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Comparison of the effects on cardiopulmonary function of Double Balloon Colonoscopy versus Conventional Colonoscopy

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Background & Aim: Double Balloon Colonoscopy (DBC) is anecdotally reported to be more pleasant than conventional colonoscopy. We compared the effects of DBC vs. normal colonoscopy on cardiopulmonary function by using double product (systolic bp × heart rate) as an objective indicator. Secondary aim was to evaluate the utility of DBC in patients with previous incomplete colonoscopy.

Method: The case notes for all the patients who had undergone DBC as well as conventional colonoscopy were reviewed retrospectively. Mean pulse and blood pressure were noted and double product was calculated. Comfort scores and completion rates were also noted.

Result: 21 patients (12 women and 9 men; mean age, 59.7 years) were selected for this study that had DBC from December 2008 to December 2012 after a prior incomplete colonoscopy. The mean double product for DBC was lower than conventional colonoscopy (91.3 vs. 100, SD 23.83 vs. 28.1, p-value of 0.30). However, there was no significant difference between the two groups. Complete colonoscopy was achieved in 100% of the patients. Comfort scores were as follows:

Comfort score	DBC (n=31)	Conventional colonoscopy (n=11)
No Pain DBC (n=31)	9.6%	0
1-2 episodes of mild discomfort	25%	36%
2 or more episodes, adequately tolerated	38%	27%
Significant discomfort throughout procedure	25%	27%
Extreme discomfort	0	9%

Conclusion: Double product has been reported to correlate with myocardial oxygen consumption. Double balloon colonoscopy is a safe technique with assured completion rates, and is not only less stressful to patients, but also has fewer hemodynamic effects than the conventional colonoscopy.

Biography

Zahid M A is a Consultant Gastroenterologist at Tawam Hospital, Al Ain. His main interests include the management of Inflammatory Bowel Disease (IBD) with a focus on novel biological therapies and advanced endoscopy. He has completed his graduation in Medical Training from University of Health Sciences, Pakistan. He has completed his Gastroenterology training from the Centre for Liver and Digestive Diseases and Scottish Liver Transplant Unit at Edinburgh Royal Infirmary and Western General Hospital in Edinburgh. He has interest in the field of IBD and has worked as the Clinical Lead for Management of IBD within the NHS Fife, Scotland. He has been Faculty for Endoscopy training at Victoria Hospital, Kirkcaldy. One of his key interests includes capsule endoscopy double balloon endoscopy.

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