



AB038. 157. The appropriateness of colonoscopy requests at University Hospital Limerick: a prospective study

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Background: Waiting times for colonoscopies still exceed three months in the current economic climate within the health system. Furthermore, performing a colonoscopy carries an overall serious adverse event rate of 2.8 per 1,000 procedures. Therefore, it is imperative to perform such procedures on patients with appropriate clinical indications. One of the criteria for requesting colonoscopy was developed by the European Panel on the Appropriateness of Gastrointestinal Endoscopy (EPAGE) in 1999 and revised in 2008 (EPAGE II). The aim of this study was to assess the appropriateness of colonoscopy requests in an Irish tertiary referral centre.

Methods: One hundred consecutive colonoscopies were evaluated between April and August 2017. The

endoscopist doing the procedure was blinded to the clinical indication for the procedure. Another clinician assessed the appropriateness of requests using the EPAGE II criteria encompassing four categories: (I) appropriate and necessary; (II) appropriate; (III) uncertain and (IV) inappropriate, and then data analysis was performed.

Results: Out of the 100 (male/female: 52/48, average overall age 58.05 ± 16.47 years) colonoscopies performed, most referrals came from out-patient clinic (37%) followed by GP referrals (28%). Based on EPAGE II criteria, 25% referrals qualified as appropriate and necessary, 23% were appropriate, and 26% were inappropriate. The most common indications for an inappropriate colonoscopy in follow-up patients was untimely surveillance post polypectomy. The most common indications for an index colonoscopy was abdominal pain, bleeding PR and altered bowel habit.

Conclusions: The EPAGE II criteria can be utilized to avoid unnecessary, untimely and potentially hazardous colonoscopies. Such criteria can streamline resource allocation and service provision and provide timely access to lower GI-endoscopy.

Keywords: Colonoscopy; appropriateness; European panel on the appropriateness of gastrointestinal endoscopy (EPAGE II)

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