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Improving accuracy of tumour site identification during colonoscopy; A retrospective analysis

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Introduction

- Colonoscopy essential for accurate pre-operative colorectal tumour localisation.
- Due to variable colonic length and lack of internal landmarks, tumour site identification can be difficult, and can result in inappropriate management.

To avoid this, we must correctly identify the tumour To avoid site endoscopy in >95% of patients as per BSG guidelines¹.

2019, accuracy levels compared to radiology and histology fell significantly short of this standard. We therefore made improvements to our endoscopy database and displayed relevant guidelines in endoscopy rooms.

Aims

To evaluate improvement in accuracy of endoscopic tumour localisation after implementation of these initiatives.

Methods

- A retrospective analysis of all colonoscopies performed at a single trust (214) showing suspicious lesions in 2020.
- Comparison made to results of counterpart radiology and histology tests, and audited against the BSG standard of >95% accurate identification of tumour position by colonic segment.

Results.

- Accuracy of endoscopic tumour localisation was 92.2% and 92.3% compared to histology and radiology respectively.
- Although this does not meet the national standard ¹ of >95%, it is a significant improvement from the year prior - 80.2% and 78.8% compared to histology and radiology respectively.



- The greatest degree of error appears in the rectum, often being confused with recto-sigmoid and sigmoid.

Conclusions

- Guideline reminders and database improvements were crucial to increased accuracy.

However, clearer definition of colonic territories is required to avoid confusion when attributing localization.

We recommend following the American guidelines in which the term 'recto-sigmoid' is abolished in favour of a boundary 15cm from the anal verge that represents the division between rectum and sigmoid.

This would improve accuracy as 55% of all tumors are found in this region.

Availability of scope guides in all endoscopy rooms will improve accuracy of localization (which appears to be happening more commonly nationally).

References

¹BSG quality and safety indicators for endoscopy - JAG office, Royal College of physicians.

Biography

Mohamed Hassan is a General and colorectal Speciality doctor at Maidstone and Tunbridge Wells NHS trust . He is a member and faculty of the royal college of surgeons of England. He trained in Egypt and he has MSc in General Surgery from Ain Shams University 2016.

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