Prospective Quality Assessment of Screening-Colonoscopy in Berlin (Berlin Colonoscopy Project, BECOP-3).

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INTRODUCTION
Routine documentation of screening-colonoscopy provides a basis for information on the quality of healthcare in Germany. Special quality aspects e.g. instrument withdrawal time, preparation quality or patient acceptance remain largely unaccounted for; there has also been no audit performed for collected data. In the present assessment, we prospectively gathered and analyzed various quality aspects.

AIMS & METHODS:
From October 2006 to March 2008, we prospectively documented results, sedation, preparation-quality and complications of all screening-colonoscopies performed in 18 private practices in Berlin. Patients were given questionnaires, which they were instructed to send back after one week; questions included e.g. acceptance of colonoscopy-preparation, overall colonoscopy acceptance, as well as eventual late complications. A 5-year-follow-up has been planned.

RESULTS:
In an intermediate analysis till end September 2008, 12135 examinations were documented [m/f=47%:53%, mean age: 64.5 years (range ±13)]. The following data were found: Ceco-intubation rate: 98%; adenoma detection rate: 21.05%; patients with adenoma: 2548; total number of adenomas: 3818; patients with polyps: 4102; total number of polyps: 6973; adenomas per patient: 1.5; carcinomas: 101 (0.83%). Among the detected adenomas, 24.2% were flat lesions and 0.9% contained histologically high-grade dysplasias (HGIN). Instrument withdrawal time was 8.4 min (mean) and 80 complications were recorded (0.66%), 14 of which were primarily noted in the received questionnaires. In regards to patient acceptance (feed-back until now 88% concerning doctors-CRF’s and 83% concerning audit) the present prospective investigation shows a high patient acceptance.

Complications
Acute diagnosed during colonoscopy 0.66%
Later diagnosed by the examiner 0.12%
Stated by the patient 3.4%
(will be clarified in detail)

Complaints after the examination (multiple mentioning is possible)
• Flatulence 48%
  • Pain after very strong flatulence 13.5%
  • Minimal bloodloss 3.1%
  • Strong bloodloss 0.3%
  • Fever 0.2%
  • Circulation problems 5.8%
  • Others 4.8%

Preparation
• Good acceptable 44%
  • Something unpleasant 30%
  • Unpleasant, tolerable 22%
  • Very unpleasant 4%

Sedation
• None 17%
  • Very good, nothing remarked 53%
  • Very good, remarking something 23%
  • Effect not enough, something unpleasant 4%
  • Effect not enough, painful 2%
  • Uneffective, very painful 0.5%
  • Others 0.5%

Examination itself
• Good acceptable 76%
  • Something unpleasant 16%
  • Unpleasant, tolerable 7%
  • Very unpleasant 1%

CONCLUSIONS:
The present prospective investigation shows a high Ceco-intubation rate and an excellent patient acceptance. Some 25% of adenomas were classified as flat. In 1.7% of patients advanced histologies (carcinoma or HGIN) were found. According to delayed-questioning of patients complication-rate increased by about 20%.

LITERATURE: