

Sender's message: Búsqueda de endoscopia

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PubMed Results

Items 1 - 10 of 11

1 Can J Gastroenterol. 2011 Dec;25(12):681-5.

[A literature review of quality in lower gastrointestinal endoscopy from the patient perspective.](#)

[Sewitch MJ](#), [Gong S](#), [Dube C](#), [Barkun A](#), [Hilsden R](#), [Armstrong D](#).

Source

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Abstract

BACKGROUND:

Given the limited state of health care resources, increased demand for colorectal cancer (CRC) screening raises concerns about the quality of endoscopy services. Little is known about quality in colonoscopy and endoscopy from the patient perspective.

OBJECTIVE:

To systematically review the literature on quality that is relevant to patients who require colonoscopy or endoscopy services.

METHODS:

A systematic PubMed search was performed on articles that were published between January 2000 and February 2011. Keywords included "colonoscopy" or "sigmoidoscopy" or "endoscopy" AND "quality"; "colonoscopy" or "sigmoidoscopy" or "endoscopy" AND "patient satisfaction" or "willingness to return". The included articles were qualitative and quantitative English language studies regarding aspects of colonoscopy and/or endoscopy services that were evaluated by patients in which data were collected within one year of the colonoscopy/endoscopy procedure.

RESULTS:

In total, 28 quantitative studies were identified, of which eight (28.6%) met the inclusion criteria (four cross-sectional, three prospective cohort and one single-blinded controlled study). Aspects of quality included comfort, management of pain and anxiety, endoscopy

unit staff manner, skills and specialty, procedure and results discussion with the doctor, physical environment, wait times for the appointment and procedure, and discharge. Qualitative studies eliciting the patient perspective on what constituted quality in colonoscopy/endoscopy were not found.

CONCLUSIONS:

Factors related to comfort, staff, communication and the service environment were evaluated from the patient perspective using closed-ended questions that were designed by clinicians and researchers. Future research using qualitative methodology to elicit the patient perspective on quality in colonoscopy and/or endoscopy services is needed.

Free Article

PMID:

22175059 [PubMed - indexed for MEDLINE]

[Related citations](#)



2 Can J Gastroenterol. 2011 Dec;25(12):663-6.

[Timing and frequency of bowel activity in patients ingesting sodium picosulphate/magnesium citrate and adjuvant bisacodyl for colon cleansing before colonoscopy.](#)

[Vanner S, Hookey LC.](#)

Source

Gastrointestinal Diseases Research Unit, Kingston General Hospital, Queen's University, Ontario.

Abstract

BACKGROUND:

Despite the wealth of research investigating bowel cleansing efficacy, there are very little data on the timing or frequency of bowel movements after each agent is ingested.

OBJECTIVE:

To examine the effect of each component of a three-day combined sodium picosulphate/magnesium citrate (PSLX) and bisacodyl regimen on the timing and frequency of bowel activity in patients undergoing colonoscopy.

METHODS:

Outpatients booked for colonoscopy were asked to complete a diary of their bowel preparation that tracked the timing of bowel movements. Bowel preparation quality was assessed using the Ottawa Bowel Preparation Scale. Bowel activity was compared with baseline and correlated with colon cleansing. Subgroup analysis was performed

examining the effect of timing of the procedure and split-dose regimens.

RESULTS:

One hundred patients undergoing colon cleansing received bisacodyl 10 mg at 17:00 three days and two days before the day of colonoscopy. In one group, both sachets of PSLX were given the night before colonoscopy, while the second group, whose colonoscopies were scheduled after 11:00, ingested one sachet the night before and the second sachet at 06:00 on the day of colonoscopy. Patients had a mean of 1.7 bowel movements per day in the seven days before starting the cleansing regimen. Both doses of bisacodyl tablets resulted in a significant increase in the mean number of bowel movements compared with baseline (3.3/day first dose; 3.8/day second dose [P=0.03 and 0.001, respectively]). Each dose of PSLX also resulted in a significant increase in bowel movement frequency compared with baseline, with means of 4.4, 6.3 and 4.5 bowel movements after each dose. The mean time to the final bowel movement following the second sachet of PSLX was 8.9 h when taken the night before, and 3.9 h when taken the morning of the procedure. Bowel preparation quality significantly correlated with bowel frequency when total bowel movements were considered and when only the effects of bisacodyl were accounted for (P<0.01 for each).

DISCUSSION:

These data demonstrate that the addition of bisacodyl before PSLX ingestion has a significant additive effect on bowel frequency and correlates with bowel cleansing quality. The timing of the resulting bowel movements have practical implications for sleep and travel times to endoscopy suites.

Free Article

PMID:

22175056 [PubMed - indexed for MEDLINE]

[Related citations](#)



3 Can J Gastroenterol. 2011 Dec;25(12):657-62.

[A randomized controlled trial of four precolonoscopy bowel cleansing regimens.](#)

[Kao D](#), [Lalor E](#), [Sandha G](#), [Fedorak RN](#), [van der Knoop B](#), [Doornweerd S](#), [van Kooten H](#), [Schreuders E](#), [Midodzi W](#), [Veldhuyzen van Zanten S](#).

Source

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Abstract

BACKGROUND:

The ideal bowel cleansing regimen for colonoscopy has yet to be determined.

OBJECTIVE:

To compare the cleansing efficacy, and patient tolerability and safety of four bowel preparation regimens.

METHODS:

A total of 834 patients undergoing outpatient colonoscopy were randomly assigned to one of four regimens: 4 L polyethylene glycol (PEG); 2 L PEG + 20 mg bisacodyl; 90 mL of sodium phosphate (NaP); or two sachets of a commercially available bowel cleansing solution (PSMC) + 300 mL of magnesium citrate (M). The primary outcome measure was cleansing efficacy, which was scored by blinded endoscopists using the Ottawa Bowel Preparation Scale. Secondary outcome measures were bowel preparation quality according to time of colonoscopy, and patient tolerability and safety.

RESULTS:

The mean total cleansing score was significantly worse in the NaP group compared with the other three groups ($P < 0.0001$). The mean cleansing scores were worse in patients who underwent morning versus afternoon colonoscopy, a finding that was consistent in all four groups. PSMC + M was the best tolerated regimen. No clinically significant mean changes in creatinine or electrolyte levels were identified, although a significantly higher proportion of patients in the NaP group developed hypokalemia ($P < 0.0001$).

CONCLUSIONS:

2 L PEG + 20 mg bisacodyl, or PSMC + M was as efficacious as 4 L PEG and superior to NaP for bowel cleansing. A short interval between the completion of bowel preparation and the start of colonoscopy (ie, 'runway time'), irrespective of bowel preparation regimen, appeared to be a more important predictor of bowel cleanliness than the cathartic agents used.

Free Article

PMID:

22175055 [PubMed - indexed for MEDLINE]

[Related citations](#)



4 Can J Gastroenterol. 2011 Dec;25(12):655-6.

[Seeking the ultimate bowel preparation for colonoscopy: is the end in sight?](#)

[Hilsden RJ](#). **Free Article**

PMID:

22175054 [PubMed - indexed for MEDLINE]

[Related citations](#)



5. Can J Gastroenterol. 2011 Dec;25(12):652-3.

[Vanishing cecal polypoid mass lesion.](#)

Chatur N, [Freeman HJ](#).

Source

Department of Medicine, Division of Gastroenterology, University of British, Vancouver.

Free Article

PMID:

22175052 [PubMed - indexed for MEDLINE]

[Related citations](#)



6 Tidsskr Nor Laegeforen. 2011 Dec 13;131(24):2481.

[\[Hunting for the Christmas star\].](#)

[Article in Norwegian]

[Berg TC](#), [Nag T](#), [Eriksen BH](#).

Source

Barne- og ungdomsavdelingen, Ålesund sjukehus, Norway.
thea.christine.schau.berg@helse-mr.no

Free Article

PMID:

22170135 [PubMed - indexed for MEDLINE]

[Related citations](#)



7 Tidsskr Nor Laegeforen. 2011 Dec 13;131(24):2470-4.

[\[Eosinophilic oesophagitis\].](#)

[Article in Norwegian]

[Holme Ø](#), [Tjora E](#), [Aabakken L](#).

Source

Medisinsk avdeling, Sørlandet sykehus Kristiansand, og Det medisinske fakultet, Universitetet i Oslo, Norway. oyvind.holme@sshf.no

Abstract

BACKGROUND:

Eosinophilic oesophagitis is a chronic inflammatory condition in the oesophagus. There has been increasing awareness of this disease in recent years as a common cause of

dysfunction of the oesophagus in children and adults.

MATERIAL AND METHOD:

The review is based on a search in PubMed, scrutiny of reference lists and the authors' experience of adults and children with eosinophilic oesophagitis.

RESULTS:

Eosinophilic oesophagitis is being diagnosed increasingly often in western countries. Men are affected three times as often as women. The disease may start at any age, but does so most frequently in children and young adults. Dysphagia and impaction of food in the oesophagus are the most common symptoms in adolescents and adults. In children the commonest symptoms are eating problems, abdominal pain, nausea and retarded growth. In many patients the mechanism behind the condition is probably an allergic reaction in the oesophagus to food, and over half the patients have an atopic disposition. The diagnosis is based on clinical findings, typical findings on endoscopy and eosinophilic granulocytes in the oesophageal mucosa. Treatment possibilities include restriction of diet, locally acting corticosteroids and endoscopic dilatation.

INTERPRETATION:

Eosinophilic oesophagitis is being diagnosed in an increasing number of patients, but it is not certain whether this is due to increased occurrence or increased awareness by doctors. Knowledge of the disease is important because simple endoscopic or medical treatment leads to a good result in most patients, and can prevent complications such as stricture formation and food impaction in the oesophagus.

Free Article

PMID:

22170132 [PubMed - indexed for MEDLINE]

[Related citations](#)

www.tidsskriftet.no

8 Ugeskr Laeger. 2011 Dec 12;173(50):3270-1.

[\[Acute phosphate nephropathy as a complication to bowel cleansing with oral sodium phosphate\].](#)

[Article in Danish]

[Colic E](#), [Marcussen N](#).

Source

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colicedin@hotmail.com

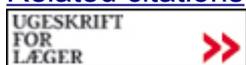
Abstract

Acute phosphate nephropathy (APhN) has recently been identified as a reason for acute and subsequently chronic renal failure, following exposure to the oral sodium phosphate bowel purgatives. Renal biopsies show acute and chronic tubular injury with calcium phosphate deposits. A case of biopsy-proven APhN is described. The choice of bowel purgatives should be individualised with respect to the risk factors for development of APhN.

PMID:

22153212 [PubMed - indexed for MEDLINE]

[Related citations](#)



9 Am J Surg. 2011 Dec;202(6):796-801; discussion 801.

[Esophageal salvage with re movable covered self-expanding metal stents in the setting of intrathoracic esophageal leakage.](#)

[David EA](#), [Kim MP](#), [Blackmon SH](#).

Source

Department of Thoracic and Cardiovascular Surgery, The University of Texas MD Anderson Cancer Center, Houston, TX, USA.

Abstract

BACKGROUND:

Intrathoracic contamination from esophageal perforation, staple line dehiscence, or trauma can be a preterminal event. In our institution, covered self-expanding metal stents have been used aggressively in the management of esophageal leak, but their use remains controversial. The primary objective of this study was to evaluate the efficacy of esophageal salvage using stents to assist in the management of intrathoracic esophageal leakage.

METHODS:

Over 38 months, 63 patients with esophageal or gastric leaks were evaluated for stenting as primary treatment and identified using a prospective database.

RESULTS:

Fifty-six patients were managed with endoscopic stenting as primary therapy and 30 of those patients required a thoracic intervention after stenting. Seven of these patients required esophageal diversion after stent failure. Thirty-day mortality was 10% in the patients with intrathoracic contamination.

CONCLUSIONS:

We suggest that the use of covered self-expanding metal stents in patients with

intrathoracic leak after esophageal perforation is safe and offers esophageal salvage in 77% regardless of time of presentation.

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PMID:

22137138 [PubMed - indexed for MEDLINE]

[Related citations](#)



10 Br J Surg. 2012 Jan;99(1):144; author reply 144. doi: 10.1002/bjs.7826.

[Systematic review and meta-analysis of intraoperative versus preoperative endoscopic sphincterotomy in patients with gallbladder and suspected common bile duct stones \(Br J Surg 2011; 98: 908-916\).](#)

[Siddiqui MN, Siddiqui ZA.](#)

Comment on

- [Br J Surg. 2011 Jul;98\(7\):908-16.](#)

PMID:

22135176 [PubMed - indexed for MEDLINE]

[Related citations](#)

