

## FACTORS AFFECTING BOWEL PREPARATION FOR COLONOSCOPY IN INPATIENT SETTING: A PROSPECTIVE, CASE-CONTROL STUDY

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Poster

Colorectal

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**A prospective study of 167 inpatients versus 167 outpatients found that hospitalized patients achieved adequate bowel preparation less frequently (73.6% vs 88.0%), with admission to gastroenterology units associated with better preparation quality than other hospital wards.**

### KEY POINTS

- Adequate bowel preparation was achieved in 73.6% of hospitalized patients compared to 88.0% of outpatients ( $p=0.001$ ), with inpatients having significantly lower Boston bowel preparation scale scores ( $5.8 \pm 2.5$  vs  $6.8 \pm 1.7$ ,  $p<0.001$ ).
- Patients admitted to gastroenterology units achieved adequate preparation more often than those in other hospital wards (81.6% vs 67.7%,  $p=0.04$ ), and multivariate analysis showed admission to non-gastroenterology wards was independently associated with inadequate preparation (OR=1.88).
- Adenoma detection rate was higher when bowel preparation was adequate (28.5% vs 13.6%,  $p=0.05$ ).
- All patients received 4-L polyethylene glycol preparation in a split regimen with morning colonoscopy; inpatients were older, more commonly bedridden, and had higher rates of chronic kidney disease than outpatients.
- This study is relevant to gastroenterologists and hospital administrators seeking to improve colonoscopy quality in inpatient settings.

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