corpus → ☐ Lesser Curve ☐ Anterior ☐ Greater Curve ☐ Posterior

☐ Antrum → ☐ Lesser Curve ☐ Anterior ☐ Greater Curve ☐ Posterior

☐ Prepyloric
☐ Stomal
☐ Unknown

ii. Number : *

iii. Size : * ◉ <1 cm ◉ 1-2 cm ◉ 2 - 5 cm ◉ > 5 cm

iv.Appearance : * ◉ Benign ◉ Uncertain ◉ Malignant

☐ Unknown

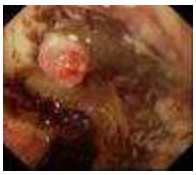
v.Stigmata of Recent Bleeding / Hemorrhage: * :

Forrest Classification

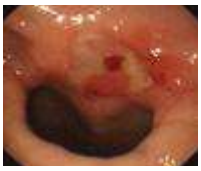
Stigmata of recent hemorrhage

◉ I a Arterial, spurting hemorrhage

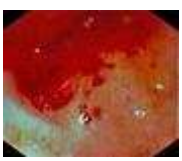
◉ II a Visible vessel



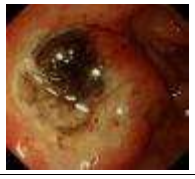
◉ II c Hematin- covered lesion



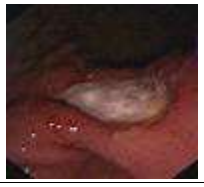
◉ I b Oozing hemorrhage



◉ II b Adherent clot



◉ III Clean base ulcer



vi.Comment:

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SECTION I : FINDINGS (continue)

B) STOMACH (continue)

3. Type of * Lesions : (continue)

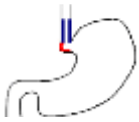
☐ **Gastric Varices**

i. Type : *

Sarin Classification

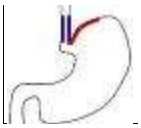
◉ None — *No varices*

◉ GOV-1 — *Varices that are a continuation of oesophageal varices and extend for 2-5 cm below OGJ along the lesser curve curvature*



◉ IGV-1 — *Located in the fundus of the stomach and fall short of the cardia by a few cm*

◉ GOV-2 — *Varices extend below the OGJ towards the fundus of the stomach*

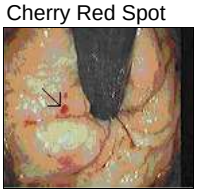


◉ IGV-2 — *Isolated ectopic varices*

ii.Stigmata of recent bleeding: *

☐ Active Bleeding

☐ Cherry Red Spot

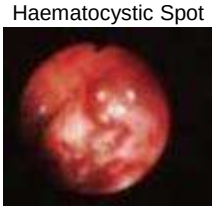


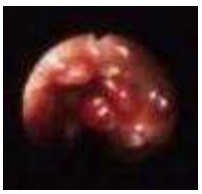
Cherry red spots are signs of imminent bleeding

☐ Red Wale Marking

☐ Adherent Clot

☐ Haematocystic Spot





☐ No Stigma

☐ Unknown

iii.Comment:

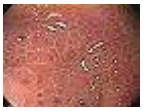
☐ **Portal Hypertensive Gastropathy**

i.de Franchis Grading System for Severity *

◉ Mild

(Mosaic-Like pattern of mild degree (without redness of areola))

◉ Severe



(Mosaic pattern is superimposed by any red signs)

ii.Comment:

☐ **Gastric Polyps**

i. Site : *

☐ Cardia ☐ Fundal ☐ Corpus → ☐ Lesser Curve ☐ Anterior ☐ Greater Curve ☐ Posterior

☐ Antrum → ☐ Lesser Curve ☐ Anterior ☐ Greater Curve ☐ Posterior

☐ Pyloric

ii. Size : *

◉ <1 cm ◉ 2 - 5 cm ◉ 1-2 cm ◉ > 5 cm

☐ Unknown

iii.Comment:

☐ **Gastric Tumour**

i. Site : *

☐ Cardia ☐ Fundal ☐ Corpus → ☐ Lesser Curve ☐ Anterior ☐ Greater Curve ☐ Posterior

☐ Antrum → ☐ Lesser Curve ☐ Anterior ☐ Greater Curve ☐ Posterior

☐ Pyloric ☐ Stomal ☐ Unknown

ii. Appearance *

◉ Malignant ◉ Premalignant ◉ Benign ◉ Subepithelial ◉ Unsure

iii. Size *

◉ <1 cm ◉ 2 - 5 cm ◉ 1-2 cm ◉ > 5 cm

iv.Comment:

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Instruction: Where check boxes ☐ are provided, check (√) one or more boxes. Where radio buttons ◯ are provided, check (√) one box only.

SECTION I : FINDINGS (continue)

B) STOMACH (continue)

3. Type of * Lesions : (continue)

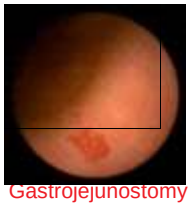
☐ **Post Surgical Resection :**

i.Anastomosis : *	ii.Comment:
◯ Normal ◯ Abnormal	

☐ **Other finding :**

☐ Mallory Weiss

☐ Angiodysplasia



☐ Dieulafoy's Lesion

☐ Gastric Antral Vascular Ectasia

☐ Gastrojejunostomy Lumen

☐ Unknown

☐ Other, specify: _____

_____

C) PYLORUS

1. General * Appearance :

◯ Normal → *If Normal, kindly complete Section D*

◯ Abnormal → ◯ Deformed ◯ Stenosed ◯ Others, specify: _____

D) DUODENUM

1. General * Appearance :

◯ Normal → *If Normal, kindly complete Section II Procedure Performed*

◯ Abnormal

2. Type of * Lesions :

☐ **Duodenal Ulcer**

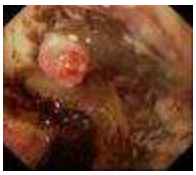
i. Site : *	ii. Size :	iii. Appearance : *
☐ D_1 ☐ D_1 / D_2 ☐ D_2 ☐ D_3 ☐ D_4 ☐ Unknown	◯ <1 cm ◯ 2 - 5 cm ◯ 1-2 cm ◯ > 5 cm	◯ Benign ◯ Malignant ◯ Uncertain

vi.Stigmata of recent hemorrhage: * :

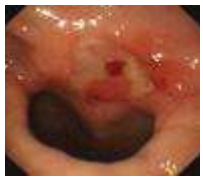
Forrest Classification

◯ I a Arterial, spurting hemorrhage

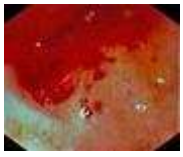
◯ II a Visible vessel



◯ II c Hematin-covered lesion

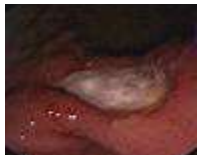


◯ I b Oozing hemorrhage



◯ II b Adherent clot

◯ III Clean base ulcer



☐ **Erosion** ☐ **Duodenitis** ☐ **Polyp** ☐ **Varix** ☐ **Diverticulum**

☐ **Others, specify:** _____ ☐ Unknown

Comment:

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Office use: /

Centre:

Instruction: Where check boxes ☐ are provided, check (√) one or more boxes. Where radio buttons ◉ are provided, check (√) one box only.

SECTION II : PROCEDURES PERFORMED

* **Was an additional procedure performed?** ◉ Yes ◉ No → *Kindly complete Section III Complications*

1. Procedures : *

☐ **Diagnostic Procedure**

☐ **Biopsy**

i. Site : *

☐ Oesophagus ☐ Cardia ☐ Fundus ☐ Corpus ☐ Antrum ☐ Pylorus ☐ Duodenum ☐ Stoma ☐ Unknown

ii. Purpose : *

☐ Histology
☐ Rapid Urease Test → ◉ Positive ◉ Negative
☐ Culture and Sensitivity
☐ Others, specify .....

iii.Comment:

☐ **Therapeutic Procedure**

☐ **Injection**

i. Agent : *

☐ 0.01% Adrenaline ☐ Histoacryl Glue ☐ Others, specify ..... ☐ Unknown

ii.Comment:

☐ **Thermal therapy**

i.Comment:

☐ **Haemoclip**

i. Type :

ii. Number of clip :

iii.Comment:

☐ **Argon Plasma Coagulation**

i.Comment:

☐ **Banding**

i. Lesion : *

☐ Oesophageal Varices ☐ Gastric Varices ☐ Fundal Varices ☐ Duodenal Varices ☐ Unknown

ii. Number of bands : *

iii.Comment:

☐ **Stenting**

i. Site : *

☐ Upper Oesophagus ☐ Mid Oesophagus ☐ Lower Oesophagus
☐ Pylorus ☐ Duodenum ☐ Unknown

ii. Type : *

◉ Metalic → ◉ Covered ◉ Uncovered
◉ Plastic → Length: ..... cm Inner: ..... mm

iii. Comment:

☐ **Dilatation**

i. Site : *

☐ Oesophagus ☐ Pylorus
☐ Duodenum ☐ Unknown

ii. Type of Dilator *

◉ Bougienage → ◉ Savary-Gilliard ◉ Others, specify .....
◉ Balloon Dilator (mm)

iii. Maximum size of dilator (mm) : *

iv.Comment:

☐ **Polypectomy**

i.Comment:

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Centre:

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SECTION II : PROCEDURES PERFORMED (continue)

1. Procedures : * (continue)

continue from Therapeutic Procedure

☐ **Laser Therapy**

i.Comment:

☐ **Percutaneous Endoscopic Gastrostomy (PEG) :**

i.Comment:

☐ **Percutaneous Endoscopic Jejunostomy (PEJ) :**

i.Comment:

☐ **Endoscopic Mucosal Resection (EMR)**

☐ **Endoscopic Submucosal Dissection (ESD)**

☐ **Haemostatic Powder**

☐ **Other Procedures, specify:** _____

☐ **Unknown**

SECTION III : IMMEDIATE COMPLICATIONS

1. Were there * any complications?

◉ Yes ◉ No → *Kindly complete Section IV Diagnosis*

☐ Bleeding ☐ Perforation ☐ Death ☐ Others, specify: ---------- ☐ Unknown

2. Comment:

SECTION IV : DIAGNOSIS

1. Diagnosis : *

i. Endoscopic Diagnosis :

ii. Management Plan :

MALAYSIAN GASTRO-INTESTINAL REGISTRY (MGIR) - ERCP

Office use: / Centre:

Instruction: Where check boxes ☐ are provided, check (√) one or more boxes. Where radio buttons ◉ are provided, check (√) one box only.

* i) Name of Endoscopist : ii) Name of Supervisor :

* iii) Department : ◉ Medical ◉ Surgery ◉ Others, specify

* iv) Time of procedure (hh:mm) i.Start time: : ii.Stop time: : iii.Duration : Autocalc.

* v) Urgency ◉ Elective ◉ Emergency * ivi) Timing ◉ Office hours ◉ Out of office hours

SECTION I : FINDINGS - ERCP

A) BILIARY

1. Papilla : *

☐ Major → ☐ Normal ☐ Previous Sphincterotomy ☐ Oedematous ☐ Bulging ☐ Tumour ☐ Periampullary Diverticulum ☐ Others, specify :

☐ Minor → ☐ Normal ☐ Previous Sphincterotomy ☐ Oedematous ☐ Bulging ☐ Tumour ☐ Periampullary Diverticulum ☐ Others, specify :

☐ Unknown

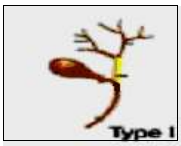
2. Bile Duct Cannulation / Opacification : * ◉ Yes ◉ No → *Kindly complete Section B Pancreas*

3. Bile Duct : *

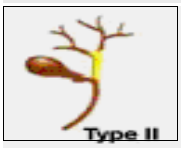
☐ Calibre → ◉ Normal ◉ Dilated → ☐ CBD ☐ CHD ☐ Right IHD ☐ Left IHD

☐ Stricture → ◉ Single ◉ Multiple → ◉ Distal ◉ Proximal

Bismuth Classification *

◉ Type I 

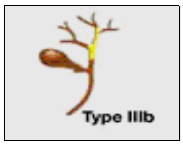
Stricture found below the confluence of the left and right hepatic ducts.

◉ Type II 

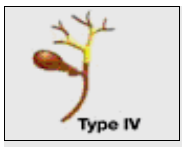
Stricture reaches the confluence of the left and right hepatic ducts.

◉ Type IIIa 

Stricture occludes the common hepatic duct and right hepatic duct, respectively.

◉ Type IIIb 

Stricture occludes the common hepatic duct and left hepatic duct, respectively

◉ Type IV 

Stricture is multicentric or involves the confluence and both the right and left hepatic ducts.

☐ Bile Duct Stone →

i. Number : ◉ Single ◉ Multiple ◉ None

ii. Site : ☐ Right Intrahepatic Duct ☐ Left Intrahepatic Duct ☐ Intrahepatic Ducts ☐ Cystic Duct ☐ Common Bile Duct ☐ Unknown

iii.Comment:

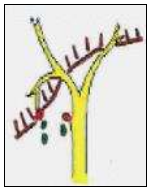
☐ Mirizzi Syndrome →

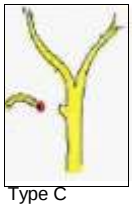
◉ Type I *A stone impacted in the cystic duct obstructs the common hepatic duct by extrinsic compression*

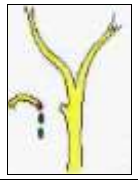
◉ Type II *The stone erodes into the hepatic duct to create a cholecystocholedochal fistula (i.e. an abnormal opening between the gallbladder and the bile duct)*

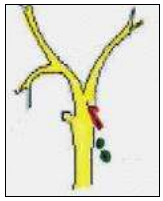
☐ Bile duct Injury →

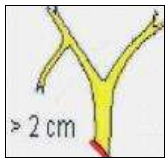
Strasberg Classification

☐ Type A 
Bile leak from gall bladder bed or cystic duct stump

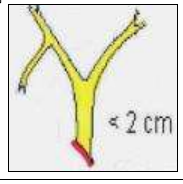
☐ Type B 
Injury to aberrant right duct with no bile leak

☐ Type C 
Injury to aberrant right duct with bile leak

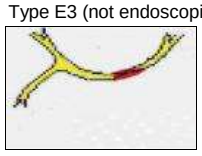
☐ Type D 
Incomplete transection of common hepatic duct with bile leak

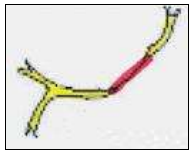
☐ Type E1 (not endoscopic diagnosis) 

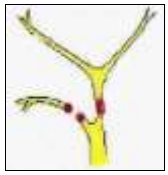
Complete transection of hepatic duct. Stump > 2cm

☐ Type E2 (not endoscopic diagnosis) 

Complete transection of hepatic duct. Stump < 2cm

☐ Type E3 (not endoscopic diagnosis) 
Injury to confluence but no dissociation of right and left ducts

☐ Type E4 (not endoscopic diagnosis) 
Injury to confluence with complete dissociation of right and left ducts

☐ Type E5 (not endoscopic diagnosis) 
Stricture of hepatic duct with associated aberrant right duct injury

☐ Unknown

Comment :

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Instruction: Where check boxes ☐ are provided, check (√) one or more boxes. Where radio buttons ◉ are provided, check (√) one box only.

SECTION I : FINDINGS (continue)

A) BILIARY (continue)

4. Gallbladder : *

◉ Opacified → ☐ Normal ☐ Stone(s) ☐ Polyp(s) ☐ Suspected Tumour ☐ Specify: .....

◉ Not Opacified

5. Other Findings :

☐ **Sclerosing Cholangitis**

i. Comment :

☐ **Choledochal Cyst**

Todani Classification *

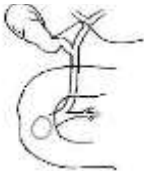
◉ I

Type I cysts are the most common and represent 80-90% of choledochal cysts. They consist of saccular or fusiform dilatations of the common bile duct, which involve either a segment of the duct or the entire duct.

◉ II

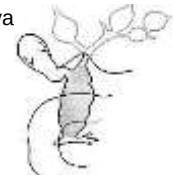
Type II choledochal cysts appear as an isolated diverticulum protruding from the wall of the common bile duct. The cyst may be joined to the common bile duct by a narrow stalk.

◉ III



Type III choledochal cysts arise from the intraduodenal portion of the common bile duct and are described alternately by the term choledochocele.

◉ Iva

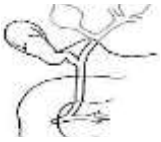


Type IVA cysts consist of multiple dilatations of the intrahepatic and extrahepatic bile ducts.

◉ Ivb

Type IVB choledochal cysts are multiple dilatations involving only the extrahepatic bile ducts.

◉ V



Type V (Caroli disease) consists of multiple dilatations limited to the intrahepatic bile ducts.

☐ **Biliary Worm Infestation**

☐ **Others, specify:** .....

B) PANCREAS

1.Pancreatic Duct Cannulation/ Opacification: *

◉ Yes → ◉ Contrast *(Kindly proceed to number 2 and 3)* ◉ No contrast

◉ No

2. Pancreatic Duct : *

◉ Normal ◉ Abnormal

☐ Dilated → ☐ Proximal Stricture ☐ Multiple Stricture ☐ Distal Stricture

☐ Stone/s ☐ Chronic Pancreatitis ☐ Pancreas Divisum

☐ Others, specify: .....

3. Comment :

SECTION II : PROCEDURES PERFORMED

* **Was an additional procedure performed?** ◉ Yes ◉ No → *Kindly complete Section III Complications*

1. Procedures : *

☐ **Diagnostic Procedure**

☐ **Biopsy :** → i. Site : *

☐ Ampulla ☐ Intraductal ☐ Others, specify ..... ☐ Unknown

☐ **Brushings:** → i. Comment :

☐ **Bile aspiration:** → ◉ Cytology ◉ C&S ◉ AFB ◉ AFB and C&S

MALAYSIAN GASTRO-INTESTINAL REGISTRY (MGIR) - ERCP

Office use: / Centre:

Instruction: Where check boxes ☐ are provided, check (√) one or more boxes. Where radio buttons ◯ are provided, check (√) one box only.

SECTION II : PROCEDURES PERFORMED (continue)

1. Procedures : (continue) *

☐ **Therapeutic Procedure**

☐ **Sphincterotomy** → i. Type : *
◯ Pre-Cut ◯ Conventional
ii.Comment:

☐ **Balloon sphincteroplasty** → i.Comment:

☐ **Stone Extraction**
i. Method : *
☐ Basket ☐ Mechanical Lithotripsy ☐ Others, specify
☐ Balloon ☐ Electro Hydraulic Lithotripsy (EHL) ☐ Unknown .....
ii. Result : *
◯ Failed ◯ Complete ◯ Partial
iii.Comment:

☐ **Stenting**
i. Site : *
☐ Biliary ☐ Pancreatic ☐ Unknown
ii. Type : *
◯ Plastic → ◯ Straight ◯ Pigtail
◯ Metal → ◯ Covered ◯ Uncovered
iii. Number : *
◯ Single →

Size (fr)	Unit	Length (cm)
	◯ fr ◯ mm	

◯ Multiple →

Stent	Size	Unit	Length (cm)
Stent 1		◯ fr ◯ mm	
Stent 2		◯ fr ◯ mm	
Stent 3		◯ fr ◯ mm	

iv.Comment:

☐ **Naso-Biliary Drain**
i.Comment:

☐ **Naso-Pancreatic**
i.Comment:
Unknown

☐ **Naso-cystic**
i.Comment:

☐ **Biliary Dilatation**
i. Method: *
◯ Balloon ____ mm (maximum diameter ◯ Bougie ____ fr (maximum diameter)

☐ **Mother-Baby Scope**
i.Comment:

☐ **Ampullectomy** ☐ **Pseudo cyst drainage** ☐ **Others, specify:** .....

SECTION III : IMMEDIATE COMPLICATIONS

1. Were there any complications?
◯ Yes ◯ No
☐ Bleeding ☐ Perforation ☐ Death ☐ Others, specify: ☐ Unknown

2. Were there any delayed complications (to be filled retrospectively)?
◯ Yes ◯ No → *Kindly complete Section IV Diagnosis*
☐ Bleeding ☐ Perforation ☐ Pancreatitis ☐ Cholangitis ☐ Others, specify: ☐ Unknow

3. Comment :

SECTION IV : DIAGNOSIS

1. Diagnosis : *
i. Endoscopic Diagnosis :
ii. Management Plan :

MALAYSIAN GASTRO-INTESTINAL REGISTRY (MGIR) - COLONOSCOPY

Office use: /

Centre:

Instruction: Where check boxes ☐ are provided, check (√) one or more boxes. Where radio buttons ◯ are provided, check (√) one box only.

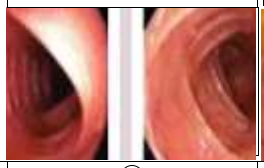
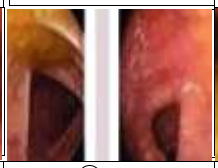
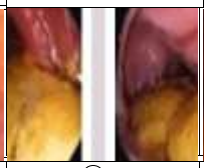
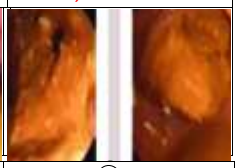
* i) Name of Endoscopist :		ii) Name of Supervisor :	
* iii) Department :	◯ Medical ◯ Surgery ◯ Others, specify		
* vi) Time of procedure (hh:mm) :	i.Start time: :	ii.Stop time: :	iii.Duration : Autocalc.
* v). Urgency :	◯ Elective ◯ Emergency	* vi). Timing :	◯ Office hours ◯ Out of office hours

SECTION I : FINDINGS

1. Colonic Preparation : *

◯ PEG ◯ Sodium Phosphate ◯ None ◯ Others

2. Bowel Preparation : *

	i. Excellent(No minimal solid stool)	ii. Good (no or minimal solid stool with large amount of clear fluid requiring suction	iii. Fair (collection of semisolid debris that are cleared with difficulty	iv. Poor (solid or semisolid debris that cannot be effectively cleared)
				
Left Sided Colon	◯	◯	◯	◯
Transverse Colon	◯	◯	◯	◯
Right Sided Colon	◯	◯	◯	◯
BBPS				

3. Extent Of Colonoscopy : *

◯ Complete

◯ Terminal Ileum ◯ Caecum

◯ Incomplete

◯ Ascending Colon ◯ Hepatic Flexure ◯ Transverse Colon

◯ Splenic Flexure ◯ Descending Colon ◯ Sigmoid Colon

◯ Rectum Only ◯ Surgical Anastomosis

i. Reason for Incomplete

◯ Poor bowel preparation ◯ Intention

◯ Bowel Looping ◯ Tumour obstruction

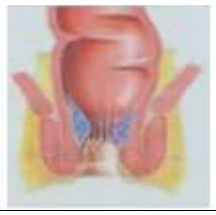
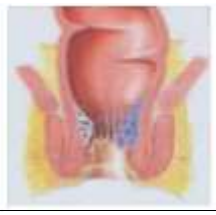
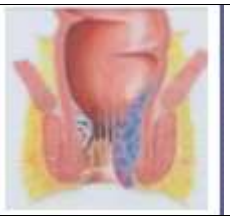
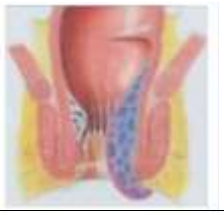
◯ Tight angle ◯ Other _____

4. General Appearance : *

◯ Normal → *If Normal, kindly complete Section II Procedure Performed* ◯ Abnormal

5. Type of Lesions : *

☐ **Haemorrhoids**

			
Stage 1 - No Protrusion of haemorrhoids, yet	Stage 2 - Protruding haemorrhoids,that spontaneously reduce	Stage 3 - Protruding haemorrhoids, possible to push back manually	Stage 4 - Protruding haemorrhoids, that can't be push back in manually anymore
◯	◯	◯	◯

☐ **Carcinoma**

i. Site : *

☐ Anus ☐ Sigmoid Colon ☐ Ascending Colon

☐ Rectum ☐ Descending Colon ☐ Caecum

☐ Recto-Sigmoid ☐ Transverse Colon ☐ Anastomosis

ii. Distance From Anal Verge

(Applicable for site: Anus, Rectum or Recto-Sigmoid)

cm

iii. Appearance : *

☐ Polypoidal ☐ Ulcerating

☐ Fungating ☐ Circumferential

iv. Lumen : *

☐ Able To Pass Scope →

☐ Unable To Pass Scope

v. Length of lesion :

cm *(Applicable if able to pass scope)*

vi.Comment :

5. Type of Lesions :

☐ **Polyps** → Num of Polyps ---------- ☐ >5

☐ **Polyp 1**

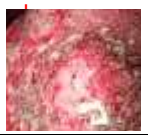
i. Site : **	ii. Size of Polyp **
☐ Anus ☐ Rectum ☐ Recto Sigmoid ☐ Sigmoid Colon ☐ Descending Colon ☐ Transverse Colon ☐ Ascending Colon ☐ Caecum ☐ Anastomosis	---------- mm

iii. Type of Polyp **	☐ Flat ☐ Sessile ☐ Pedunculated →	◉ Short stalk ◉ Long stalk

iv. NICE Classification

◉ Type I ◉ Type II ◉ Type II





v. Comment

☐ **Polyp 2**

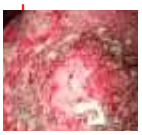
i. Site : **	ii. Size of Polyp **
☐ Anus ☐ Rectum ☐ Recto Sigmoid ☐ Sigmoid Colon ☐ Descending Colon ☐ Transverse Colon ☐ Ascending Colon ☐ Caecum ☐ Anastomosis	---------- mm

iii. Type of Polyp **	☐ Flat ☐ Sessile ☐ Pedunculated →	◉ Short stalk ◉ Long stalk

iv. NICE Classification

◉ Type I ◉ Type II ◉ Type II





v. Comment

☐ **Polyp 3**

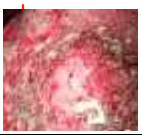
i. Site : **	ii. Size of Polyp **
☐ Anus ☐ Rectum ☐ Recto Sigmoid ☐ Sigmoid Colon ☐ Descending Colon ☐ Transverse Colon ☐ Ascending Colon ☐ Caecum ☐ Anastomosis	---------- mm

iii. Type of Polyp **	☐ Flat ☐ Sessile ☐ Pedunculated →	◉ Short stalk ◉ Long stalk

iv. NICE Classification

◉ Type I ◉ Type II ◉ Type II





v. Comment

☐ **Polyp 4**

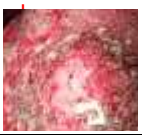
i. Site : **	ii. Size of Polyp **
☐ Anus ☐ Rectum ☐ Recto Sigmoid ☐ Sigmoid Colon ☐ Descending Colon ☐ Transverse Colon ☐ Ascending Colon ☐ Caecum ☐ Anastomosis	---------- mm

iii. Type of Polyp **	☐ Flat ☐ Sessile ☐ Pedunculated →	◉ Short stalk ◉ Long stalk

iv. NICE Classification

◉ Type I ◉ Type II ◉ Type II





v. Comment

SECTION I : FINDINGS (continue)

5. Type of Lesions :

☐ **Colitis**

i. Site : *

☐ Rectum

☐ Aphthous ulcerations	☐ Pseudopolyps	☐ Continuous involvement	☐ Unknown
☐ Deep irregular ulcerations	☐ Cobblestones	☐ Erythema	
☐ Longitudinal ulcers	☐ Nodularity	☐ Friability	
☐ Exudate (pus/ mucopus)	☐ Luminal narrowing	☐ Granular appearance	
☐ Attenuation or loss of vascular pattern	☐ Stricture formation	☐ Superficial ulcerations	
☐ Mucosal bridging	☐ Fistulas	☐ Other Specify: ----------	

☐ Descending Colon

☐ Aphthous ulcerations	☐ Pseudopolyps	☐ Continuous involvement	☐ Unknown
☐ Deep irregular ulcerations	☐ Cobblestones	☐ Erythema	
☐ Longitudinal ulcers	☐ Nodularity	☐ Friability	
☐ Exudate (pus/ mucopus)	☐ Luminal narrowing	☐ Granular appearance	
☐ Attenuation or loss of vascular pattern	☐ Stricture formation	☐ Superficial ulcerations	
☐ Mucosal bridging	☐ Fistulas	☐ Other Specify: ----------	

☐ Ascending Colon

☐ Aphthous ulcerations	☐ Pseudopolyps	☐ Continuous involvement	☐ Unknown
☐ Deep irregular ulcerations	☐ Cobblestones	☐ Erythema	
☐ Longitudinal ulcers	☐ Nodularity	☐ Friability	
☐ Exudate (pus/ mucopus)	☐ Luminal narrowing	☐ Granular appearance	
☐ Attenuation or loss of vascular pattern	☐ Stricture formation	☐ Superficial ulcerations	
☐ Mucosal bridging	☐ Fistulas	☐ Other Specify: ----------	

☐ Terminal Illeum

☐ Aphthous ulcerations	☐ Pseudopolyps	☐ Continuous involvement	☐ Unknown
☐ Deep irregular ulcerations	☐ Cobblestones	☐ Erythema	
☐ Longitudinal ulcers	☐ Nodularity	☐ Friability	
☐ Exudate (pus/ mucopus)	☐ Luminal narrowing	☐ Granular appearance	
☐ Attenuation or loss of vascular pattern	☐ Stricture formation	☐ Superficial ulcerations	
☐ Mucosal bridging	☐ Fistulas	☐ Other Specify: ----------	

☐ Sigmoid

☐ Aphthous ulcerations	☐ Pseudopolyps	☐ Continuous involvement	☐ Unknown
☐ Deep irregular ulcerations	☐ Cobblestones	☐ Erythema	
☐ Longitudinal ulcers	☐ Nodularity	☐ Friability	
☐ Exudate (pus/ mucopus)	☐ Luminal narrowing	☐ Granular appearance	
☐ Attenuation or loss of vascular pattern	☐ Stricture formation	☐ Superficial ulcerations	
☐ Mucosal bridging	☐ Fistulas	☐ Other Specify: ----------	

☐ Transverse Colon

☐ Aphthous ulcerations	☐ Pseudopolyps	☐ Continuous involvement	☐ Unknown
☐ Deep irregular ulcerations	☐ Cobblestones	☐ Erythema	
☐ Longitudinal ulcers	☐ Nodularity	☐ Friability	
☐ Exudate (pus/ mucopus)	☐ Luminal narrowing	☐ Granular appearance	
☐ Attenuation or loss of vascular pattern	☐ Stricture formation	☐ Superficial ulcerations	
☐ Mucosal bridging	☐ Fistulas	☐ Other Specify: ----------	

☐ Caecum

☐ Aphthous ulcerations	☐ Pseudopolyps	☐ Continuous involvement	☐ Unknown
☐ Deep irregular ulcerations	☐ Cobblestones	☐ Erythema	
☐ Longitudinal ulcers	☐ Nodularity	☐ Friability	
☐ Exudate (pus/ mucopus)	☐ Luminal narrowing	☐ Granular appearance	
☐ Attenuation or loss of vascular pattern	☐ Stricture formation	☐ Superficial ulcerations	
☐ Mucosal bridging	☐ Fistulas	☐ Other Specify: ----------	

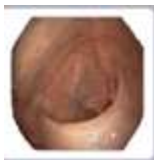
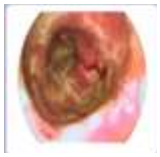
☐ Pancolitis

☐ Aphthous ulcerations	☐ Pseudopolyps	☐ Continuous involvement	☐ Unknown
☐ Deep irregular ulcerations	☐ Cobblestones	☐ Erythema	
☐ Longitudinal ulcers	☐ Nodularity	☐ Friability	
☐ Exudate (pus/ mucopus)	☐ Luminal narrowing	☐ Granular appearance	
☐ Attenuation or loss of vascular pattern	☐ Stricture formation	☐ Superficial ulcerations	
☐ Mucosal bridging	☐ Fistulas	☐ Other Specify: ----------	

5. Type of Lesions :

ii. Endoscopic impression:

☐ Ulcerative Colitis(MAYO Endoscopic Subscore(MES))*

0 - Normal or inactive disease	1 - Mild disease	2 - Modearate disease	3 - Severe disease
			

☐ Crohn's Disease

SES-CD Score						
	Ileum	Right Colon	Transverse Colon	Left Colon	Rectum	Total
a. Presence and size of ulcers(0-3)						
b. Extent of ulcerated surface(0-3)						
c. Extent of affected surface(0-3)						
d. Presence and type of narrowings(0-3)						
					*SES-CD =	

Rutegeerts* Classification	
	○ i0-No lesions(Normal) ○ i1- ≤ aphthous ulcers ○ i2a - Lesion confined to ileocolonic anastomosis(ulcers/strictures) ○ i2b - ≥ 5 Ulcers with normal intervening mucosa skip area of larger lesions ○ i3 - Diffuse apthous iletis with diffusely inflamed mucosa ○ i4-Diffuse inflammation with larger ulcers, nodules and/or narrowing

☐ Others, specify: ----------

iii.Comment:

MALAYSIAN GASTRO-INTESTINAL REGISTRY (MGIR) - COLONOSCOPY

Office use: /

Centre:

Instruction: Where check boxes ☐ are provided, check (√) one or more boxes. Where radio buttons ◉ are provided, check (√) one box only.

SECTION I : FINDINGS (continue)

4. Type of * Lesions : (continue)

☐ **Ulcer**

ii. Site : **

☐ Anus ☐ Sigmoid ☐ Transverse Colon ☐ Caecum ☐ Rectum ☐ Descending Colon ☐ Ascending Colon ☐ Terminal Illeum

i. Size : **

◉ <1 cm ◉ 1-2 cm ◉ 2 - 5 cm ◉ > 5 cm

iii. Number : *

☐ Unknown

iv.Comment:

☐ **Diverticula**

i. Site : *

☐ Anus ☐ Sigmoid ☐ Transverse Colon ☐ Caecum ☐ Rectum ☐ Descending Colon ☐ Ascending Colon ☐ Terminal Illeum

ii.Comment:

☐ **Other findings**

i. Abnormalities *

☐ Angioectasias

☐ i. Angiodysplasia ☐ ii. Telangiectasia

☐ Melanosis Coli ☐ Hemangiomas ☐ Stricture ☐ Others, specify ----------

☐ Varix ☐ Worms ☐ Unknown

ii.Comment:

General Comment :

MALAYSIAN GASTRO-INTESTINAL REGISTRY (MGIR) - COLONOSCOPY

Office use: /

Centre:

Instruction: Where check boxes ☐ are provided, check (√) one or more boxes. Where radio buttons ◉ are provided, check (√) one box only.

SECTION II : PROCEDURES PERFORMED

* **Was an additional procedure performed?** ◉ Yes ◉ No → *Kindly complete Section III Complications*

1. Procedures : *

☐ **Diagnostic Procedure**

☐ **Biopsy**

i. Num of specimen(s) _____

ii. Site :*

☐ Rectum ☐ Descending Colon ☐ Ascending Colon ☐ Anus ☐ Terminal Ileum
☐ Sigmoid Colon ☐ Transverse Colon ☐ Caecum ☐ Anastomotic ☐ Unknown/Random colonic

iii. Reason for biopsy :

◉ Histology ◉ C&S ◉ AFB ◉ TB PCR ◉ Others, specify _____

iv.Comment:

☐ **Therapeutic Procedure**

☐ **Polypectomy :**

i. ◉ Complete ◉ Incomplete
* ◉ Uncertain
☐ Unknown

ii. Method : *
☐ Hot Biopsy ☐ Hot Snare ☐ Piece-Meal ☐ Cold Biopsy ☐ Cold Snare

iii. Comment :

☐ **Injection**

i. Agent : *	ii. Comment :
☐ 0.01% Adrenaline ☐ Histoacryl Glue ☐ Others ☐ Unknown	

☐ **Banding :**

i. Lesion site : *	ii.Comment:
☐ Unknown	

☐ **Argon Plasma Coagulation :**

i.Comment:

☐ **Laser Therapy :**

i.Comment:

☐ **Thermal Therapy / Heater Probe :**

i.Comment:

☐ **Haemoclip :**

i.Comment:

☐ **Stenting**

Type
◉ Covered ◉ Uncovered ◉ Others _____
i.Comment:

☐ **Endoscopic Mucosal Resection (EMR)**

i.Comment:

☐ **Endoscopic Submucosal Dissection (ESD)**

i.Comment:

☐ **Full Thickness Resection**

i.Comment:

☐ **Other procedures :**

i.Comment:

SECTION III : IMMEDIATE COMPLICATIONS	
1. Were there any complications? *	◉ Yes ◉ No → *Kindly complete Section IV Diagnosis* ↓ ☐ Bleeding ☐ Perforation ☐ Death ☐ Others, specify: ☐ Unknown
2. Comment:	

SECTION IV : DIAGNOSIS		
1. Diagnosis : *	i. Endoscopic Diagnosis :	
	ii. Management Plan :	

MALAYSIAN GASTRO-INTESTINAL REGISTRY (MGIR) - ENDOSCOPIC ULTRASONOGRAPHY(EUS)

Office use: / Centre:

Instruction: Where check boxes ☐ are provided, check (√) one or more boxes. Where radio buttons ◯ are provided, check (√) one box only.

* i) Name of Endoscopist : ii) Name of Supervisor :

* iii) Department : ◯ Medical ◯ Surgery ◯ Others, specify

* iv) Time of procedure (hh:mm) i.Start time: : ii.Stop time: : iii.Duration : Autocalc.

* v) Urgency ◯ Elective ◯ Emergency * ivi) Timing ◯ Office hours ◯ Out of office hours

SECTION I

1. Site ☐ Upper GI ☐ Lower GI ☐ Unknown

2. Type of Scope ☐ Linear ☐ Radial ☐ Miniprobe ☐ Unknown

3. Findings

4. Procedures

☐ Tissue Acquisition ◯ FNA ◯ FNB ◯ Others, specif

Needle	◯ 19 G ◯ 22 G ◯ 25 G ◯ Tru Cut
Site	
Comment	

☐ Cyst Drainage ☐ Plastic stent ☐ Lumen apposing metallic stent (LAMS)

Number	◯ Single ◯ Multiple	
If single	Size ◯ fr ◯ mm	Length cm
If multiple	Stent 1 - Size ◯ fr ◯ mm	Length cm
	Stent 2 - Size ◯ fr ◯ mm	Length cm
	Stent 3 - Size ◯ fr ◯ mm	Length cm
Comment		

☐ Billary Drainage ☐ Choledocho-duodenostomy (CDS) ☐ Hepatico-gastrostomy (HGS ☐ Gall bladder drainage

☐ Plastic stent ☐ Metallic stent ☐ Lumen apposing metallic stent (LAMS)

Number	◯ Single ◯ Multiple	
If single	Size ◯ fr ◯ mm	Length cm
If multiple	Stent 1 - Size ◯ fr ◯ mm	Length cm
	Stent 2 - Size ◯ fr ◯ mm	Length cm
	Stent 3 - Size ◯ fr ◯ mm	Length cm
Comment		

☐ Radio-frequency ablation	Comment	
☐ Gastro-enterostom	Comment	
☐ Coeliac plexus neurolysis	Comment	
☐ Others	Comment	

SECTION II : IMMEDIATE COMPLICATIONS

1. Were there any complications? * ◯ Yes ◯ No → *Kindly complete Section III Diagnosis*

☐ Bleeding ☐ Perforation ☐ Death ☐ Others, specify: ☐ Unknown

2. Comment:

SECTION III : DIAGNOSIS

1. Diagnosis : *

i. Endoscopic Diagnosis :

ii. Management Plan :

MALAYSIAN GASTRO-INTESTINAL REGISTRY (MGIR) - MANOMETRY

Office use: /

Centre:

Instruction: Where check boxes ☐ are provided, check (√) one or more boxes. Where radio buttons ◯ are provided, check (√) one box only.

* i) Name of Endoscopist :			ii) Name of Supervisor :				
* iii) Department :	◯ Medical	◯ Surgery	◯ Others, specify				
* iv) Time of procedure (hh:mm)	i.Start time:	:	ii.Stop time:	:	iii.Duration :	Autocalc.	
* v) Urgency	◯ Elective	◯ Emergency	* ivi) Timing	◯ Office hours	◯ Out of office hours		

SECTION I

3. Indication : *	
4. Procedure * Performed :	☐ Anorectal Manometry ☐ Esophageal Manometry ☐ Others, specify: ----------
5. Findings : *	☐ Unknown

SECTION II : DIAGNOSIS

1. Diagnosis : *	i. Endoscopic Diagnosis :	
	ii. Management Plan :	

MALAYSIAN GASTRO-INTESTINAL REGISTRY (MGIR) - 24H pH Study

Office use: /

Centre:

Instruction: Where check boxes ☐ are provided, check (√) one or more boxes. Where radio buttons ◯ are provided, check (√) one box only.

* i) Name of Endoscopist :			ii) Name of Supervisor :			
* iii) Department :	◯ Medical	◯ Surgery	◯ Others, specify			
* iv) Time of procedure (hh:mm)	i.Start time:	:	ii.Stop time:	:	iii.Duration :	Autocalc.
* v) Urgency	◯ Elective	◯ Emergency	* ivi) Timing	◯ Office hours	◯ Out of office hours	

SECTION I

3. Indication : *	
4. Procedure * Performed :	☐ Others, specify: ----------
5. Findings : *	☐ Unknown

SECTION II : DIAGNOSIS

1. Diagnosis : *	i. Endoscopic Diagnosis :	
	ii. Management Plan :	

MALAYSIAN GASTRO-INTESTINAL REGISTRY (MGIR) - CAPSULE ENDOSCOPY

Office use: ____ / ____

Centre: ____

Instruction: Where check boxes ☐ are provided, check (√) one or more boxes. Where radio buttons ◉ are provided, check (√) one box only.

* i) Name of Endoscopist :			ii) Name of Supervisor :		
* iii) Department :	◉ Medical	◉ Surgery	◉ Others, specify		
* iv) Time of procedure (hh:mm)	i.Start time: __ __ : __ __		ii.Stop time: __ __ : __ __	iii.Duration : __ __	Autocalc.
* v) Urgency	◉ Elective	◉ Emergency	* vi) Timing	◉ Office hours	◉ Out of office hours

SECTION I

1. Type of Capsule Used *

◉ Patency capsule ◉ Video capsule endoscopy

2. Capsule endoscopy company

3. Pre-recording and bowel preparation

☐ None ☐ Antimucolytics (e.g NAC) ☐ Endoscopic delivery to duodenum ☐ PEG
☐ Simethicone ☐ Sodium picosulphate ☐ Use of prokinetic ----------

4. Bubble Score (Degree obscuration by bubbles, debris and ...)

◉ No obscuration (< 5%) ◉ Mild obscuration (5-25%) ◉ Moderate obscuration (25%-50%) ◉ Severe obscuration (≥50%) ◉ Unsure

5. Extent of Examination

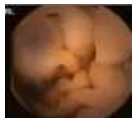
Examination completed?	◉ Yes ◉ No →	Furthest identification anatomic site: ◉ Esophagus ◉ Duodenum ◉ Jejunum ◉ Ileum			
Time of Ingestion	__ __ : __ __	Time of first gastric view	__ __ : __ __	Total battery time	
Time of first colonic view	__ __ : __ __	Time of first duodenal view	__ __ : __ __	Total small bowel time	

6. Was there any abnormal findings

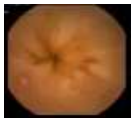
◉ Normal ◉ Abnormal

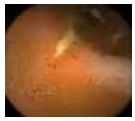
7. Findings

☐ Angioectasia 
◉ Active bleeding
◉ Not bleeding
Comment: ----------

☐ Varices 
Comment: ----------

☐ Erosions 
Comment: ----------

☐ Apthous Ulcers 
Comment: ----------

☐ Ulcers 
Comment: ----------

☐ Villous Atrophy 
Comment: ----------

☐ Tumour
Comment: ----------

☐ Diverticulum
Comment: ----------

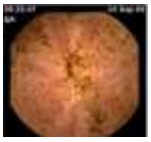
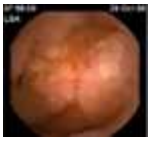
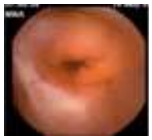
☐ Mucosal Infiltration
Comment: ----------

☐ Gastrointestinal bleeding →
◉ Active bleeding lesion identified ◉ Active bleeding lesion not identify,but blood / blood clots seen

☐ Polyps →
◉ Harmatomatous ◉ Adenomatous ◉ Malignant ◉ Unsure
Comment: ----------

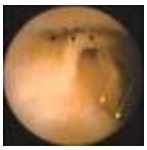
7. Findings (cont...)

☐ Suspected Crohn's Disease

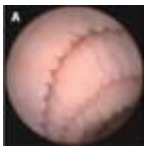
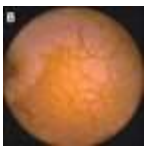
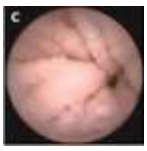
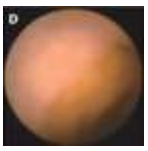
	Descriptor or Number	Longitudinal Extent	Descriptor
Villous appearance (worst-affected tertile) 	◯ Normal (0) ◯ Edematous (1)	◯ Short Segment (8) ◯ Long Segment (12) ◯ Whole Tertile (20)	◯ Single (1) ◯ Patchy (14) ◯ Diffuse (17)
Ulcers (Worst-affected tertile) 	◯ None (0) ◯ Single (3) ◯ Few (5) ◯ Multiple (10)	◯ Short Segment (5) ◯ Long Segment (10) ◯ Whole Tertile (15)	◯ <1/4 (9) ◯ 1/4-1/2 (12) ◯ >1/2 (18)
Stenosis (whole study) 	◯ None (0) ◯ Single (14) ◯ Multiple (20)	◯ Ulcerated (24) ◯ Non-ulcerated (2)	◯ Traversed (7) ◯ Not Traversed (10)
Total Lewis Score			

☐ Suspected Coeliac Disease

◯ Normal Mucosa ◯ Absent villous pattern ◯ Ulceration ◯ Partial villi atrophy



◯ Scalloping ◯ Mosaic pattern ◯ Micronodularity ◯ Flattened of the fold

☐ Others: .....

8. Site of main lesion

Total small bowel percentage	☐ %	Duration from first duodenal view	☐ hour ☐ min	Comment	

9. Visualized oesophagus stomach and colon ...

◯ Normal ◯ Abnormal

Comment: .....

10. Capsule passed out

◯ <24 Hours ◯ 24-48 Hours ◯ 48 hours to 14 days ◯ >14 days ◯ Unsure

SECTION II : Immediate Complications

1. Were there any complications? *

◯ Yes ◯ No → Kindly complete Diagnosis

☐ Capsule Retention ☐ Small bowel obstruction ☐ Perforation ☐ Aspiration ☐ Others: .....

2. Comment

SECTION III : DIAGNOSIS

1. Diagnosis *

i. Endoscopic Diagnosis :

ii. Management Plan :

MALAYSIAN GASTRO-INTESTINAL REGISTRY (MGIR) - ENTEROSCOPY

Office use: / Centre:

Instruction: Where check boxes ☐ are provided, check (√) one or more boxes. Where radio buttons ◉ are provided, check (√) one box only.

* i) Name of Endoscopist : ii) Name of Supervisor :

* iii) Department : ◉ Medical ◉ Surgery ◉ Others, specify

* iv) Time of procedure (hh:mm) i.Start time: __ __ : __ __ ii.Stop time: __ __ : __ __ iii.Duration : __ __ Autocalc.

* v) Urgency ◉ Elective ◉ Emergency * ivi) Timing ◉ Office hours ◉ Out of office hours

SECTION I : FINDINGS

1. Indication :

2.Type of Endoscope : i. Model : ii. Serial No :

3. Procedure Performed :

☐ Push enteroscopy ➔ ☐ with overtube ☐ without overtube

☐ Single balloon enteroscopy ☐ On demand enteroscopy

☐ Double balloon enteroscopy ☐ Spiral enteroscopy

☐ Others, specify: .....

4. Colonic Preparation : ☐ PEG ☐ Sodium Phosphate ☐ None ☐ Others, specify: .....

5. Procedure Approach :

◉ Antegrade enteroscopy ◉ Through enteroscopy ◉ Others, specify: .....

◉ Retrograde enteroscopy ◉ On-table enteroscopy .....

6. Bowel Preparation

◉ Excellent (no or minimal solid stool) ◉ Fair (collection of semisolid debris that are cleared with difficulty)

◉ Good (no or minimal solid stool with large amount of fluid requiring ?) ◉ Poor (solid or semisolid debris that cannot be effectively cleared)

7. Extent of enteroscopy :

	i. Pylorus :	ii. Illeocecal valve :	iii. Stoma :
a. Estimated distance from (cm) :			

b. Marker left at the maximum extend of enteroscopy : ☐ None ☐ Ink ☐ Haemocli

c.Segment of small bowel : ☐ Duodenum ☐ Proximal Jejunu ☐ Mid/distal Jejunum ☐ Ileum

d.Comment :

8. General Appearance : ◉ Normal ➔ *If Normal, kindly complete Procedures Performe* ◉ Abnormal

9. Type of lesion :

☐ a. Abnormal blood vessels

i.Stigma of bleeding : ◉ Actively bleeding ◉ Recent bleeding ◉ No bleeding

ii.Location :

	i. Pylorus :	ii. Illeocecal valve :	iii. Stoma :
a. Estimated distance from (cm) :			

b.Segment of small bowel : ☐ Duodenum ☐ Proximal Jejunum ☐ Others: ..... ☐ Mid/distal Jejunum ☐ Ileum .....

iii.Type of lesion : ☐ Ulcer ☐ Varix ☐ Tumor ☐ Angioecstasis ☐ Diverticulum ☐ Arterio-venous malformation ☐ Others: .....

iv.Comment :

☐ b. Ulcer(s)

i.Number of ulcer : ◉ Active ◉ Multiple >= 2

ii.Appearance: ◉ Benign ◉ Malignant ◉ Unsure

ii.Location :

	i. Pylorus :	ii. Illeocecal valve :	iii. Stoma :
a. Estimated distance from (cm) :			

b.Segment of small bowel : ☐ Duodenum ☐ Proximal Jejunum ☐ Others: ..... ☐ Mid/distal Jejunum ☐ Ileum .....

iv.Comment :

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SECTION I : FINDINGS (CONTINUE)

11. Type of lesion :

☐ c. Stricture

i.Appearance:	◉ Benign	◉ Malignant	◉ Unsure
ii. Lumen:	◉ Able to pass scope (fill the length of stricture)	◉ Unable to pass scope	
iii.Length of stricture:		cm	

iv.Location :		i. Pylorus :	ii. Illeocecal valve :	iii. Stoma :
	a. Estimated distance from (cm) :			
	b.Segment of small bowel :	☐ Duodenum	☐ Proximal Jejunum	☐ Others: .....
		☐ Mid/distal Jejunum	☐ Ileum	.....
v.Comment :				

☐ d. Polyp(s)

i.Number of polyp(s):	◉ Single	◉ Multiple >= 2	
ii.Appearance:	◉ Benign	◉ Malignant	◉ Unsure
iii. Size of polyp(s):	☐ < 1 cm	☐ 1 - 2 cm	☐ >= 2 cm
iv. Type of polyp(s):	☐ Flat	☐ Sessile	☐ Pedunculated

v.Location :		i. Pylorus :	ii. Illeocecal valve :	iii. Stoma :
	a. Estimated distance from (cm) :			
	b.Segment of small bowel :	☐ Duodenum	☐ Proximal Jejunum	☐ Others: .....
		☐ Mid/distal Jejunum	☐ Ileum	.....
v.Comment :				

☐ e. Tumour

i.Type of tumour:	◉ Benign	◉ Malignant	◉ Unsure
ii. Lumen:	◉ Able to pass scope (fill the length of lesion)	◉ Unable to pass scope	
iii. Appearance:	◉ Polypoidal	◉ Fungating	◉ Ulcerating
	◉ Circumferential	◉ Others, specify:	
iv.Length of lesion:		cm	

v.Location :		i. Pylorus :	ii. Illeocecal valve :	iii. Stoma :
	a. Estimated distance from (cm) :			
	b.Segment of small bowel :	☐ Duodenum	☐ Proximal Jejunum	☐ Others: .....
		☐ Mid/distal Jejunum	☐ Ileum	.....
vi.Comment :				

☐ f. Suspected or follow up of small bowel Crohn's disease

i.Location :		i. Pylorus :	ii. Illeocecal valve :	iii. Stoma :
	a. Estimated distance from (cm) :			
ii.Segment of small bowel :	☐ a. Duodenum			
	☐ b. Proximal Jejunum			
	☐ c. Mid/distal Jejunu			
	☐ d. Ileum			
iii.Comment :				

MALAYSIAN GASTRO-INTESTINAL REGISTRY (MGIR) - ENTEROSCOPY

Office use:

Centre:

Instruction: Where check boxes ☐ are provided, check (√) one or more boxes. Where radio buttons ◉ are provided, check (√) one box only.

SECTION I : FINDINGS (CONTINUE)

11. Type of lesion :

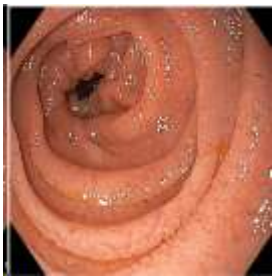
☐ g. Other findings

☐ Diverticulum ☐ Worms ☐ Others: .....

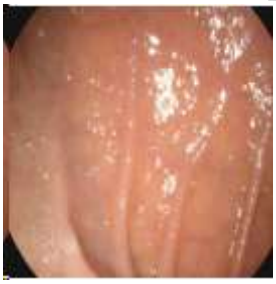
☐ Suspected infiltrative disease ☐ Suspected Coeliac disease .....

☐ Normal mucosa

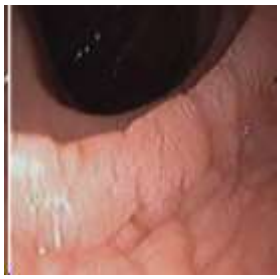
☐ Partial villi atrophy



☐ Flattened of the fold

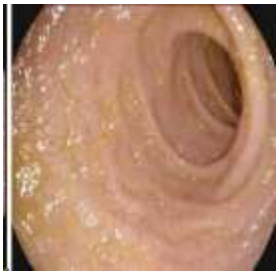


☐ Fissure on or scalloping of the fold

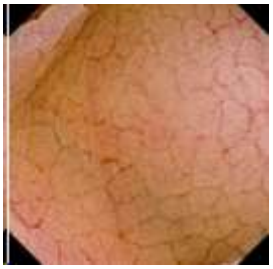


☐ Ulceration

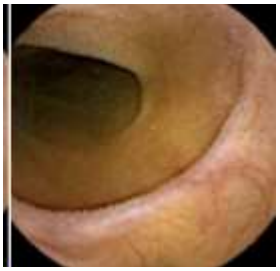
☐ Micronocdular pattern



☐ Mosaic pattern



☐ Absent villous pattern and atrophy



SECTION II : PROCEDURES PERFORMED

* **1. Was an additional procedure performed?** ◉ Yes ◉ No → *Kindly complete Section IV Complications*

***2. Procedure :**

☐ **a. Diagnostic Procedure**

↳ ☐ **1. Fluid Aspiration**

☐ **2. Biopsy**

↳ i. Site :

☐ Duodenum ☐ Proximal jejunum ☐ Middle / distal jejunum ☐ Ileum

☐ Ulcer edge ☐ Tumour ☐ Stricture

ii. Reason for biopsy : *

◉ Histology ◉ Tuberculosis PCR ◉ C & S ◉ AFB

◉ Others, specify .....

MALAYSIAN GASTRO-INTESTINAL REGISTRY (MGIR) - ENTEROSCOPY

Office use: /

Centre:

Instruction: Where check boxes ☐ are provided, check (√) one or more boxes. Where radio buttons ◉ are provided, check (√) one box only.

SECTION II : PROCEDURES PERFORMED (Continue)

2.Procedures:

☐ **b. Therapeutic Procedure**

☐ **1. Hemostatic therapies :**

☐ **i. Injection :**

☐ 0.01% Adrenaline ☐ Histoacryl Glue ☐ Others .....

Comment :

☐ **ii. Haemoclip :**

Type :

☐ **iii. Argon plasma coagulation (APC)**

☐ **iv. Others:** .....

Comment :

☐ **2. Polypectomy**

i..Type: ◉ Complete ◉ Incomplete ◉ Uncertain

iii. Method : ☐ Cold biopsy ☐ Hot biopsy ☐ Cold snare ☐ Hot snare ☐ Piece-Meal ☐ Hemoclip applied prior to polypectomy ☐ Saline/other solution lift prior to polypectomy ☐ Others: .....

iii. Comment :

☐ **3. Endoscopic dilatation for stricture**

i..Dilator:

☐ **4. Endoscopic resection**

☐ **5. Foreign body removal (including retained capsule)**

☐ **6. Insertion of self-expandable metallic stent (SEMS)**

☐ **7. Placement of enteral feeding catheters**

☐ **8. Biliary route access after Roux-en-Y jejunostomy**

☐ **9. Others :** .....

Therapeutic Procedure Comment :

SECTION IV : IMMEDIATE COMPLICATIONS

1. Were there * any complications?

◉ Yes ◉ No → *Kindly complete Section V Diagnosis*

☐ Bleeding ☐ Perforation ☐ Cardiorespiratory ☐ Death ☐ Others, specify: .....

SECTION V : DIAGNOSIS

1. Diagnosis : *

i. Endoscopic Diagnosis :

ii. Management Plan :

MALAYSIAN GASTRO-INTESTINAL REGISTRY (MGIR) - OTHER PROCEDURES

Office use: ____ / ____

Centre: ____

Instruction: Where check boxes ☐ are provided, check (√) one or more boxes. Where radio buttons ◯ are provided, check (√) one box only.

* i) Name of Endoscopist :			ii) Name of Supervisor :		
iii) Department :	◯ Medical	◯ Surgery	◯ Others, specify		
* iv) Time of procedure (hh:mm)	i.Start time: __ __ : __ __		ii.Stop time: __ __ : __ __	iii.Duration : __ __	Autocalc.
* v) Urgency	◯ Elective	◯ Emergency	* ivi) Timing	◯ Office hours	◯ Out of office hours

SECTION I

1. Indication : *	
2. Procedure * Performed :	☐ Others, specify: ----------
3. Findings : *	☐ Unknown

SECTION II : DIAGNOSIS

1. Diagnosis : *	i. Endoscopic Diagnosis :	
	ii. Management Plan :	