

AB028. 179. Are endoscopic photographers capturing the caecum?

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Background: Caecal intubation rate (CIR) is an important key performance indicator in colonoscopy with a recommendation for the US Multi-task force on Colorectal Cancer that it be achieved in >95% of screening and surveillance scopes. However photographic documentation is not always of adequate quality. The acceptable photographic documentation is the tri-radiate fold (TRF) with the appendiceal orifice (AO), or the lips of the ileocaecal valve (ICV). Additionally, documentation of TI intubation +/- TI biopsies is acceptable.

Methods: A retrospective study was conducted over a 6-month period, using the electronic endoscopy database, Endoraads. Photographic documentation of the caecum was assessed by two independent assessors using internationally

acceptable criteria. Data was collated in an encrypted database and exported to SPSS for statistical analysis.

Results: A total of 555 colonoscopies were identified in the study period (male:female, 266:289). Of these, successful caecal intubation was documented in writing in 90%, by the endoscopist. Photographic documentation of the caecum was deemed adequate in 79% of colonoscopies. TI photo documentation was obtained in 47% of colonoscopies. Gender played no role in CIRs (P=0.476). There was a trend to higher CIRs in younger patients (age <50 years, P<0.001).

Conclusions: Photographic documentation is an important quality assurance mechanism in colonoscopy. However, photographs are not always optimal, and in their absence, definitive proof of caecal intubation is absent. Our study has highlighted room for quality improvement in the adequacy of photographic documentation of the caecum.

Keywords: Caecum; colonoscopy; intubation; rate; photographic-evidence; quality

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