Purpose: Redundant colon is a neglected colonic finding, referring to a chronically dilated or elongated colon. Its aetiology is unknown, agreed diagnostic criteria are lacking and the role of management and intervention are far from clear. The clinical significance of colonic redundancy remains unknown, although surgical intervention is sometimes performed for intractable disease or acute complications. This study assessed the quality of life of patients with redundant colon during colonoscopy.

Methodology: The quality of life of patients identified as having a redundant colon during colonoscopy was assessed using the Short Form (SF36) questionnaire. One-sample t-tests and one-sample Wilcoxon tests were performed on the eight domains of the SF36, comparing differences in mean and median quality of life between the focus and control population.

Results: Of 31 patients diagnosed with having colonic redundancy during colonoscopy, there were no statistically significant reductions in quality of life in comparison to the control population over the eight domains. Comparatively, patients with redundant colon had higher emotional wellbeing.

Conclusions: This study could not link significant impairment of quality of life to patients with redundant colon. Redundant colon may be may be an incidental colonic finding posing no significant issue for those affected. However, symptoms and acute complications warranting surgical intervention have been ascribed with the finding. It may be that more advanced disease is problematic for patients. Or associated symptoms may not be significant enough to affect overall quality of life. A large-scale study with staging or grading of colonic redundancy may offer different outcomes.