What does the CMPA have to say about an effective colonoscopy preparation?

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Objectives

• To define the liabilities of a poor colon preparation during colon cancer screening

Bowel Prep as Quality Standard?

5. Preparation: in every case the procedure note should document the quality of preparation.

Grade: 2C
#S1398 Adherence to ASGE & ACG Task Force Quality Guidelines: Inadequate Colonoscopy Report Documentation Is Common in Transcription-Based Reporting Systems

### Suboptimal prep and Ease of Colonoscopy

Impact of colonic cleansing on quality and diagnostic yield of colonoscopy: the European Panel of Appropriateness of Gastrointestinal Endoscopy European multicenter study

<table>
<thead>
<tr>
<th>Quality</th>
<th>No.</th>
<th>Complete (90%)</th>
<th>No.</th>
<th>Efficacy</th>
<th>Sensitivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>200</td>
<td>170</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>M</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor</td>
<td>507</td>
<td>150</td>
<td></td>
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</tbody>
</table>

5823 patients in 11 countries
Froehlich-Prep & findings

<table>
<thead>
<tr>
<th>Prep at end of day</th>
<th>Prep at 10 mm</th>
<th>Proportion</th>
<th>Mean</th>
<th>SE</th>
<th>95% CI</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleaning quality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>239</td>
<td>1.96</td>
<td>0.2</td>
<td>0.4</td>
<td>1.28-2.62</td>
<td>0.001</td>
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<tr>
<td>Intermediate</td>
<td>882</td>
<td>1.71</td>
<td>0.05</td>
<td>0.07</td>
<td>1.11-2.23</td>
<td>0.002</td>
</tr>
<tr>
<td>High</td>
<td>420</td>
<td>1.46</td>
<td>0.09</td>
<td>0.07</td>
<td>0.80-2.15</td>
<td>0.007</td>
</tr>
<tr>
<td>Total</td>
<td>3542</td>
<td>1.70</td>
<td>0.07</td>
<td>0.06</td>
<td>1.11-2.27</td>
<td>0.004</td>
</tr>
</tbody>
</table>

Suboptimal prep and Adenoma Miss Rate

- 12,787 colonoscopies – 3047 patients “fair” prep
- Followup of index colonoscopy in 505 in 3 years
- Of 216 analyzed: those with suboptimal prep, colonoscopy in 3 years, AMR was 42%
- Advanced adenoma miss rate: 27%
- Equal miss rate in distal and proximal colon

Suboptimal prep and Surveillance Interval

- 16,251 colonoscopies – 619 patients “fair” prep
- Followup of index colonoscopy
- Of those with suboptimal prep, colonoscopy in 3 years, AMR was 28%
- Of those with suboptimal prep, 70.3% had next COL recommended within 5 years
- However 23% of normal result but fair prep – had 10 year interval recommendation!
What does CMPA say?

- Document
- Document
- Document

- Is this "standard practice" among peers?

- What medical experts would defend you if:
  - Missed cancer AND
  - No documentation of bowel prep AND/OR
  - No interval change if poor bowel prep noted?

What does the College say?

- The CPSA defends the public
- Concerned about suboptimal care
- Preps is not technically a physician "procedure"
- Did you provide sufficient education to stress that preparation is important for procedure success?

- Inaction on bowel prep is of concern

- Further Maintenance of Competency may/will be based on documentation and demonstration of adherence to quality assurance

Practical Points

- Aim for a minimum of adequate or excellent bowel preparation
  - Did you do enough to teach the patient on an adequate bowel prep?
- Document bowel preparation on every colonoscopy
- Poor bowel preps make colonoscopy harder
- Recognize that ineffective preps have a high adenoma miss rate
- Recognize that a decreased interval is required with even "fair" preps
  - Poor preps likely even a shorter interval
- There are medicolegal ramifications of inaction on poor bowel preps