Factors Affecting Pouchoscopy Bowel Preparation in Patients with an Ileal Pouch Anal Anastomosis

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INTRODUCTION

- Inadequate bowel preparation (prep) limits visualization and can results in the need for repeat pouchoscopy
- There is no standard recommendations for bowel prep prior to pouchoscopy
- Based on our experience, we hypothesized that many patients with history of ileal pouch anal anastomosis (IPAA) undergoing pouchoscopy have inadequate prep

AIM

- To determine factors associated with adequate and inadequate prep in patients undergoing pouchoscopy
- We hope that further analysis of patients with, and without, adequate prep will lead to insights informing the development of a standardize prep.

METHODS

- Retrospective review of adult patients with inflammatory bowel disease (IBD) or polyposis syndromes (PS) who underwent pouchoscopy at a tertiary referral center between June 2020-March 2022.
- Patient demographics, clinical characteristics, oral intake prior to pouchoscopy, recommended bowel prep, and endoscopic bowel prep, pouch age (pouch creation to time of pouchoscopy) were abstracted.
- Inadequate bowel prep was defined as “poor” or “fair” and adequate bowel prep was defined as “adequate”, “good” or “excellent” as described by the endoscopist or on review
    - If the quality of the bowel prep was not described, two independent reviewers performed endoscopic photo review (DF, JK).
- χ^2 test was used for comparative statistical analysis, a p value ≤ 0.05 was defined as statistically significant.

TABLE 1. COMPARISON BETWEEN PATIENTS WITH INADEQUATE BOWEL PREP AND APPROPRIATE BOWEL PREP ACCORDING TO CLINICAL AND ENDOSCOPIC CHARACTERISTICS.

Total = 89	Inadequate bowel prep (20)	Adequate bowel prep (69)	p value
Indication for IPAA			
- IBD (72)	20	52	0.014
- Polyposis syndromes (17)	0	17	
Sex			
- Female (46)	12	34	0.398
- Male (43)	8	35	
Pouch age at time of procedure			
- <5 years (21)	5	16	0.98
- 5-10 years (28)	6	22	
- >10 years (40)	9	31	
Oral intake 24 hour prior procedure			
- Clear liquid diet (32)	5	27	0.246
- Full meal (57)	15	42	
Bowel prep			
- Large volume oral bowel prep (16)	1	15	0.408
- Low volume oral bowel prep (11)	5	13	
- Low volume oral prep and enema prep (16)	4	12	
- Enema prep only (30)	9	21	
- No bowel prep (8)	1	7	
Large volume prep given			
- Yes	1	15	0.086
- No	19	54	
Large/low volume oral bowel prep completeness			
- Complete bowel prep (100% intake) (31)	5	26	0.455
- Incomplete bowel prep (3)	1	2	
Procedure timing			
- Morning (60)	11	49	0.178
- Afternoon (29)	9	20	
Presence of distal pouch stricture			
- Yes (20)	3	17	0.363
- No (69)	17	52	

Large volume bowel prep = Golytely, Miralax. Low volume bowel prep: Moviprep, Clenpiq, Suprep, magnesium citrate. Enema prep = tap water or fleet enema.

RESULTS

- Fifty-six patients underwent 89 pouchoscopy evaluations, 27/56 (48%) were female.
- IPAA was indicated for IBD in 47 patients [43 ulcerative colitis, 4 Crohn’s disease] and 9 patients with PS.
- Median age at time of procedure was 43y (range 18-71y), median pouch age was 8y (range 0-36y).
- 20 (22%) were noted to have inadequate bowel , 69 (78%) with adequate bowel prep.
- Table 1 compares these two groups.
- 17/17 (100%) of procedures done in patients with PS indication had adequate bowel prep compared to 52/72 (72%) in patients who underwent IPAA due to IBD (p=0.014).
- Other variables were not statistically significant.
- However, inadequate bowel prep was common with enema prep (9/30) and rare with large volume preps (1/16).
- Most PS patient used large volume prep.

DISCUSSION

- About 1 in 5 of patients with IPAA had inadequate bowel prep, all with a history of IBD.
- Inadequate bowel was uncommon with a large volume prep and consideration should be given to large volume prep being standard of care.
- Inadequate prep did not occur in PS patients, perhaps as large volume prep was commonly used by this group.