Colonoscopy Without Sedation Deemed Okay

By Alicia Ault

Associate Editor, Practice Trends

San Diego — One-third of veterans offered colonoscopy without sedation agreed to the procedure, according to a study conducted safely and successfully with high levels of patient satisfaction, according to results of a prospective study presented at the annual Digestive Disease Week.

In 2002, the staff at Sepulveda Ambulatory Care Center began offering unsedated colonoscopy because of a nursing shortage in the Los Angeles area, said Dr. Felix Leung, professor of medicine at the University of California, Los Angeles. Sepulveda is part of the VA of Greater Los Angeles health care system.

At Sepulveda, about a third of patients needing colonoscopy had agreed to have it without sedation over the last 5 years, and about a quarter have agreed to this at the VA Palo Alto (Calif.) health care facility, said Dr. Leung. When a colonoscopy is required, patients are told about the pros and cons, he said. On the plus side, they are told that they can talk during the exam, that they can drive themselves home, and that there is no recovery time. However, they are told that they would feel every little thing that we do to them, including pain and discomfort.

Physicians explain that they will do everything possible to minimize the discomfort, but patients are not given any pharmaceutical agents, such as diazepam (Valium), said Dr. Leung in an interview. Dr. Leung and his colleagues prospectively tracked patients who underwent colonoscopy without sedation during a period of about 2 years and 4 months (July 2005 to June 2006 and July 2006 to November 2007). In 2006, colonoscopies were performed without air insufflation, but in 2007, a new water method was used.

Sixty-two patients were in the air cohort, and 66 were in the water group. Among the 62 in the first group, 54 (87%) had satisfactory bowel prep; 8 (13%) could not complete because of poor bowel prep, and 7 (11%) could not complete because of discomfort. Forty-seven of the 54 who completed (87%) had a successful cecal intubation. Forty-one (76%) said they had a good experience, and 42 (78%) were willing to repeat it without sedation.

Two patients could not complete the study because of discomfort. Sixty-three (97%) had successful cecal intubation. Fifty-eight (85%) had a good experience and 60 (92%) said they would repeat the procedure without sedation. Dr. Leung disclosed no conflicts of interest.

Better Resources Needed for Colorectal Poly Surveillance

San Diego — Physicians may be conducting surveillance colonoscopy too often on low-risk patients and not enough on high-risk patients, according to results of a substudy of the Polyp Prevention Trial presented at the annual Digestive Disease Week.

Dr. Adeyinka Laiyemo, a cancer prevention fellow at the National Cancer Institute, said that colonoscopy resources need to be managed more effectively, based on the substudy’s findings. He presented data from the Polyp Prevention Trial of a low-fat, high-fiber, fruit and vegetable diet for the early detection of colorectal cancer and adenomatous polyps in asymptomatic average-risk adults aged older than 10 years (CA Cancer J. Clin. 2008;58:130-6).

The American Cancer Society, the U.S. Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology recently issued joint guidelines on screening for colorectal cancer. The American Gastroenterological Association issued guidelines for surveillance colonoscopy in high-risk patients, according to results of the Polyp Prevention Trial. The American Cancer Society recommends screening at 5- to 10-year intervals, and the ACG recommends screening every 10 years.

During the study, there were 431 patients included in the polyp cohort, and 66 were in the water group, said Dr. Laiyemo. “This was a substudy of the Polyp Prevention Trial. We had 3 years of follow-up. No one was lost during the period.”

Only 41% had a surveillance colonoscopy within the recom-}