

Predictors of outpatient colonoscopy duration

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Abstract:

In contrast to Oesophagogastroduodenoscopy (OGD) colonoscopy can be a slow arduous procedure. Many variables influence the duration of colonoscopy. Well recognised risk factors for a prolonged duration include inpatient vs. outpatient, medication which decreases motility, increased BMI and Diabetes. Outpatient colonoscopy clinics already overburdened pre-COVID-19 are now faced with an unsurmountable task.

Aim: Identify specific risk factors for prolonged colonoscopy in an outpatient endoscopy unit. Correlate results in order to optimise time management in endoscopy units.

Methods: Prospective survey cohort: 45 patients (15 male, 30 female)

Data retrieval: Patient questionnaire (identify patient specific risk factors)

Quantitative analysis document (measure total procedure time (TPT), caecal intubation time (CIT), withdrawal time (WT), Number of polyps identified/resected) Bowel preparation measurement tool (Boston Bowel Preparation Scale (BBPS)) Endoscopist questionnaire (identify number of procedures conducted)

Results: Endoscopist experience has an impact on TPT ($P=0.003$, $\eta^2=0.247$). Less experienced endoscopists had an increased TPT.

The following were also identified as impacting TPT \rightarrow Polyp detection ($P=0.001$, $\eta^2=0.233$), # Polypectomies ($P<0.0001$, $\eta^2=0.436$), # Biopsies ($P=0.026$, $\eta^2=0.166$).

BP grade has an impact on CIT ($P=0.03$, $\eta^2=0.241$) with an inverse relationship between duration and BP grade.

Conclusion : To clear the backlog facing endoscopy units a transient change may be required. The single greatest modifiable risk factor is endoscopist experience. Therefore, movement of experience endoscopists into a strict procedural role may be suitable temporarily. Also, strict bowel cleansing agent compliance must continue to be encouraged.

Bibliography:

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