

AB077. 174. Performance indicator of colonic intubation: a new key performance indicator for colonoscopies?

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Background: Colonoscopy is the gold standard investigation for the colon with caecal intubation being an established and desired key performance indicator. However, intubation may require increased sedation and patient discomfort which can lead to complications. This study aims to present an alternative composite score to aid in safe and effective intubation of the caecum.

Methods: Data from all colonoscopies performed during 2017 was analysed. Performance indicator of colonic intubation (PICI) was defined as any procedure achieving caecal intubation with ≤ 3 mg midazolam and a patient comfort score of 1–3/5. Univariate and multivariate logistic regression was used to identify associations between PICI and patient, colonoscopist and diagnostic factors.

Obstructing lesions were excluded.

Results: A total of 2,417 colonoscopies were performed of which PICI was achieved in 1,301 (53.8%). Caecal intubation was achieved in 93.5% (n=2,259). A total of 1,399 (57.9%) colonoscopies were performed by consultants/ANPs with 26.6% of patients undergoing surveillance/screening colonoscopies. Polyps were detected in 36.9% of colonoscopies. Younger age (P=0.0001), consultant/ANP operator (P=0.0001) and surveillance/screening colonoscopies (P=0.0001) were associated with achieving a PICI on univariate analysis. Younger age (P=0.0001) and consultant/ANP operator (P=0.001) were independent factors associated with achieving a PICI on multivariate analysis. The likelihood of detecting polyps was associated with a PICI (OR =1.4, P=0.0001).

Conclusions: PICI may identify endoscopist who may require additional training and could be used as a benchmark for training and quality improvement. Identifying pathology on colonoscopies is improved when a PICI is achieved.

Keywords: Colonoscopy, performance indicator of colonic intubation, key performance indicator, training

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