



How Can I Determine if I Received a Thorough Colonoscopy?

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QUESTION – I just turned 50 and had my first screening colonoscopy. My gastroenterologist advised me to have a follow-up exam in 10 years since he didn't find any polyps. How do I know that I received a thorough exam and can safely wait 10 years?

ANSWER – Colonoscopy is currently our most effective means of reducing the incidence of colon cancer. One should expect and receive a thorough examination that provides a sense of security until the follow-up screening exam is performed. Without a family history of colon cancer, the appropriate time interval for the second exam would be the recommended 10 years.

Even among physicians who are board certified and well trained in endoscopy there is an inherent miss rate when performing colonoscopy. The miss rate varies depending on the size of polyps one is reviewing. The larger the polyp the less likely it is to be missed. With polyps larger than 1cm (0.4 inch) the miss rate can be as high as 6% – higher with smaller polyps.

Endoscopy

Endoscopy is a procedure that uses a thin flexible tube (endoscope) to look inside the different organs in the digestive tract. There are many types of endoscopy; colonoscopy (looking inside the colon) is one type.

Your concern about receiving an adequate exam that will provide you reassurance for the next decade is justified. A number of studies have looked at the disparity in miss rates among different physicians performing endoscopies.

Withdrawal times – the time it takes to remove the endoscope from the colon – was found to be a significant factor in polyp detection rates. Physicians having a withdrawal time of less than 6 minutes found significantly fewer polyps. These studies suggest that a longer exam may lead to a more careful inspection of the colon resulting in fewer missed polyps. It is very reasonable to ask your endoscopist what his or her withdrawal times are.

Performing a careful visual inspection throughout the entire colon – including the cecum where the colon connects to the small intestine – is crucial in the prevention of missed lesions. Photo documentation of the

cecum should be the norm in all endoscopic practices. A quality endoscopist should be able to reach the cecum in 95% of screening colonoscopies. How often (percentage of times) your endoscopist reaches the cecum is another means of measuring quality endoscopy.

An additional measure is the adenoma detection rate. Adenomas are a type of colon polyp that can develop into cancer over time. The key benefit of screening colonoscopy is to remove these. For the average male the expected rate of detection is roughly 25%. For women the expected rate is about 15%. Ask the endoscopist what his or her average detection rate is of adenomas. A detection rate significantly less than these benchmarks would raise a concern regarding missed polyps.

In gastroenterology the specialty societies have taken the lead in performing research to identify quality measurements which can be used to assure patients are receiving a thorough endoscopic exam. Polyp detection rates, cecal viewing rates, and withdrawal times are measurements that physicians performing endoscopies should know for the benefit of their patients.

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