# "Evaluation of the indications and satisfaction of patients undergoing colonoscopy at the HCSAE during a year of the pandemic: A PROSPECTIVE STUDY"

Bianca Alanis-Rivera, MD ; Andrés de Jesus Sosa Lopez, MD ; Alejandro Cruz Zarate, MD ; Gabriel Rangel-Olvera, MD, MSC ; HCSAE; GEA Gonzalez

SAGES 2023 Annual Meeting
March 29-April 1, 2023 | Montréal, Canada
Program Chairs: Rebecca Petersen MD, MSc and Dimitrios Stefanidis, MD, PhD

PEMEX®

**Background:** Colonoscopy is considered the gold standard modality for colorectal cancer screening and evaluation of lower gastrointestinal symptoms, so it is important to understand and assess both the indications and satisfaction of colonoscopy. When the indication is appropriate, more clinically relevant diagnoses are obtained. Patient satisfaction has become one of the cornerstones of progressive quality improvement systems in hospitals, the adoption of quality satisfaction indicators can contribute to a progressive improvement of the same.

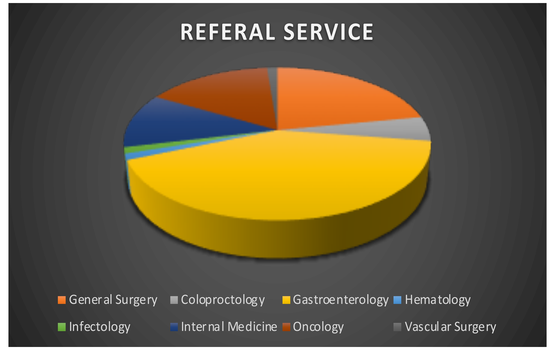
**Methods:** A Retrospective, observational study of the electronic registry of patients undergoing ERCP during the years 2019 to 2021 at the General Hospital "Dr.Manuel Gea González" was performed. Comparing the frequencies and means of demographic and procedural variables, as well as the association of the complexity with these variables.

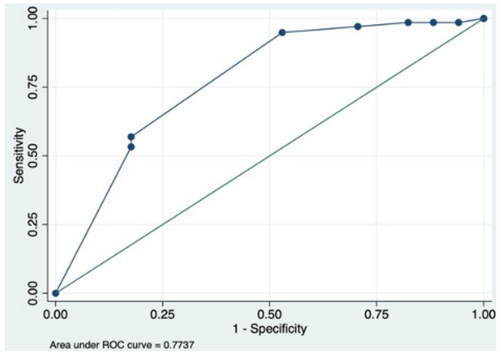
**Results:** A total of 154 questionnaires were evaluated; 84(54%) women and 70 (46%)mens;The mean age was 62.7 years. When analyzing the time between the request and the completion of the study, there was an average of 108 days with a range of 1-436 days; the time in the waiting room (from the arrival of the patient to the unit and the completion of the study had an average of 26 min with a range of 5-180 min. There was an average fasting time of 26 hours with a range of 12-48 hrs As for the main reference services, they were Gastroenterology 64 (42%), General Surgery 34 (22%), Oncology 24 (15%), Internal Medicine 18 (12%), Coloproctology 8 (5%) and Another 3%.The main indications for referral to perform a colonoscopy are personal history of colorectal cancer 32 (21%), digestive tract bleeding 25 (16%),constipation 17 (11%), anemia under study 14 (9%). ) and diverticular disease 13(8%) among the main ones. When asking about the overall assessment of their experience, 61% considered it to be excellent, 28% very good, 10% good and bad or 11% regular. When asked if it was necessary to perform a new endoscopic study, they would do it in the same institution or with the same doctor, 100% answered yes. Time from referral, waiting time, and verbal and written instructions to obtain adequate patient satisfaction in univariate analysis, while waiting time and verbal-written instructions were significant in multivariate analysis. Obtaining an area under the curve of 0.7737

**Conclusion:** Currently there are various guidelines and recommendations to comply with and perform quality endoscopic studies,same that during the colonoscopy must be fulfilled in order to obtain a greater diagnostic yield andtake into account that satisfaction during the procedure influences the choice that this patient, or others close to him, will make in the future when they present a new health problem or in compliance with prescribed therapeutic measures.

References
1. Centers for Disease Control and Prevention. Vital signs: colorectal cancer screening test used United States, 2012. MMWR Morb Mortal Wkly Rep 2013; 62:881-8. DOI: 10.15585/mmwr.mm6910a1.
2. John R Saltzman, et al. ASGE Standards of Practice Committee, Bowel preparation before colonoscopy Gastrointest Endosc. 2015 Apr;81(4):781-94. DOI: 10.1016/j.gie.2014.09.048
3. Oh CH, Lee CK, Kim JW, et al. Suboptimal bowel preparation significantly impairs colonoscopic detection of non-polypoid colorectal neoplasms. Dig Dis Sci. 2015;60(8):2294-303. DOI: 10.1007/s10620-015-3628-6
4. Calderwood AH, Thompson KD, Schroy 3rd PC, et al. Good is better than excellent: bowel preparation quality and adenoma detection rates. Gastrointest Endosc. 2015;81(3):691–9. DOI: 10.1016/j.gie.2014.10.032
5. McLachlan SJ. Patients' experiences and reported barriers to colonoscopy in the screening contextda systematic review of the literature. Patient Educ Couns 2012; 86:137-46. DOI:10.1016/j.gie.2014.07.058

| *EPIDEMIOLOGY* | |
|---|---|
| GENDER | |
| Female | 84 (54.55%) |
| Male | 70 (45.45%) |
| AGE | |
| Mean | 62.77(17-60) |
| <60 years | 60 (39%) |
| >60 years | 94 (61%( |
| BMI | |
| Mean | 26.47 (19.4-39) |
| BMI <25 | 61(40%) |
| BMI>25 | 93 (60%) |
| STUDY SCHEDULE TIME | |
| Mean | 108 DAYS (1-137) |
| TIME IN THE WAITING ROOM | |
| Mean | 26 MIN ( 5-180) |
| FASTING | |
| Man | 26.64 HRS (12-48) |
| BOSTON SCALE | |
| Mean | 6.4 (3-9) |




| OVERALL SATISFACTION | | | | |
|---|---|---|---|---|
| | Univariate Analysis | | Multivariate analysis | |
| | OR (CI 95) | p | OR (CI 95) | p |
| Sex: Female | 1.07( 0.39.2.95) | 0.88 | | |
| <60 years | 1.19 (0.41-3.41) | 0.74 | | |
| BMI > 25 | 2.81(0.98-8.06) | 0.054 | | |
| Time from reference | 5.29(1.55-18.02) | 0.008 | 2.58(0.59-11.22) | 0.071 |
| Waiting Time | 13.85(3.27-58.55) | 0.001 | 11.74 (2.31-59.46) | 0.003 |
| Verbal-written instructions | 2.57 (1.25-7.36) | 0.049 | 1.89 (1.12-9.24) | 0.041 |