



AB190. 41. Appropriateness of colonoscopy

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Background: Colonoscopy is the gold standard for investigating colorectal pathology; long waiting times may increase strain on resources¹ and inappropriate referrals may further prolong waiting. This study aims to examine the diagnostic yield of colonoscopy based on reason for referral and examine the tumour dispersion within the population.

Methods: One thousand two hundred and seventy-eight colonoscopies performed over for a 1-year period were categorised based on the indication for colonoscopy and if the indication was in line with the American society of gastrointestinal endoscopy (ASGE) guidelines or not. Diagnostic yield—defined as the number of colonoscopies with a finding of a tumour or polyp, stricture, source of bleeding or inflammation as a percentage of the total

colonoscopies performed—was calculated for each indication. **Results:** One thousand and three colonoscopies were performed for ASGE indications while 275 were not. Colonoscopies performed for ASGE indications had a higher diagnostic yield than colonoscopies performed for other indications (40% *vs.* 27% $P < 0.005$). Colitis was the indication that had the highest diagnostic yield (76%). Forty-one tumours were detected (3%). Rectal bleeding most commonly leads to tumour detection (19 cases). The average age of tumour detection was 70 years. 30% of inappropriate referrals were in patients under 40 years of age.

Conclusions: There was a significant proportion of inappropriate referrals for colonoscopy. A standardised colonoscopy referral form and protocol will reduce the number of inappropriate referrals and alleviate pressure on growing waiting lists.

Keywords: Colonoscopy; referral; appropriateness; rates

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