

# Open-access colonoscopy is safe: study

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Nurse-driven, open-access colonoscopy programs are as effective and safe as colonoscopy following a consultation with a gastroenterologist, according to researchers at Henry Ford Hospital.

"Our results showed no significant differences in safety outcomes related to perforation rate, emergent surgery, post-polypectomy bleed, overall lower gastrointestinal bleed, or death," says Gregory Olds, M.D., chief of interventional [gastroenterology](#) and director of [endoscopy](#) at Henry Ford Hospital and co-author of the study.

With a nurse-driven open access program, a routine [colonoscopy](#) screening is scheduled without a pre-procedure examination by a gastroenterologist but nurses review patient history via [electronic medical records](#) and determine if they meet health requirements before scheduling procedures.

Study results were presented this week at Digestive Diseases Week in Chicago.

"Referral for colonoscopy without prior gastroenterologist consultation is becoming routine in the United States, but current literature regarding overall safety is limited so our aim was to compare the safety outcomes of patients enrolled in a large, nurse-driven, open-access protocol to outcomes of patients who were seen first by a [gastroenterologist](#)," says Dr. Olds.

The Henry Ford researchers looked at 15,901 patients who were enrolled

in open-access colonoscopy from 2006 to 2010 and compared outcomes to 6,861 patients, from 1995 to 2002, who received outpatient gastroenterology consultation prior to screening.

Referrals for patients who went through the open-access program were made from primary care providers for average-risk [colon cancer](#) screening, a personal or familial history of colon polyps or cancer, blood in the stool, hematochezia, and radiographic testing suggestive of [colon polyps](#).

Data was collected for post colonoscopy bleeding (overall and post-polypectomy), hospitalization, emergency room visits, repeat colonoscopy within two months, perforation, death, and time-to-colonoscopy.

The study found that outcomes for patients undergoing colonoscopy through an open-access program were similar to those who underwent a consultation before colonoscopy -- in fact, they had fewer emergency room visits (1.6% vs. 1.16%) and inpatient stays (1.02% vs. 0.62%).

"The results of this study, using such a large cohort of patients, suggest that open-access programs can be utilized cost-effectively to make this important screening procedure more easily accessible to patients," says Dr. Olds.

Provided by Henry Ford Health System

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