

## AB194. 170. Audit of colonoscopy in university hospitals by a surgical unit

Akhtar Hussain, Ayub Ali, Jehan Zeb Khan

Department of Surgery, University Hospital Limerick, Limerick, Ireland

**Background:** Colonoscopy is the gold standard procedure for the diagnosis and non-surgical management of colonic diseases and is one of most commonly performed procedures and completion rates vary considerably among surgeons and gastroenterologist and often completion rates are below 85. We audited colonoscopy completion rates in our unit and aimed to investigate reasons for failure. We aimed to measure the quality of Bowel preparation, amount of sedation given, cecal intubation and polyp detection rate in university hospitals Limerick.

**Methods:** We analyzed all colonoscopies, amount of sedation given and rate of detection of polyps, including those performed by registrars and consultant surgeon in a 15-month period. Reasons for failure to complete were noted. All patients that underwent as day patient colonoscopy in University Hospitals Limerick between

March 2017 and March 2018 were identified retrospectively using paper and computer based documentation available in the endoscopy department. The computerized colonoscopy reports (Unisoft, Enfield, UK) were then obtained for these patients. Standard bowel preparation for these patients was Klean prep a day before and colonoscopy performed on the following day. Successful colonoscopy was defined as intubation of caecum with excellent or good bowel preparation.

**Results:** Total of 412 full colonoscopies and 58 sigmoidoscopies were performed over a period of 12 months from March 2017 to March 2018. Completion rate for colonoscopy to caecum was (CIR) 92.12% and polyp detection rate was 38.4% in full colonoscopies and 19.76% in sigmoidoscopies. Average sedation used was 4.23 mg of midazolam for <70 years and 2.48 mg for >70 years and 45.15 mg pethidine for <70 years and 24.48 mg for >70 years. Incomplete procedures were mainly due to poor bowel preparation and patient intolerance.

**Conclusions:** This study demonstrates acceptable cecal intubation and polyp detection rates.

**Keywords:** Colonoscopy; cecal intubation rate; polyp detection rate

doi: 10.21037/map.2019.AB194

**Cite this abstract as:** Hussain A, Ali A, Khan JZ. Audit of colonoscopy in university hospitals by a surgical unit. Mesentery Peritoneum 2019;3:AB194.