

Risk of Hemorrhagic Gastropathy Using Tablet Preparation for Colonoscopy

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Introduction

Tablet preparation for colonoscopy has been a major advance and has been widely adopted. Performance of endoscopy at the same time as screening or surveillance colonoscopy is convenient for patients and commonly performed. Soon after adopting standard SUTAB preparation (sodium sulfate, magnesium sulfate, potassium chloride), an increase in acute hemorrhagic erosive gastropathy was observed. This case review was performed to assess the frequency of these findings after tablet versus standard prep in a single provider's experience.

Methods

Retrospective review was made of 27 consecutive patients undergoing esophagogastroduodenoscopy and colonoscopy (EGD/ COL) after SUTAB bowel prep, group A, compared with 27 consecutive patients undergoing EGD / COL after alternate preps, group B (suprep 22 ; miralax/ dulcolax 2 ; Plenvu 3).

Results

Endoscopic Features	Group A (n=27)	Group B (n=27)	P-Value
Erosion	13(48%) (8 on ASA/NSAID)	4(15%) (3 on ASA/NSAID)	0.0083
Hemorrhage	6(22%) (1 on ASA/NSAID)	1(3.7%) (On ASA)	0.0436
Eschar	8(30%) (4 on ASA/NSAID)	0	0.0017
Hemorrhage +/-or Eschar	14(52%) (5 on ASA/NSAID)	1(3.7%) (On ASA)	0.00003

Table 1 - Mucosal Findings between different bowel prep groups

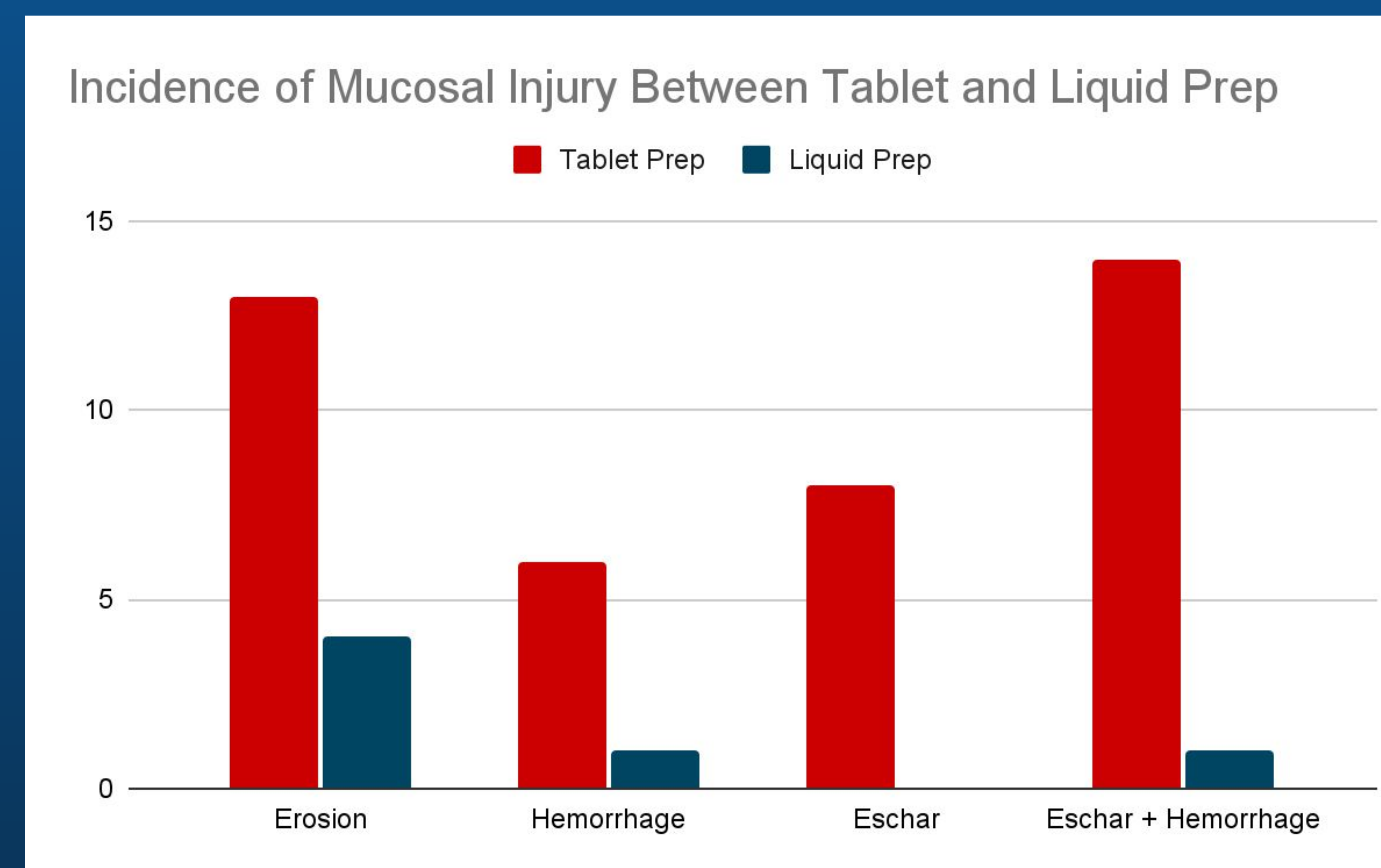


Figure 1 - Incidence of Mucosal Injury Between Tablet and Liquid Bowel Prep
Note: P-Values calculated using a 2 tailed t-test assuming equal variance

Discussion

Mucosal gastric injuries are common with all bowel preparations. We observed the most severe findings of hemorrhage and eschar in 52% of patients taking SUTAB versus 3.7% taking liquid preparations (p= 0.00003). These changes were often dramatic, severe, and clearly have the ability to confound endoscopic interpretation. Further studies are needed to confirm this association, assess if similar changes are present in the esophagus, duodenum or more distal small bowel, and guide choice of bowel preparation. Based on the preliminary observations described, if indication for upper endoscopy is evaluation for gastric mucosal pathology, at this time, it seems prudent to use a non- tablet bowel preparation.

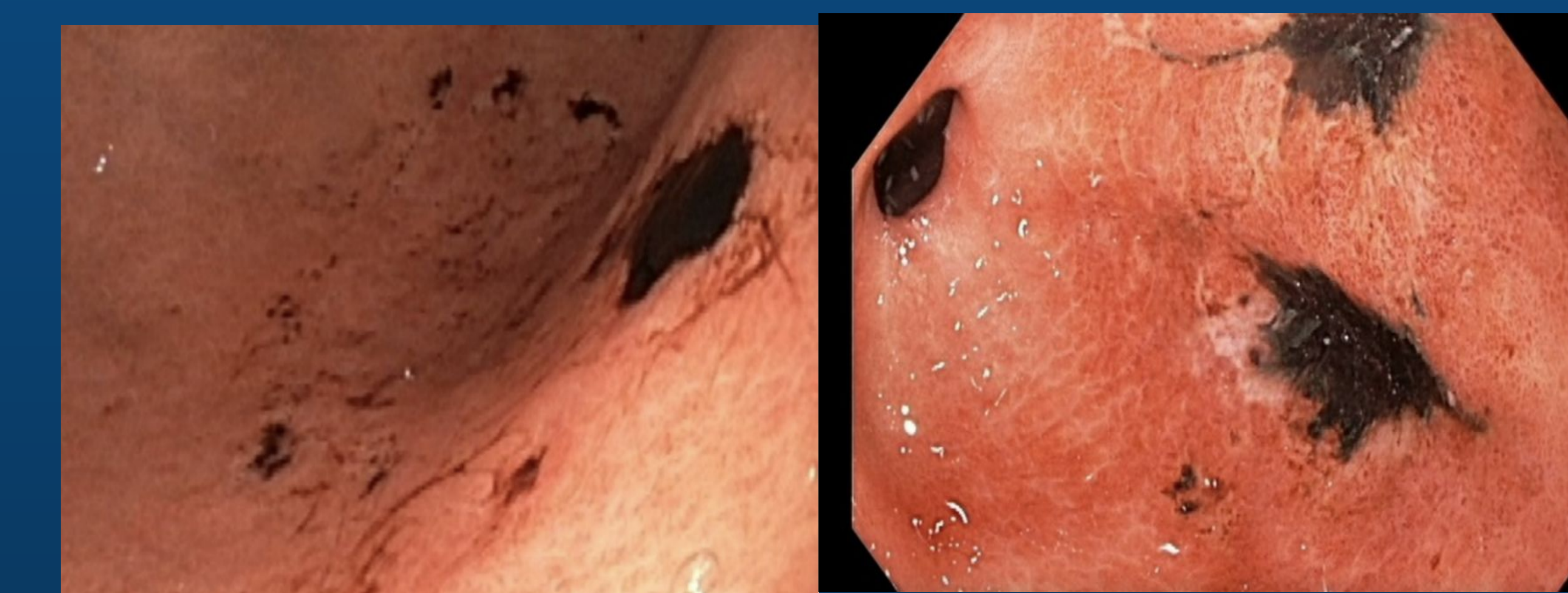


Figure 2a & 2b - Eschar seen on EGD after SUTAB bowel prep