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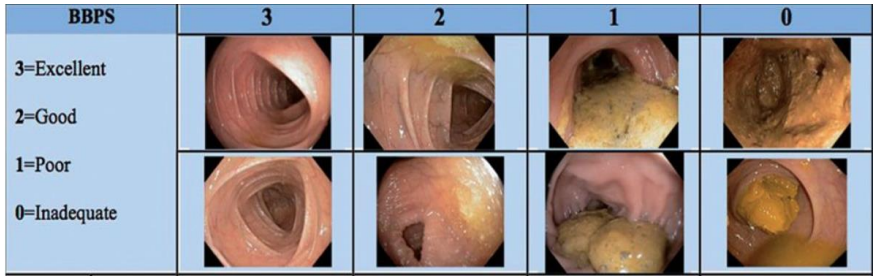
AGA Clinical Practice Update on the Strategies to Improve Quality of Screening and Surveillance Colonoscopy: Expert Review

Creator: Cindy Ye

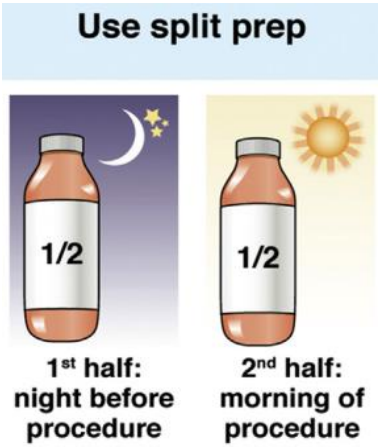
Best Practices

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

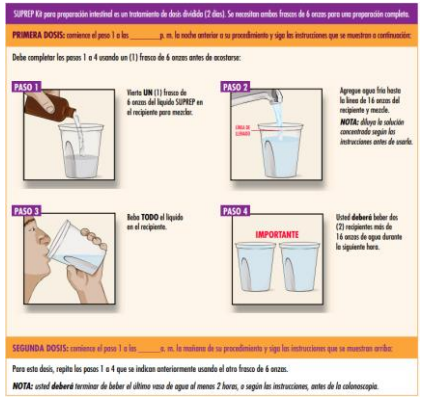


https://thegastroenterologist.ro/boston-bowel-preparation-scale/

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

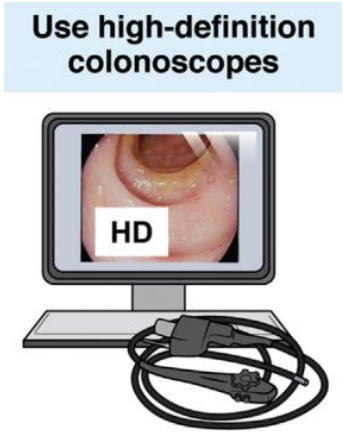


3. Bowel prep instructions written at a 6th grade level in the patient's native language.

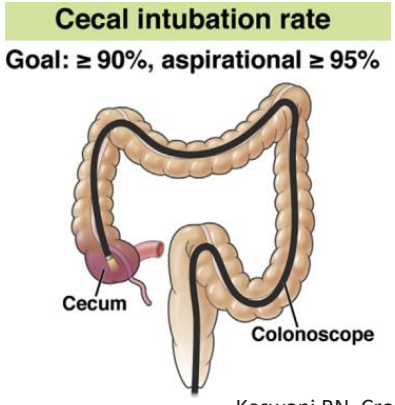


https://www.suprepkit.com/media/pdfs/Spanish%20Patient%20Instructions.pdf/

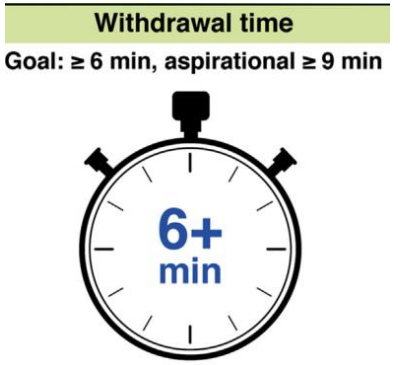
4. Use high definition colonoscopes for screening and surveillance.



5. Cecal intubation rates ≥ 90% (aspirational ≥ 95%).



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



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.

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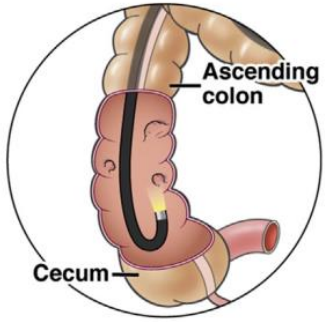
7. A second look of the right colon in retroflexed or forward view should be performed to increase polyp detection by 5-20%.

Perform 2nd look in right colon



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

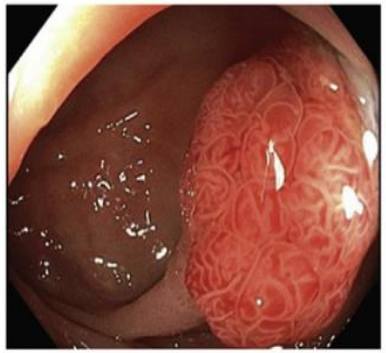
Endoscopist ID: 21314566	Time period: Q1 2018
Total number of colonoscopies performed	300
Total number of screening colonoscopies performed	100
Complete colonoscopies (excluding cases due to poor prep)	295 (98%)
ADR (for screening colonoscopy)	31%
Withdrawal time (procedures with no polypectomy or biopsies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

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

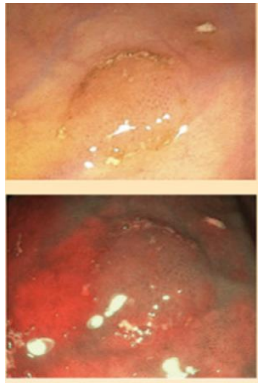
9. Goal adenoma detection rate is ≥ 30% (aspirational ≥ 35%). Can use methods such as NBI or water exchange.

Adenoma detection rate

Goal: ≥ 30%, aspirational ≥ 35%



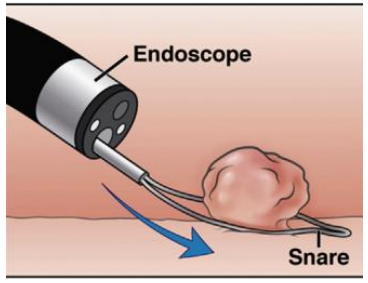
10. Goal serrated lesion detection rate is ≥ 7% (aspirational ≥ 10%).



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

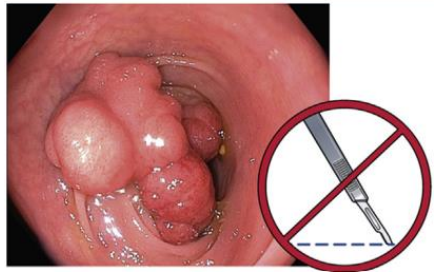
11. Cold snare is used for non-pedunculated polyps 3-9 mm in size. Jumbo forceps can be useful for polyps ≤ 2mm in size.

Use cold snares for all sessile polyps 3–9 mm



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



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Best Practices

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

Provide clear and detailed post-procedure documentation


Quality
Endo
Unit

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.

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

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

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

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