

Best Practices

1. Adequate bowel preparation (defined as BBPS ≥ 6 , with each segment (right, transverse, and left) ≥ 2) in 90% of screening and surveillance colonoscopies.

2. Use split dose preparation. However, if procedure in PM, can consider same day prep.

3. Bowel prep instructions written at a 6th grade level in the patient's native language.

BBPS	3	2	1	0
3=Excellent				
2=Good				
1=Poor				
0=Inadequate				

<https://thegastroenterologist.ro/boston-bowel-preparation-scale/>

Use split prep

1st half: night before procedure
 2nd half: morning of procedure

PRIMERA DOSIS: comience el paso 1 a las ... en la noche anterior a su procedimiento y siga las instrucciones que se muestran a continuación.
 Debe completar los pasos 1 a 4 cuando en (1) frasco de 6 onzas antes de acostarse:
PASO 1: Vierta UN (1) frasco de 6 onzas del líquido SUPREP en el recipiente para mezclar.
PASO 2: Agregue agua fría hasta la línea de 16 onzas del recipiente y mezcle.
NOTA: Mezcle la solución cuidadosamente según las instrucciones antes de usarla.
PASO 3: Beba TODO el líquido en el recipiente.
PASO 4: Usted deberá beber dos (2) recipientes más de 16 onzas de agua durante la siguiente hora.
IMPORTANTE:
SEGUNDA DOSIS: comience el paso 1 a las ... en la mañana de su procedimiento y siga las instrucciones que se muestran arriba.
 Para este día, repita los pasos 1 a 4 que se indican anteriormente cuando al otro frasco de 6 onzas.
NOTA: usted deberá terminar de beber el último vaso de agua al menos 2 horas, o según las instrucciones, antes de la colonoscopia.

<https://www.suprekit.com/media/pdfs/Spanish%20Patient%20Instructions.pdf/>

4. Use high definition colonoscopes for screening and surveillance.

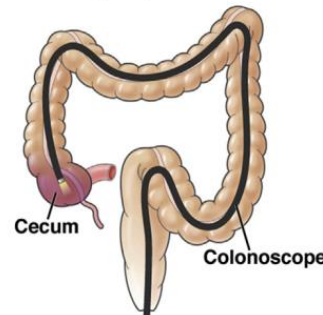
5. Cecal intubation rates $\geq 90\%$ (aspirational $\geq 95\%$).

6. Mean withdrawal times among normal colonoscopies ≥ 6 min (aspirational ≥ 9 min).

Use high-definition colonoscopes



Cecal intubation rate
 Goal: $\geq 90\%$, aspirational $\geq 95\%$



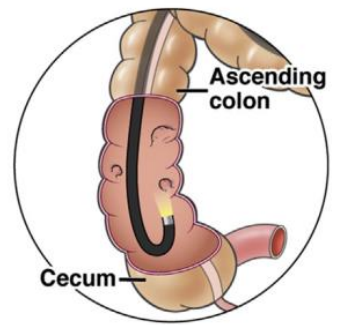
Withdrawal time
 Goal: ≥ 6 min, aspirational ≥ 9 min



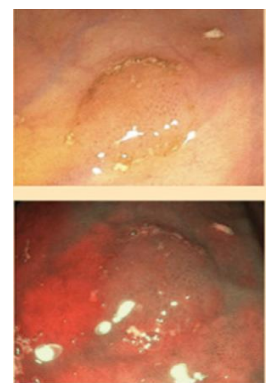
Best Practices

7. A second look of the right colon in retroflexed or forward view should be performed to increase polyp detection by 5-20%.

Perform 2nd look in right colon



10. Goal serrated lesion detection rate is $\geq 7\%$ (aspirational $\geq 10\%$).



Crockett SD, Nagtegaal ID. Terminology, Molecular Features, Epidemiology, and Management of Serrated Colorectal Neoplasia. Gastroenterology. 2019 Oct;157(4):949-966.

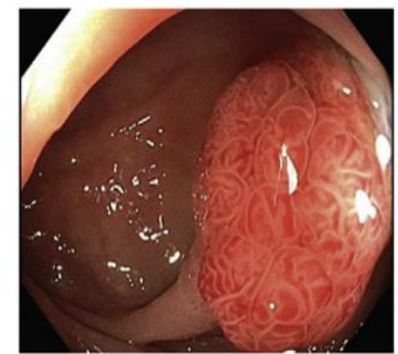
8. Provide feedback on adenoma detection rate annually or when endoscopists have accrued 250 screening colonoscopies.

Endoscopist ID: 21314566	Time period: Q1 2018
Total number of colonoscopies performed	300
Total number of screening colonoscopies performed	100
Complete colonoscopies (excluding cases due to poor prep)	295 (98%)
ADR (for screening colonoscopy)	31%
Withdrawal time (procedures with no polypectomy or biopsies performed)	8.2 min \pm 1.15 min
Number of colonoscopies with inadequate bowel prep	5 (2%)

Shasmi et al. Quality Metrics in Colonoscopy. GI & Hepatology News. 2018. Aug.

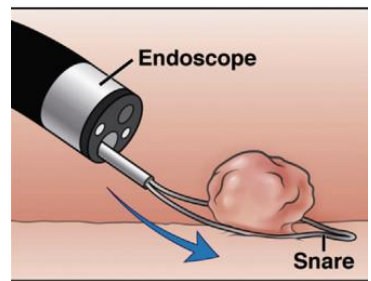
9. Goal adenoma detection rate is $\geq 30\%$ (aspirational $\geq 35\%$). Can use methods such as NBI or water exchange.

Adenoma detection rate
 Goal: $\geq 30\%$, aspirational $\geq 35\%$



11. Cold snare is used for non-pedunculated polyps 3-9 mm in size. Jumbo forceps can be useful for polyps $\leq 2\text{mm}$ in size.

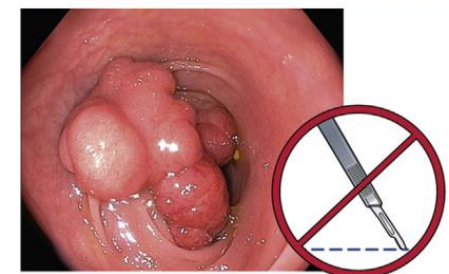
Use cold snares for all sessile polyps 3-9 mm



Keswani RN, Crockett SD, Calderwood AH. AGA Clinical Practice Update on Strategies to Improve Quality of Screening and Surveillance Colonoscopy: Expert Review. Gastroenterology. 2021 Aug;161(2):701-711.

12. Complex polyps that do not have malignant endoscopic features should go for endoscopic resection rather than surgery.

Refer patients with benign complex polyps for endoscopic resection not surgery





@EmoryGastroHep

AGA Clinical Practice Update on the Strategies to Improve Quality of Screening and Surveillance Colonoscopy: Expert Review

Creator: Cindy Ye

Best Practices

13. Document colonoscopy with detailed report including procedure indication, extent of examination, bowel preparation quality, findings and interventions, and follow-up plan.

14. Inform patients of potential adverse events such as delayed bleeding and perforation (0.24% and 0.06 % respectively after routine colonoscopy), warn symptoms, and emergency contact information.

15. Follow current guidelines to assign appropriate screening and surveillance intervals.

Provide clear and detailed post-procedure documentation



Post EGD/Colonoscopy Discharge Instructions

Do not eat or drink anything for 30 minutes after your test. Start with small sips of water and can advance to more solid food as tolerated.

Call right away if you have:

- Blood in your stool for more than two bowel movements
- Fever, temperature greater than 100.3 F.
- Abdominal pain with nausea and vomiting
- Chest pain
- Black or “coffee grounds” stool

Follow guidelines when assigning screening or surveillance intervals

Normal colonoscopy	→	10 years
Small HP only	→	10 years
1–2 small adenomas	→	7–10 years
1–2 small SSLs	→	5–10 years
3–4 small adenomas/SSLs	→	3–5 years
5–10 small adenomas/SSLs	→	3 years
Advanced adenoma	→	3 years
Advanced SSL or TSA	→	3 years