

CURRENT UNDERSTANDING OF GREEN ENDOSCOPY

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DDW2026
Digestive Disease Week®

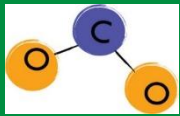
MAY 2-5, 2026 | CHICAGO, IL
EXHIBIT DATES: MAY 3-5, 2026

@DDWMeeting | #DDW2026



Disclosure

I have no financial relationships with commercial support to disclose



Gets trapped in our atmosphere

Global Warming

Carbon Dioxide (CO₂)

Keeps the planet at a comfortable temperature
Avg global temperature

Makes Earth a inhabitable place

Industrialization happened

~~Optimal CO₂ is released~~
Excess greenhouse gases

Carbon Footprint

Anything that you do which **directly or indirectly** is responsible to increase emission of Carbon Gases



From buying a shirt to riding a car or traveling in an aircraft, everything contributes towards

Greenhouse Gases and Their Global Warming Potential in Carbon Dioxide Equivalents (CO₂e)

Greenhouse gas	Global warming potential
(CO ₂ equivalents)	
Carbon dioxide (CO ₂)	1
Methane (CH ₄)	25
Nitrous oxide (N ₂ O)	298
Hydrofluorocarbons (HFCs)	124-14800
Perfluorocarbons (PFCs)	7390-12200
Sulfur hexafluoride (SF ₆)	22800
Nitrogen trifluoride (NF ₃)	17200

Environmental Impact of Endoscopy: “Scope” of the Problem

Endoscopy unit

Unit	Energy Consumption/day
Computers	8.96 kWh
Anaesthesia machines	12 kWh
Wash machines	24.67 kWh
Scope processors	27 kWh
Lighting	47.88kWh
Total	120.5 kWh

The carbon footprint of ambulatory gastrointestinal endoscopy

The carbon footprint of ambulatory gastrointestinal endoscopy

Single-center
retrospective
study



6070 patients

8524 endoscopic
procedures

Upstream activities

- Travel
- Medical and non-medical equipment
- Consumables
- Freight

Endoscopy center activities

- Energy (gas and electricity)
- Medical gases

Downstream activities

- Travel
- Waste



28 kg CO₂e

/

1

endoscopy



45%



32%



12%



7%



3%



0.4%



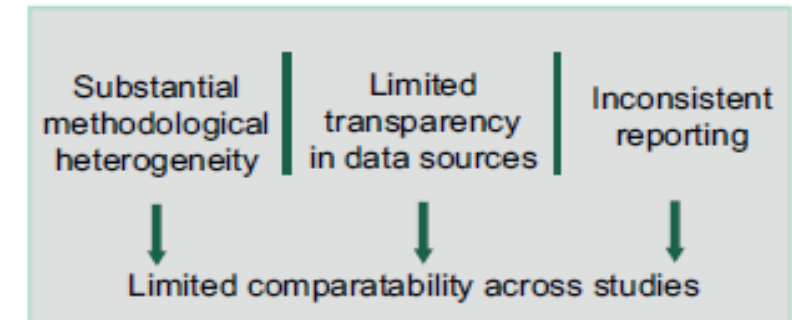
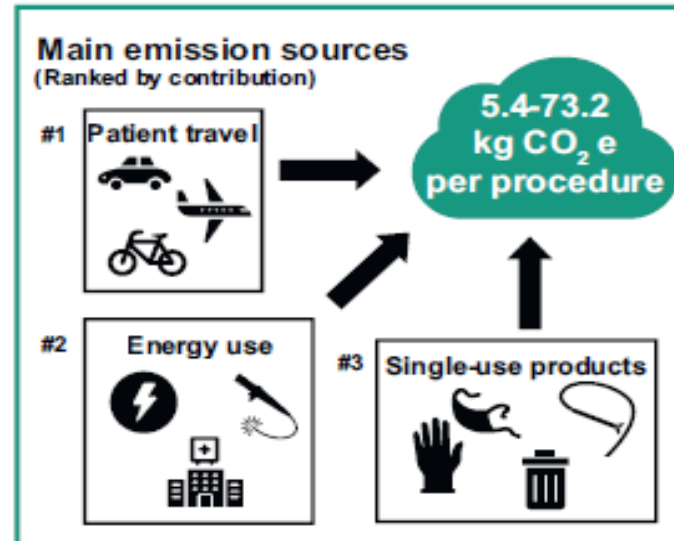
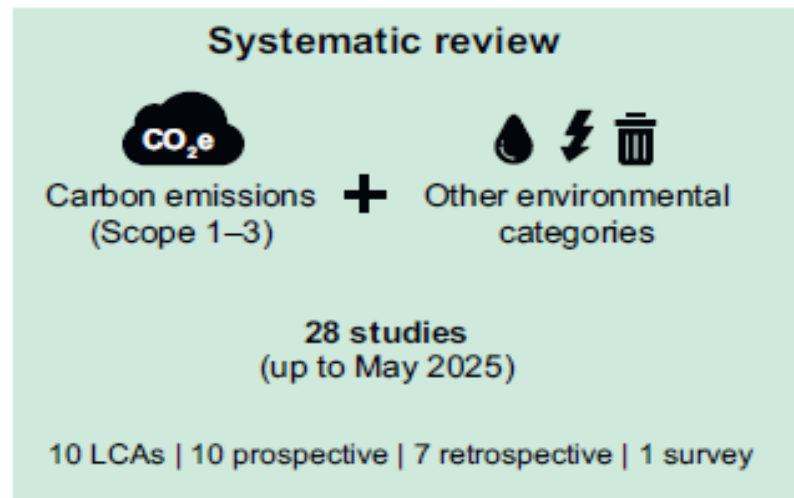
0.005%

Endosco

Environmental footprint of gastrointestinal endoscopy services: a systematic review

Britta Vegting¹ , Demi Gerritsen¹ , Ceyda B. Izci¹ , Nicole G.M. Hunfeld^{2,3}, Erik M. van Raaij⁴, Wilco van den Heuvel⁵, Pieter J.F. de Jonge¹, Peter D. Siersema¹

Environmental footprint of GI endoscopy



 Risk of bias was **high** in 21 studies

CO₂e, carbon dioxide equivalent;
GI, gastrointestinal; LCA, life cycle assessment.

Heterogeneous and fragmented evidence on the environmental footprint of GI endoscopy highlights the need for standardized assessment methods

Endoscopy

CARBON FOOTPRINTING AND ENVIRONMENTAL IMPACT OF GASTROINTESTINAL ENDOSCOPY PROCEDURES AT A TERTIARY CARE INSTITUTION: A PROSPECTIVE MULTI-DIMENSIONAL ASSESSMENT

Single center
prospective study



All consecutive diagnostic and
therapeutic GIE procedures
(**May 29th to June 10th, 2023**)
Total patients: **3,244**
Total procedures: **3,873**

**“THE GHG PROTOCOL” USED FOR
SCOPE 1,2 AND 3 CARBON EMISSION
CALCULATIONS USING VARIOUS
EMISSION FACTORS**

STUDY BOUNDARIES:

Variables	Production	Transport	Consumption/ Disposal
Electricity	x	x	✓
Water	x	x	✓
Consumables	x	x	✓
Endoscopes & Accessories	x	✓	x
Medical Gases	x	✓	✓
Detergent & Disinfectants	x	x	✓
Patient travel	-	✓	-
Staff travel	-	x	-

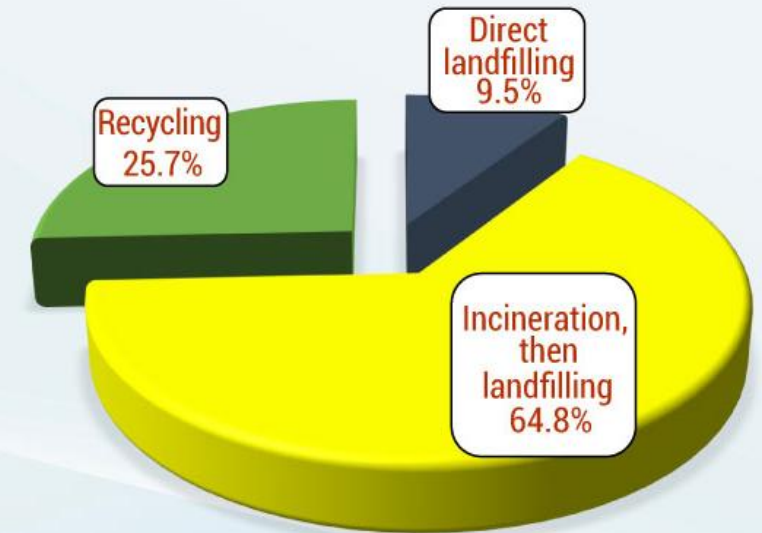


CARBON FOOTPRINTING

	Patient Travel	83.09%
	Electricity consumption	10.42%
	Medical gases transport and usage	3.63%
	Water consumption	1.86%
	Detergent and disinfectant usage	0.52%
	Endoscopes and accessories transport	0.41%
	Waste emissions	0.025%

Parameters	Total (n=3,873)	Per procedure
Electricity consumption	19,160 kWh	4.94 kWh
Water consumption	262,800 litres	67.85 litres
Waste generated	1952 kg	0.504 kg
Carbon emissions	148,947 kg CO ₂ e	38.45 kg CO ₂ e (Excluding travel emissions: 6.50 kg CO ₂ e)

WASTE MANAGEMENT METHODS



Waste segregation



CARBON PERSPECTIVES OF GASTROINTESTINAL ENDOSCOPY (GIE) PROCEDURES AT A TERTIARY CARE CENTER

INDIVIDUAL PATIENT LEVEL:

A single GIE procedure (Rugwani H. *et al.*)



Carbon emissions:
6.5 kg CO₂e
(the new per-procedure
value with travel)

AGGREGATE STUDY LEVEL:

Total Annual Emissions (AIG Study)



Total yearly footprint:
650,400 kg CO₂e

EQUIVALENTS & COMPENSATION

TRANSPORT EQUIVALENTS



145 gasoline-powered
passenger vehicles
driven for 1 year

1,667,520
miles driven

-  **7** round trips
to the Moon
-  circling the
67 times
-  **126** times
Great Wall
of China length
-  **383** times
Amazon River

HOUSEHOLD & ENERGY EQUIVALENTS



Annual electricity
emissions of
650 average
Indian households



Equivalent
to removing
145 cars
from Indian roads

NATURE'S COMPENSATION

Annual CO₂
absorption of
28,000
mature trees



Green Endoscopy

Key Barriers

- Cost concerns
- Infection risk
- Inadequate awareness
- Lack of policies
- Industrial support

Answers

- ↑ Efficiency
- ? Reuse
- Green team
- Quality parameters
- Proactive government

Perspectives and awareness of endoscopy healthcare professionals on sustainable practices in gastrointestinal endoscopy: results of the LEAFGREEN survey

Sustainable practices in gastrointestinal endoscopy – the LEAFGREEN survey

Cross-sectional study



407 respondents
Response rate 11%

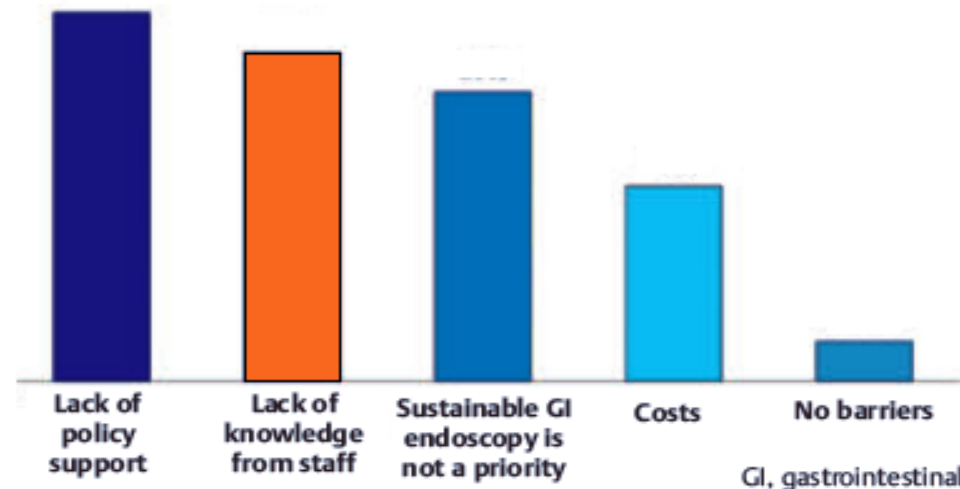
Climate change beliefs

Real and anthropogenic → 86%

GI endoscopy is a contributor → 67%



Main barriers to sustainable endoscopy



Major challenges

↓
Inappropriateness of
gastrointestinal endoscopy

+

Overuse of single-use
accessories & endoscopes

Endoscopy

Green Endoscopy: A Review of Global Perspectives on Environmental Sustainability of Gastrointestinal Endoscopy

REDUCE



1. Inappropriate endoscopies
2. Repeat procedures
3. Energy utilization
4. Single-use scopes

REUSE



1. Endoscope caps and trays
2. Rechargeable batteries
3. Lifting solutions, dyes

RECYCLE



1. Segregation of waste products
2. Waste management training for HCWs

RESEARCH



1. Greater society-industry integration
2. Weightage for sustainability in research

The United European Gastroenterology green paper—climate change and gastroenterology



Practical steps to green your endoscopy unit: Reduce!

Daniel von Renteln, MD,¹ Yuting A. Jiang, MD,¹ Deepak Agrawal, MD, MPH,² Seth Crockett, MD, MPH,³ Lyndon Hernandez, MD,⁴ Sonali Palchaudhuri, MD, MCH,⁵ Rahul Shimpi, MD,⁶ Kevin S. Skole, MD,⁷ Jim Collins, BS, RN, CNOR,⁸ Heiko Pohl, MD^{9,10}



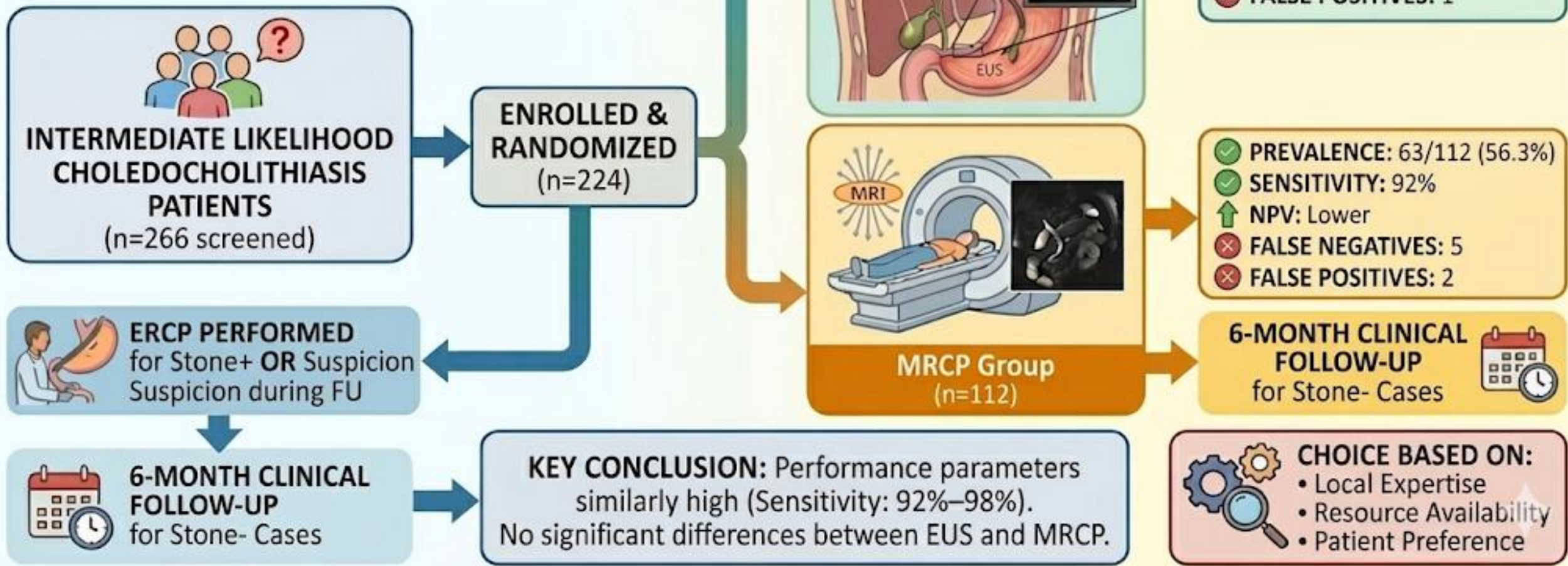
REDUCE

- 1 Low-value procedures
- 2 Usage of instruments and supplies
- 3 Pathology specimen jars
- 4 Expired products
- 5 Sedation resources
- 6 Paper usage
- 7 Supplies used by the patient

© ASGE / GIE

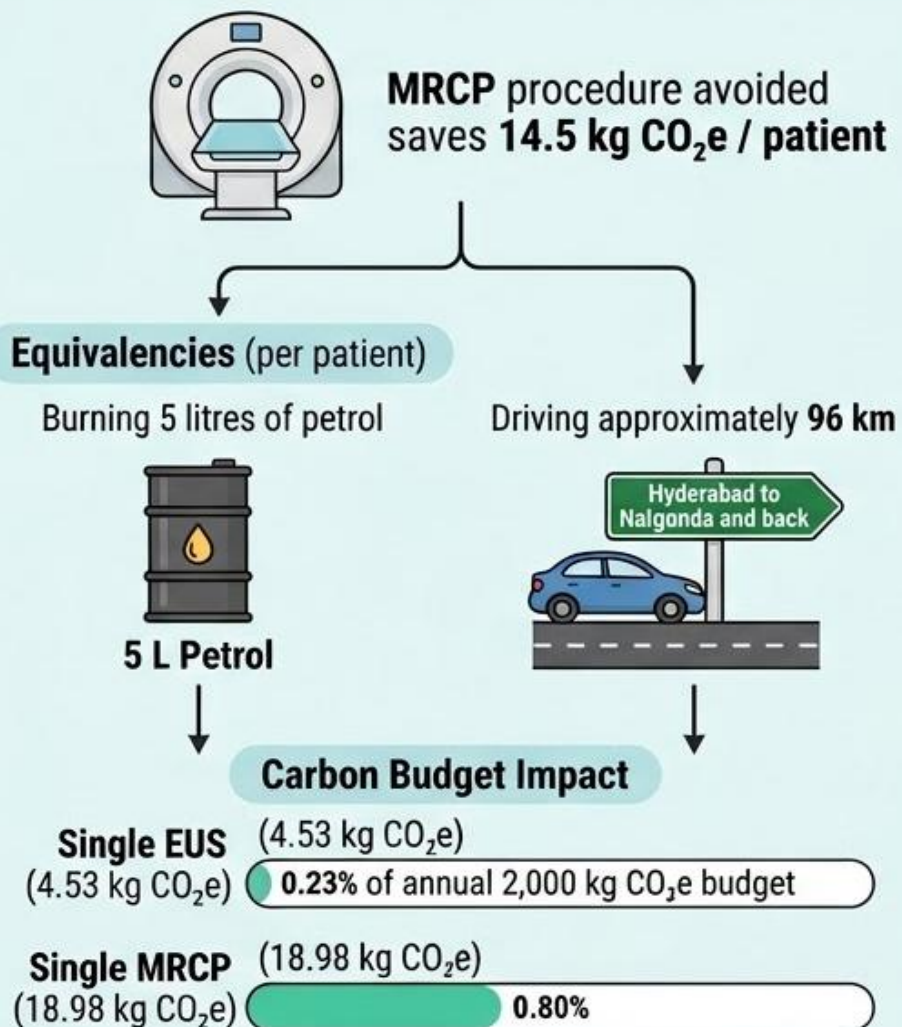
EUS versus MRCP to perform ERCP in patients with intermediate likelihood of choledocholithiasis

SINGLE-CENTRE RANDOMIZED CONTROLLED TRIAL
(Nov 2019 - May 2020)



Putting the carbon saving in perspective: EUS vs MRCP

INDIVIDUAL PATIENT LEVEL: AVOIDED MRCP



AGGREGATE STUDY LEVEL (108 Patients, total save: 1,560 kg CO₂e)

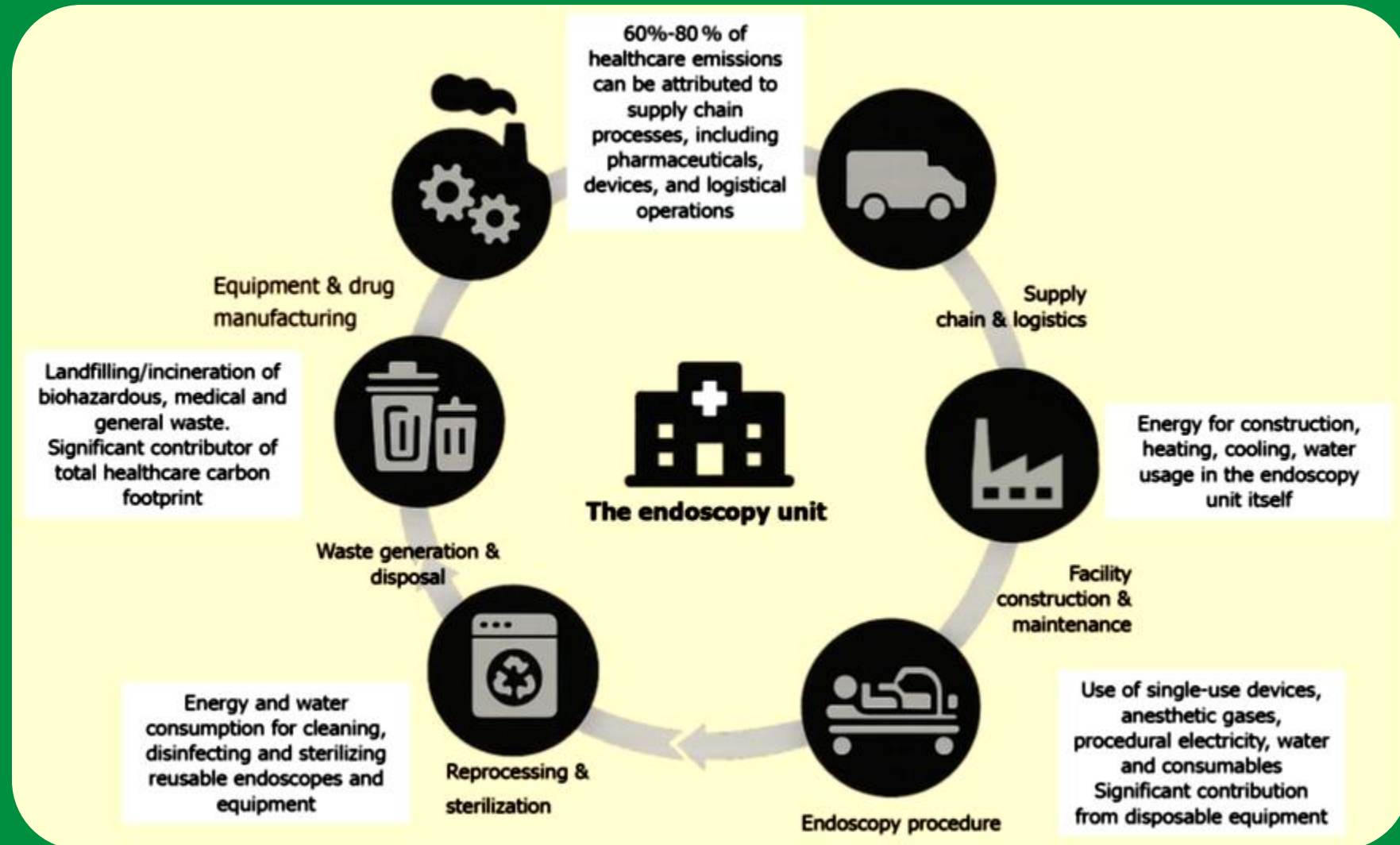


EXTRAPOLATED INSTITUTIONAL POLICY (Annual, 18,720 kg CO₂e)



Green endoscopy: A review of strategies for sustainable practice

Niraj James Shah, Mark M Aloysius, Priyadarshini Loganathan, Tejas Nikumbh, Abhilash Perisetti, Hemant Goyal



Guidelines	Key aspect
ESGE	Emphasizes minimizing single-use devices and embedding sustainability in training
ASGE	Proposes forming “Green Teams” to lead local sustainability efforts
BSG	Prioritizes reducing unnecessary procedures to cut waste
APAC	Highlights lack of policies and calls for tools to assess carbon footprints

Net Zero Carbon Endoscopy Unit



Thank You

SAVE THE PLANET

**GO
GREEN**

