

Many colonoscopy patients do not accurately recall important exam details as time lapses

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As time lapses, many colonoscopy patients become less and less likely to recall when and where they last had the procedure performed; who the doctor was who performed it; whether polyps were found, and, if so, the number and size of those polyps, according to new study results presented at the 2015 Clinical Congress of the American College of Surgeons.

Lead study author Amer Alame, MD, a colorectal surgeon at St. John Hospital and Medical Center, Detroit, said he wanted to conduct the study after noticing during his fellowship training at the University of Miami that patients had a wide range of answers when asked what he thought was a simple question: Have you had a colonoscopy before?

"Some patients don't recall, some know they've had one but then start guessing as to how long ago it was, some don't know who did it, or what was found, or what was done," Dr. Alame said. When he and his team decided to measure these recollections with a study, "I truly had no idea what we were going to find," he said.

Study authors randomly selected 200 patients and split them into four groups of 50, based on the time lapsed from their last colonoscopy: two months, one year, two years, and four years. The patients were then surveyed by telephone and asked to recall the date of their last exam and the findings, including whether there were polyps present, how many, and the recommended follow-up interval. Their answers were compared to electronic health records.

When asked how long it had been since their last colonoscopy, 94 percent, 42 percent, 30 percent, and 28 percent of patients in the two month, one year, two year, and four year groups, respectively, remembered the date of their last scope to within one month. The number of patients who knew about the presence of polyps on their endoscopy was 65.2 percent, 31.6 percent, 35.7 percent, and 37.5 percent respectively. The number of patients who accurately recalled the number of [polyps](#) on their exam was 39.1 percent, 10.5 percent, 7.1 percent, and 6.25 percent respectively.

"Patients' personal recollections of endoscopy results can be misleading," Dr. Alame said. However, Dr. Alame said these results show that everyone involved in this procedure may contribute to the breaks in communication that can occur. After seeing these results, Dr. Alame said he now makes a point to reintroduce himself every time he sees a patient in the endoscopy suite, and advises other endoscopists to do the same. Dr. Alame said it's important for doctors to repeat crucial information to patients, such as what was done, what was found, and what the recommended plan is for follow-up care. A document for the patient to take home and keep in their files is also helpful if the doctor can provide it.

For patients, Dr. Alame stressed that knowing who the endoscopist is and where the procedure was done are the most important things to remember. That way, if a patient comes to him but can't remember specific details about the test, he knows what doctor and institution to request the report from and the test won't need to be repeated.

In the Detroit metropolitan area, Dr. Alame said that many health systems are combined, making it easier for administrators and doctors to retrieve [electronic health records](#) across hospitals. "I think that [arrangement] may help to fix the problem right at its root," Dr. Alame said, but added that it's a stretch for all hospital records across the

country to combine with each other.

Another possible solution is to have the endoscopist send the results directly to the patient's primary care doctor, since most [patients](#) remember who that is. Typically, Dr. Alame said, "they won't send it until the primary care doctor requests it, but I know of centers that are being proactive about it and already doing this."

Provided by American College of Surgeons

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