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Summary

# INCOMPLETE SMALL BOWEL CAPSULE ENDOSCOPY: RISK FACTORS AND COST-EFFECTIVENESS OF REAL-TIME MONITORING

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UEG Week Copenhagen 2023 | Poster

Oesophagus

October 17, 2023

**A retrospective analysis of 859 small bowel capsule endoscopies identified prolonged gastric transit time, inpatient status, and prior incomplete examination as independent risk factors for incomplete SBCE, with cost analysis suggesting targeted real-time monitoring may be cost-effective in high-risk patients.**

## KEY POINTS

- Overall SBCE completion rate was 94.5% among 859 consecutive procedures performed without real-time monitoring.
- Multivariate analysis identified three independent risk factors for incomplete SBCE: prolonged gastric transit time (odds ratio 3.0), inpatient status (odds ratio 2.3), and history of incomplete SBCE (odds ratio 3.7).
- Prolonged gastric transit time (capsule crossing pylorus > 2 hours) occurred in 5.4% of procedures and was the only modifiable risk factor identified.
- Cost analysis estimated that preventing one incomplete SBCE through real-time monitoring would cost 5,010 € if applied universally versus 3,307 € if limited to patients with unmodifiable risk factors (inpatient status or prior incomplete examination).
- The number needed to monitor to identify one prolonged gastric transit time was 14.5 in high-risk patients versus 20.3 in patients without risk factors.

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