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Summary

OPTIMAL TIMING OF SIMETHICONE ADMINISTRATION PRIOR TO UPPER ENDOSCOPY: A MULTICENTER SINGLE-BLINDED RANDOMIZED CONTROLLED TRIAL

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Oesophagus

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A multicenter randomized trial of 386 patients found that early simethicone administration (20-30 minutes before) or split-dose regimens significantly improved mucosal visibility during upper endoscopy compared to late administration (0-10 minutes before).

KEY POINTS

- Split-dose simethicone (20mg at both 20-30 minutes and 0-10 minutes before endoscopy) achieved the highest rate of adequate total mucosal visibility at 61%, compared to 55% for early single-dose and 42% for late single-dose administration ($p<0.01$).
- The split-dose group showed significantly better mucosal visibility than the late group ($p<0.01$), but no significant difference compared to the early group ($p=0.29$).
- The most pronounced differences between timing groups were observed in the stomach, where early (68%) and split-dose (69%) administration both significantly outperformed late administration (53%) with $p=0.03$ and $p=0.02$ respectively.
- This endoscopist-blinded study evaluated mucosal visibility using standardized images from nine predefined locations scored independently by three endoscopists on a 4-point scale.

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