Hygieacare Prep for Colonoscopy Consistently Provides 97% Adequacy, and is Agnostic to Predictors of Poor Oral Bowel Prep

James A. Underwood[1], Pradeep Bakel[2], Orly Levitan[3], Dawn B. Burleson[3], David A. Johnson[4]

[1]Gastrointestinal Associates and Endoscopy Center, Jackson, MS, USA [2]Ohio Gastroenterology and Liver Institute, Cincinnati, OH, USA [3,4]Hygieacare Inc., Norfolk, VA, USA [5]Eastern VA Medical School, Norfolk VA, USA

Abstract

The quality of bowel preparation (BP) before colonoscopy is critical for the safety, efficacy, and quality of the colonoscopy outcome. Inadequate BP is evident in more than 20% of all colonoscopies and is correlated with patient-specific factors including age, male gender, medications, and many comorbidities. The FDA cleared Hygieacare Prep for colonoscopy (Figure 1) is a safe and effective colonoscopy prep with exellent patient satisfaction. Our retrospective study demonstrates that for 9,966 Hygieacare Prep procedures the Prep adequacy was 97% regardless of the patients' demographics and medical history. In fact, it is agnostic to male sex, age, and to many of the known reported comorbidities associated with poor BP. The Hygieacare Prep consistently provides high quality clinical colonoscopy outcomes, and may reduce cancelled colonoscopies as well as the financial losses associated with them.

Methods

- Here we report:
  1. Adequacy of BP reports available in 9,966 patients.
  2. Analysis of the Hygieacare BP adequacy in relation to predictors for inadequate BP.
  3. Data on patients satisfaction reports and willingness to repeat.
- Data collected from the patient's demographic data, self-reporting and post-procedure survey.
- Physician report adequacy was collected from four centers in Austin, TX, Jackson, MP, Cincinnati, OH, and Norfolk, VA.
- Number of GI physicians to report on BP adequacy was 70.

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Results

- Over four years, 97% of 9,966 Hygieacare Prep procedures were reported adequate by 70 GI physicians. Patients age was18-99, and averaged at 62.
- There were no severe adverse events.
- Male patients who underwent the Hygieacare Prep (n=2,424) were reported to have 97% adequate BP (Table 1).
- The Hygieacare Prep efficacy was agnostic to age (n=8,778), with 97% reported adequacy (Table 1).
- Adequacy of BP of patients with reported medical indications, including IBD, diabetes, and constipation, was 95%-100% for the specific indications (n=2,979) (Table 1).
- For patients with Cirrhosis 14 out of 16 had adequate BP (Table 1).
- Patients reported excellent (99%) satisfaction and 95% willingness to repeat (Figure 2).

Conclusion

- Our retrospective study demonstrates that when choosing the Hygieacare Prep, the adequacy of the BP is not correlated, as in oral prep, with common predictors for poor BP.
- The Hygieacare Prep is agnostic to male sex, age, and to many of the known reported comorbidities associated with poor BP (Table 1).
- The Hygieacare Prep consistently provides high quality clinical colonoscopy outcomes (97% adequacy), including for patients predicted to have failed preps, and may reduce cancelled colonoscopies as well as the financial losses associated with them.
- 99% graded Hygieacare Prep as really good/good and 95% will choose Hygieacare Prep for their next colonoscopy.

Table 1 - Summary of bowel preparation (BP) adequacy for patients with predictors of poor oral BP that underwent Hygieacare Prep.

Reported medical condition	Number of patients	Percentage of patients with adequate prep
Carcinoma of the rectum	9	100%
Cirrhosis	16	88%
Colon, Rectal, Abdominal surgery	820	97%
Constipation	801	96%
Diabetes	399	95%
Heart conditions / stroke	78	95%
IBD/ Ulcerative colitis / Crohn's disease	243	97%
IBS	349	97%
Intestinal obstruction / stricture / Abdominal hernia / intestinal perforation	280	98%

Figure 1 - The FDA cleared Hygieacare system
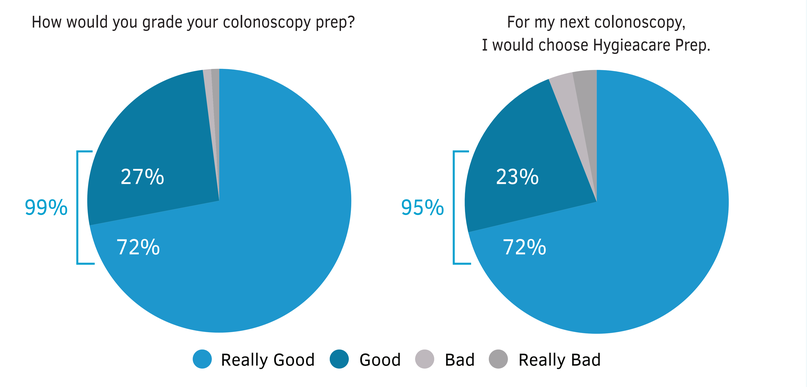
Figure 2 - Patients satisfaction (n=1,655) and willingness to repeat (n=1,305), as collected from four centers at the end of the Hygieacare Prep.