QLL80: Factors of Failure to Reach Caecum Due to Colonic Disease

Goh YH, Cheng CM, Lee JY
Sunway Medical Centre Penang, Perai, Pulau Pinang

SELECTION OF OPPORTUNITIES FOR IMPROVEMENT

Endoscopist will judge the caecal intubation based on landmarks and visualisation of the ileocecal valve or terminal ileum to identify successful of colonoscopy. Inability to reach the cecum may cause the inaccurate diagnosis and delay treatment. Through NCBI (National Centre for Biotechnology Information) few strategies can prevent failure to reach caecum. Factor and improvements needed in areas on procedural, protocols, patient preparation and staff training. To achieve the target less than ≤5% failure to reach caecum due to colonic disease.

KEY MEASURES FOR IMPROVEMENT

Less than ≤5% failure to reach caecum due to colonic disease.

PROCESS OF GATHERING INFORMATION

Data collection compile monthly by measured the total number of colonoscopy cases done monthly and total number of failures to reach caecum due to colonic disease. It included elective and emergency cases of colonoscopy. Data collection and started review meeting on July 2023. Compile data and proceed for analysis is from August until December 2023.

ANALYSIS AND INTERPRETATION

Pre-procedure assessment on patient history, physical examination, imaging studies, bowel preparation, training technical skills, endoscopic equipment, planning with appropriate technique are required. Happened on narrowing colon, pain, abdominal discomfort, excessive loop formation, inflammation scarring, diverticular disease, anatomical variations, severe inflammation, ulceration, obstruction, large polyps, tumour or mass.

STRATEGIES FOR CHANGE

Strategies include customising the bowel preparation, choosing the appropriate sedation, changing positions and abdominal pressure, ensuring proper endoscopic technique, and considering the use of water techniques, carbon dioxide, and magnetic endoscope imaging.

EFFECT OF CHANGE

Before intervention, failure rate to reach the caecum due to colonic disease was 3 %. After implementing targeted solution, including refinement of technique, enhanced consultation and increased collaboration. The failure rate to reach the caecum has been significantly reduced to 1%. This achievement highlights the effectiveness of the intervention in enhancing patient experience, reducing abdominal discomfort and minimising repeated procedures.

THE NEXT STEP

Implement changes and continuously monitor and refine practices to optimise successful cecum visualisation of patient care and effectively managing complication and ensuring patient safety.