

INTRODUCTION

- Inpatient colonoscopies are routinely cancelled or rescheduled due to inadequate bowel cleansing at rates as high as 30-50%^{1,2}
- Suboptimal prep leads to greater risk of complications, lower adenoma detection rates, and higher costs³
- Split-dose regimens are superior to evening-before dosing and are the standard of care at most institutions⁴
- High-volume (4L) polyethylene glycol (PEG)-3350 electrolyte lavage solution (ELS) prior to inpatient colonoscopy is conventional at many institutions
- New low-volume (2L) preparations are available and have been shown to be non-inferior compared to 4L preps¹

OBJECTIVE

Quantify the number of inpatient colonoscopies cancelled or rescheduled at a single center due to inadequate bowel prep and identify potential contributing factors

METHODS

- Retrospective cohort study between 3/1/21–9/1/21 at the VA hospital in Houston, TX
- Data including type and volume of bowel prep, Boston bowel prep score (BBPS), and cases canceled or postponed due to inadequate prep collected via chart review of internal EHR
- Descriptive statistics performed to identify baseline patient demographics and frequency of adequate prep (BPPS >6)
- 135 inpatient colonoscopies reviewed representing 115 unique patients:

Race	
White	57 (50%)
African American	53 (46%)
Other	4 (4%)
Ethnicity	
Hispanic or Latino	18 (16%)
Non-Hispanic	97 (84%)
Gender	
Male	111 (97%)
Female	4 (3%)
Age	
	67 ± 11

TABLE 1. Demographic data for 115 patients included in study

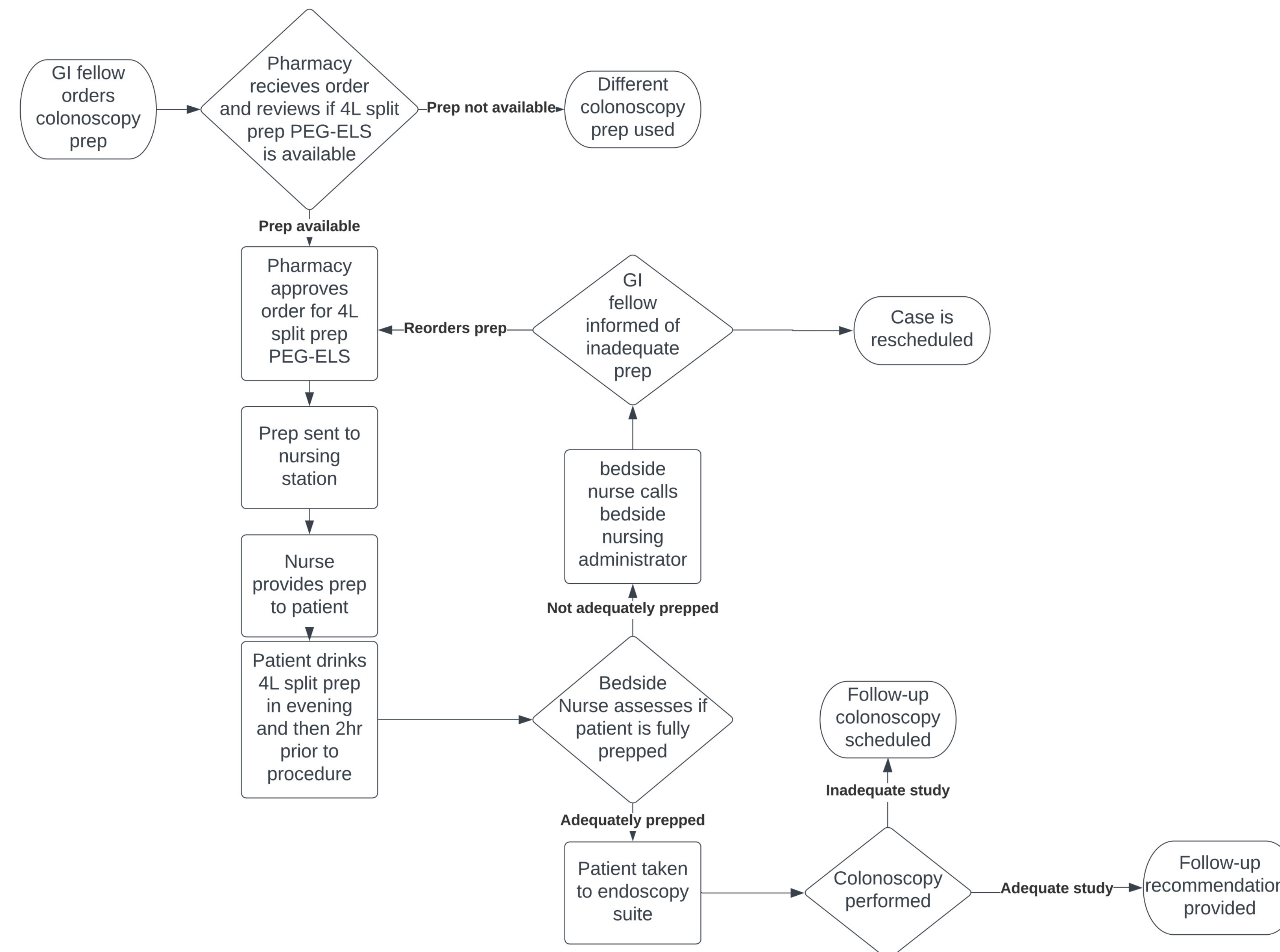


FIGURE 1: Process map of key steps in inpatient colonoscopy prep

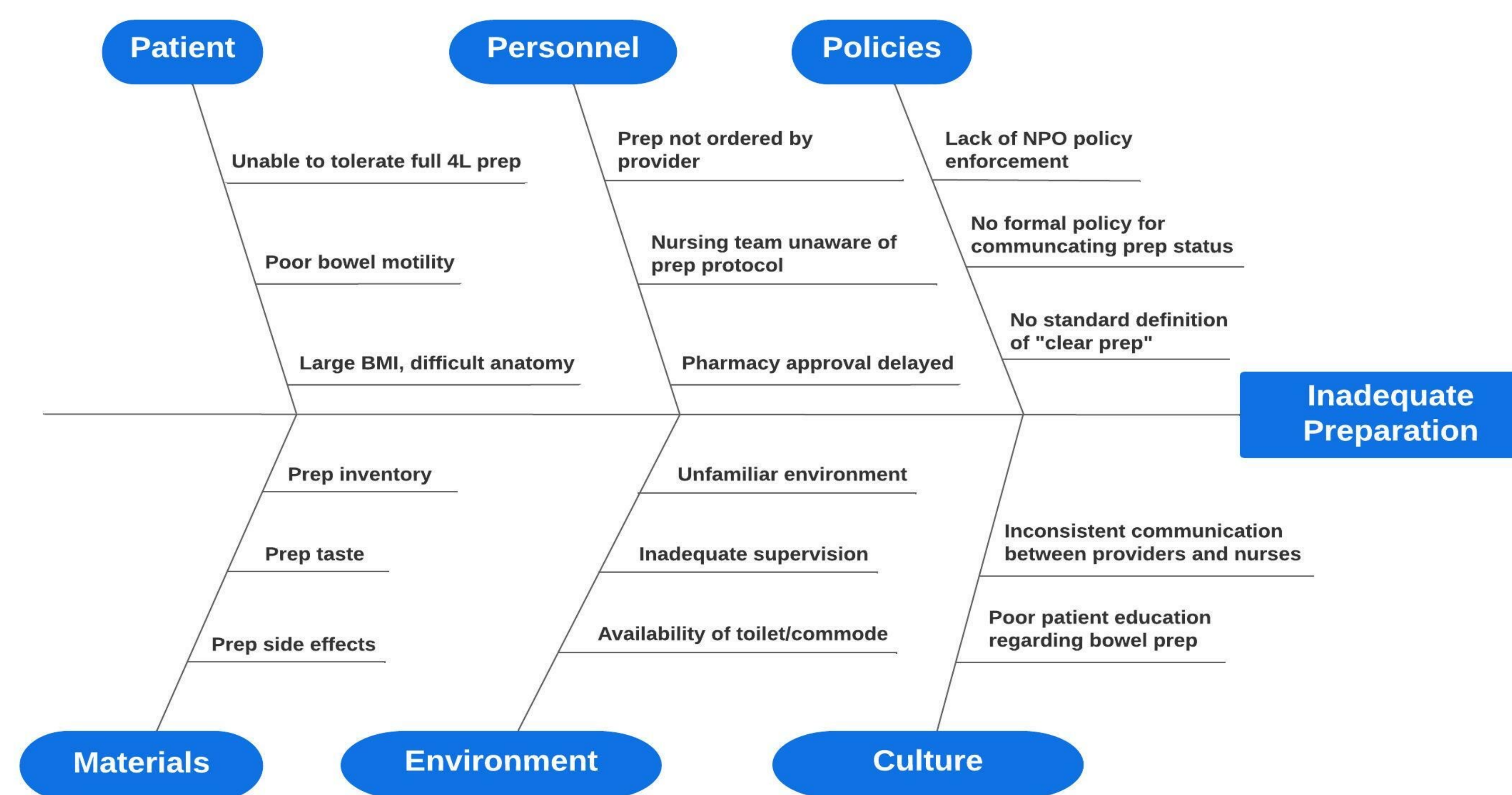


FIGURE 2. Fishbone diagram listing factors contributing to inadequate bowel prep

RESULTS

	Total (N=135)
Prep Type	
PEG 3350-ELS (4L)	130 (96%)
PEG 3350	3 (3%)
PEG-3350 (2L)	2 (1%)
Boston Bowel Prep Score (BPPS)	
Mean	7.0 ± 2.1
Median	8
Prep Quality	
Adequate	69 (51%)
Inadequate	66 (49%)
Cancelled/rescheduled due to inadequate prep	29 (21%)
Requiring additional prep	40 (30%)
Additional PEG-3350-ELS	22 (16%)
Mg citrate/enema	18 (13%)

TABLE 2. Procedural data for 135 colonoscopies included in study

CONCLUSIONS

- Only half of scheduled inpatient colonoscopies performed at our VA hospital over a 6-month period were noted to have adequate bowel preparation
- Adequate bowel preparation is substantially lower than the performance targets for outpatient colonoscopies (e.g., >85%)
- Our process map and fishbone diagrams identified a variety of patient, staff, and policy-related factors leading to inadequate preps
- Future interventions will focus on making bowel prep more tolerable for patients with high acuity illnesses (e.g., lower volume prep) and standardizing prep instructions and bedside analysis of pre-procedural stool color

REFERENCES

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