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Initial Experience of a Community Gastroenterology Practice With Ultra-Slim Colonoscopy: A Case Series.

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Initial Experience of a Community Gastroenterology Practice with Ultra-Slim Colonoscopy: A Case Series

BACKGROUND

The PCF-PH190L/I is among the new endoscopes Olympus has recently introduced as part of their EVIS EXERA III system. The ultra-slim colonoscope has an outer diameter of 9.7 mm and a 3.2 mm working channel width. Its advantages include reduced physician fatigue and patient discomfort¹. Cecal intubation rates are high with low mean cecal intubation times. It has enhanced optical system with greater brightness, viewing angle and ultra-high definition imaging quality. It has a responsive insertion technology (RIT) technology with passive bending which allows easier movement through acute bends in the colon which improves operator control for both pushing and twisting maneuvers. It can be used in patients with previous incomplete colonoscopies with less or no sedation. The purpose of this study is to review a series of patients who underwent colonoscopy with a newly acquired ultra-slim colonoscope (Olympus PCF-PH190L/I) in a community ambulatory endoscopy center.

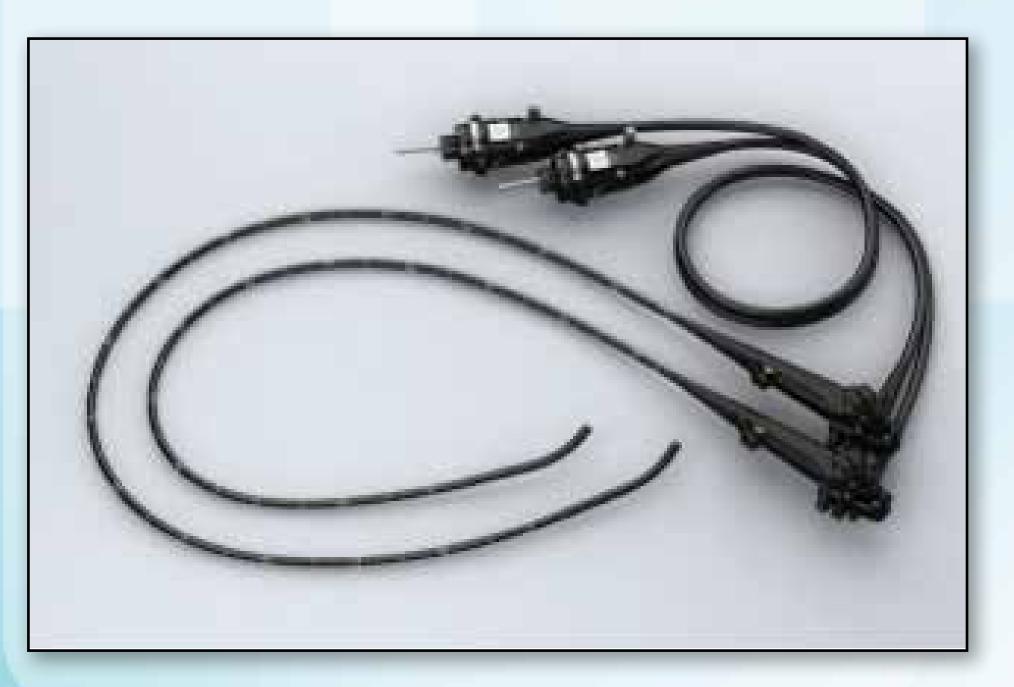


Figure 1: showing EVIS EXERA III PCF-PH190L/I

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RESULTS

A total of 13 colonoscopies were performed on 13 patients (10 women and 3 men), with a mean age of 64.5 years by five different providers. Common indications for colonoscopy were screening for colorectal cancer (38.4%), history of colon polyps (38.4%). The most common reason for ultra-slim colonoscope use were patient comfort (84.6%), fixed sigmoid preventing passage of pediatric colonoscope (7.7%) and prior failed colon (7.7%). Results showed diverticulosis (76.9%), internal hemorrhoids (46.1%), polyps (30.7%), rectal gastrointestinal stromal tumor (7.6%) only one normal colonoscopy (7.6%).

Table 1. Results of a Case Series on an Initial Experience of a Community Gastroenterology Practice with Ultra-Slim Colonoscopy									
Patient #	Gender	Age	Provider	Cecum Reached	Prior Failed Colon	Indication Stated? (If so what)	Adenoma	Reason for Ultra-Thin	Findings
1	Female	62	1	No	No	Change in bowel habits, weight loss	No	Fixed sigmoid prevenging passage of pediatric colonoscope	Possible rectosigmoid junction tumor ingrowth with polypoid lesion (lymphoid aggregates, no neoplasia/ dysplasia), diverticulosis, internal hemorrhoids
2	Female	66	2	Yes	Yes	Abnormal CT Scan	No	Prior failed colon	Normal Colonoscopy
3	Male	76	3	Yes	No	Heme-Positive Stools	Yes	Patient Comfort	Pedunculated Polyp, Necrotic Appearing Area (biopsy with granulation tissue)
4	Female	69	2	Yes	No	Screening for colorectal cancer	No	Patient Comfort	Severe sigmoid diverticulosis, Internal Hemorrhoids
5	Female	62	2	Yes	No	History Colon Polyps	No	Patient Comfort	Tortuous sigmoid colon, sigmoid diverticulosis
6	Female	69	4	Yes	No	History Colon Polyps	Yes	Patient Comfort	Rectal gastrointestinal stromal tumor, Sigmoid Polyp, Sigmoid Diverticulosis
7	Female	64	4	Yes	No	Screening for colorectal cancer	No	Patient Comfort	Diverticulosis
8	Male	62	4	Yes	No	Screening for colorectal cancer	No	Patient Comfort	Sigmoid Diverticulosis, Internal/External Hemorrhoids
9	Female	56	2	Yes	No	History Colon Polyps	Yes	Patient Comfort	Ascending Colon Sessile Serrated Adenoma, Diverticulosis, Internal Hemorrhoids
10	Male	74	3	Yes	No	Screening for colorectal cancer	No	Patient Comfort	Severe Diverticulosis
11	Female	65	2	Yes	No	History Colon Polyps	No	Patient Comfort	Severe Diverticulosis, Internal Hemorrhoids
12	Female	51	2	Yes	No	Screening for colorectal cancer	Yes	Patient Comfort	Cecal Polyp, Internal Hemorrhoids
13	Female	63	5	Yes	No	History Colon Polyps	No	Patient Comfort	Severe Diverticulosis

Our study showed use of an ultra-slim colonoscope had a cecal intubation rate of 92.3%. Patients with prior failed colonoscopy had successful cecal intubation. A large number of patients were selected to have colonoscopy with an ultra-slim scope for patient and provider comfort. Ultra-slim colonoscopy is reportedly preferred by patients for comfort and reduced sedation requirements making it an ideal choice for community gastroenterologists^{2,3}. It is used at many practices as a rescue in situations where standard colonoscopes have failed. Our study highlights the use of an ultra-slim scope in both rescue situations, and as the initial colonoscope of choice in an ambulatory endoscopy center. Further studies are needed to evaluate the use of ultra-slim colonoscopy and its indications and advantages.

References:

DISCUSSION

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