

Overuse of surveillance colonoscopy after resection

February 1 2013



Approximately one-third of patients with normal results on their first and second colonoscopies after undergoing curative resection for colorectal cancer undergo subsequent surveillance colonoscopies within two years, which is earlier than recommended by current guidelines, according to research published in the January issue of *Clinical Gastroenterology and Hepatology*.

(HealthDay)—Approximately one-third of patients with normal results on their first and second colonoscopies after undergoing curative resection for colorectal cancer undergo subsequent surveillance colonoscopies within two years, which is earlier than recommended by current guidelines, according to research published in the January issue of *Clinical Gastroenterology and Hepatology*.

Amanpal Singh, M.D., of the University of Texas Medical Branch in Galveston, and colleagues used data from the Surveillance, <u>Epidemiology</u>, and End Results-<u>Medicare</u> linked database for 1992 to 2005 to analyze the timing for the first three colonoscopies after patients



underwent curative surgery for colorectal cancer.

The researchers found that about 32.1 percent of patients with normal results on their first colonoscopy and 27.3 percent of those with normal results on their second colonoscopy underwent subsequent colonoscopies within two years, which is earlier than recommended. About one-quarter (23.6 percent) of Medicare patients over the age of 80 years at the time of the first colonoscopy underwent repeat colonoscopy within two years for no clear reason. Although no association was found between early surveillance colonoscopy and patient sex, race, or level of education, there was significant regional variation in the performance of early surveillance colonoscopies.

"Our study showed that many patients who underwent curative resection for colorectal cancer receive surveillance colonoscopy sooner than recommended by the guidelines," the authors write. "This study provides an estimate of the magnitude of the overuse and is the first step in evaluating this problem."

More information: Abstract

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Citation: Overuse of surveillance colonoscopy after resection (2013, February 1) retrieved 20 March 2024 from

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