

MORNING VS. AFTERNOON COLONOSCOPY: EFFECT OF PROCEDURE TIME ON ADENOMA DETECTION

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UEG Week Berlin 2025

Poster

Colorectal

October 7, 2025

Prospective video-recorded study of 1,437 colonoscopies found morning procedures had longer corrected withdrawal time and modestly higher adenoma detection rates than afternoon procedures, suggesting time-of-day effects on endoscopist performance.

KEY POINTS

- Morning colonoscopies had significantly longer mean corrected withdrawal time than afternoon procedures (8'49" vs. 8'11"; $P=0.002$), despite similar per-lesion intervention durations.
- Afternoon procedures required on average 1'42" more corrected withdrawal time to achieve adenoma detection rate threshold of 35% compared to morning procedures (10'02" vs. 8'20").
- For each additional minute of corrected withdrawal time, adenoma detection odds increased by 7.2% in morning versus 5.9% in afternoon, and advanced adenoma detection increased by 13.1% in morning versus 7.8% in afternoon.
- Mean adenoma detection rate was higher in morning (36.2%) than afternoon (32.4%), though not statistically significant ($P=0.138$); advanced adenoma detection rate showed similar pattern (7.2% vs. 6.5%, $P=0.652$).
- Study of 19 endoscopists at single center used video recording with real-time annotation and adjusted for patient demographics, bowel preparation quality, and other factors.

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