

Salvage Colonic Irrigation for Failed Oral Preparation Prior to Colonoscopy

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Introduction

Inadequate bowel preparations have a tremendous impact on patients (e.g. direct and indirect burdens of repeat procedures), endoscopists (e.g. lower adenoma detection rates, higher risk for missed lesions, lower cecal intubation rates, cancelled procedures), and health care systems (e.g. need for repeat procedures). With oral purgatives or rectal enemas, there is little recourse when patients have inadequate bowel preparation on the day of their colonoscopy.

Pan-colonic irrigation offers a salvage therapy for those who present for colonoscopy with an inadequate bowel preparation.

Methods

Centers with access to same day preparation using colonic irrigation were evaluated, the majority of these patients were from Austin Gastroenterology, Austin, TX. This study included 25 consecutive patients who presented for colonoscopy but were unable to complete their prescribed preparation or reported a poor response. These patients preferred the colonic irrigation alternative to rescheduling their procedure for another day. Each patient underwent a salvage irrigation within 2-3 hours of their scheduled colonoscopy. Patients received from 8 to 16 gallons of water (mean = 13 gallons). The age range

was 27-76 years (mean = 60 years); 69% of the population was female; and 23 (92%) had a previous colonoscopy.

All salvage irrigations were performed in a colonic irrigation center by a certified technician. The open system infused warm, low-pressure water gently into the rectum via a cannula inserted just inside the rectum. The patient held the water until they felt full and then expelled the contents of their bowel with the cannula remaining in place. This process was repeated until the technician, who followed an established algorithm based on stool characteristics, released the patient. Then the patient returned to the endoscopy suite for their colonoscopy procedure.



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Results

The quality outcomes of the patients who received salvage colonic irrigation were noted by the endoscopist as being adequate in 22 (88%) of the 25 patients, with only 3 (12%) of the patients noted as having an inadequate preparation despite salvage therapy. Patient satisfaction was high, noting that 100% of the patients reported that they would choose colonic irrigation again for their colonoscopy preparation.

Conclusion

Colonic irrigation offers an effective same-day salvage therapy for patients who present to their colonoscopy procedure and report a poor response to their traditional oral preparation or fail to adhere to their prescribed oral preparation. Salvage therapy allows for the patient to undergo their colonoscopy as scheduled, thus mitigating the burden otherwise incurred to the individual patient, the endoscopist, and the health care system.