who were involved with these procedures were diagnosed with COVID-19 during this period. One of the nursing staff, who regularly assisted in the fluoroscopy room, was involved in a non-fluoroscopic endoscopic procedure in a COVID-19 patient (not known at the time of the procedure) and subsequently tested positive.

Conclusions: Our study confirms that a high quality stenting and dilatation service of the upper gastrointestinal tract together with specialist registrar training can be delivered safely and effectively during the COVID-19 pandemic in appropriately prioritised symptomatic patients.