Retrospective audit comparing the diagnostic yield of Open Access Colonoscopy (OAC) versus Closed Access Colonoscopy (CAC)

Background:
Proserpine is designated as a pilot site to trial Open access colonoscopy (OAC). OAC is defined by a patient proceeding to colonoscopy without having to undergo review in a specialist clinic. This is designed to speed up the colonoscopy pathway.

Objective:
To compare the clinical yield and safety of open access colonoscopy (OAC) versus the Closed Access Colonoscopy (CAC).

Methodology:
- Retrospective chart audit of patients undergoing colonoscopy between 2009-2011 at Proserpine Hospital (711 patients)
- 13 lost to NBCSP, 56 lost to follow up

Results:
- General Pathology pick up
  - CAC: 63%
  - OAC: 59%

- Significant Path Pick up rate for OAC
  - CAC: 11%
  - OAC: 8%

- Complications by group
  - CAC: 7
  - OAC: 5
  - P=0.502

- Cancers found in study
  - CAC: 4
  - OAC: 7
  - P=0.407

Criteria for defining significant pathology:
1. Patients with 3 or more adenomas or sessile serrated adenomas.
2. Three or more adenomas with features of high-grade dysplasia.
3. Any adenoma and more than 60 years of age.
4. Inadequate resection of tumour or piece-meal resection.
5. Colorectal cancer.

Conclusion:
1. CAC had approximately twice the odds of detecting a significant pathology as compared to OAC.
2. Open Access Colonoscopy is as safe as Closed Access Colonoscopy.