

Annals colonoscopy study underscores importance of quality standards

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A study by Baxter, et al. released this week and scheduled to be published in the Jan. 6, 2009, edition of *Annals of Internal Medicine*, concluded that while screening colonoscopy is associated with fewer deaths from colorectal cancer, the association is primarily limited to deaths from cancer developing in the left side of the colon.

This confirms the value of colonoscopy as a screening test and clarifies a possible weakness: detecting polyps on the right side of the colon. While the findings were notable, it's important to note that the study enrolled patients starting more than a decade ago. During the past decade, there have been significant advances in how colonoscopies are performed and in the colonoscopes themselves with wider fields of view and better optics.

"It's of paramount importance that physicians perform a colonoscopy examination as effectively as possible," notes Robert Sandler, MD, AGAF, president of the AGA Institute. "Gastroenterologists are aware of the need to slowly withdraw the colonoscope and to carefully examine the right colon for flat polyps. The most important variable in colonoscopy is the skill of the physician performing the test. Having a well trained, careful endoscopist who is aware of the newest ideas and techniques is a patient's best protection against poor results."

The AGA and other professional societies are working to make quality care a priority for the medical community. To define high-quality colonoscopy, the AGA directs physicians, purchasers and the public to

the [standards for endoscopy and polyp surveillance](#) created by the AGA and ASGE through the Physician Consortium for Performance Improvement and the National Committee for Quality Assurance. We urge all who perform colonoscopy to adhere to this physician performance measure set.

Of particular relevance is Measure #3: Comprehensive Colonoscopy Documentation. It notes that the final reports include documentation of all of the following:

- Pre-procedure risk assessment
- Depth of insertion of the colonoscope
- Quality of the bowel preparation
- Complete description of the polyps found, including the location of each polyp, size, number and gross morphology
- Recommendations for follow up

Source: American Gastroenterological Association

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