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

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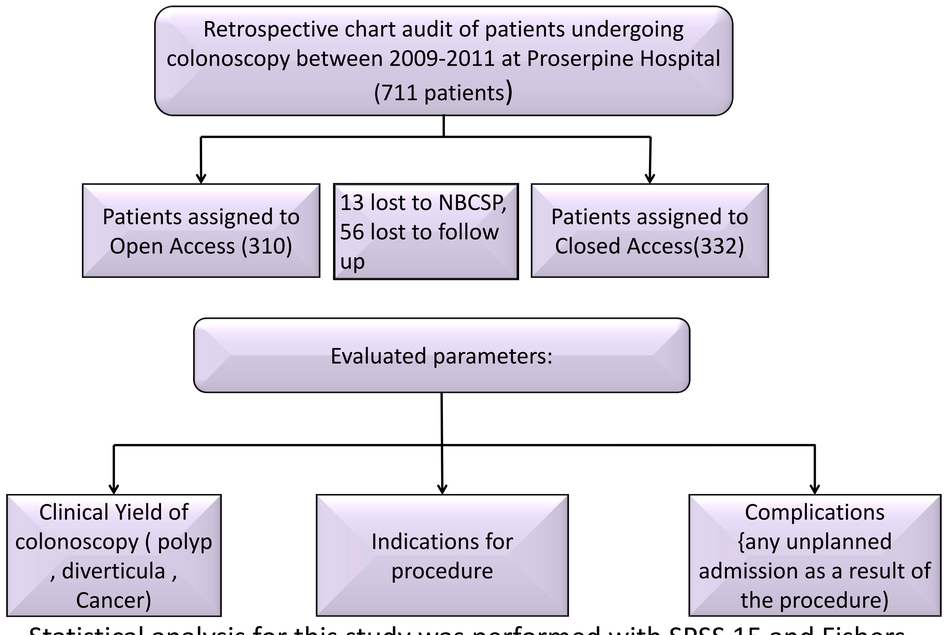
Background:

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:

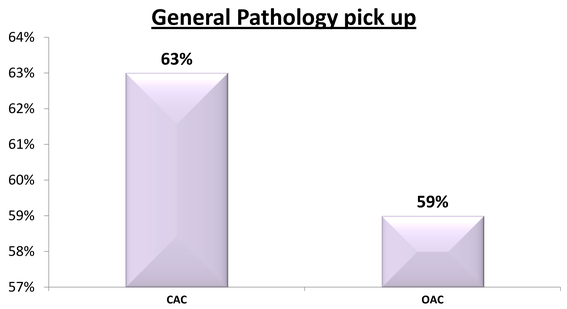
To compare the clinical yield and safety of open access colonoscopy(OAC) versus the Closed Access Colonoscopy (CAC).

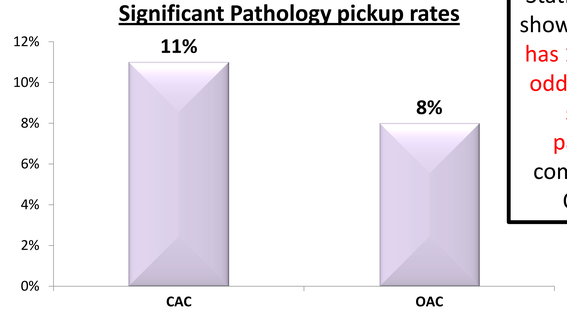
Methodology:



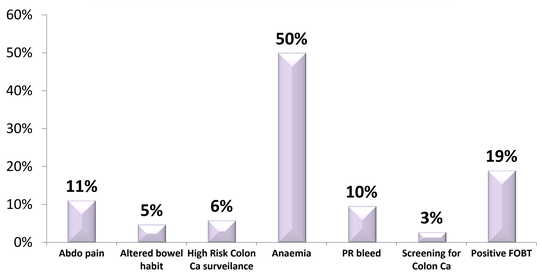
Statistical analysis for this study was performed with SPSS 15 and Fishers exact test for multi variate analysis.

Results:





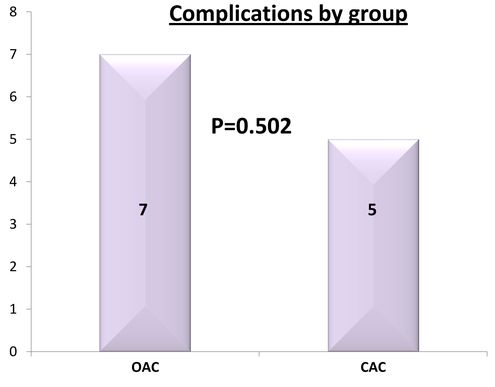
Statistical Analysis shows that the CAC has 1.85 times the odds of detecting significant pathology as compared to the OAC group

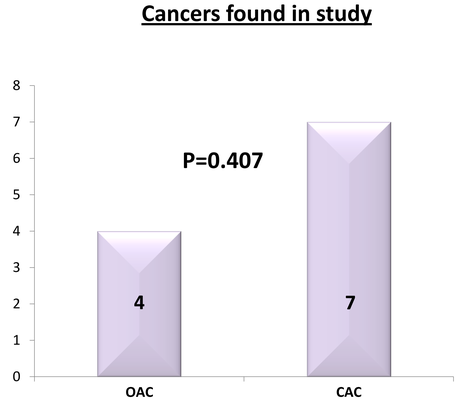


Criteria for defining significant pathology:

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 then 60 years of age
4. Inadequate resection of tumour or piece-meal resection.
5. Colorectal cancer

*NHMRC 2011 – Clinical Practice Guidelines for surveillance Colonoscopy





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