VALIDATION OF OUR NEW PROTOCOL FOR COLONIC DIVERTICULAR HEMORRHAGE FOR ADJUSTING THE TIMING OF EMERGENCY ENDOSCOPIC PROCEDURES

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A protocol timing colonoscopy for colonic diverticular hemorrhage based on CT findings and shock history achieved similar clinical outcomes to earlier practice while reducing nighttime procedures and shortening hospitalization by one day.

KEY POINTS

- The protocol stratified colonoscopy timing (within 8, 12, or 24 hours) based on contrast-enhanced CT extravasation and shock history, avoiding nighttime procedures (22:00-05:00) when possible.
- Comparing 74 protocol-period cases (2022) with 175 pre-protocol cases (2020-2021), nighttime endoscopy rates decreased non-significantly from 7.4% to 4.1% (P=0.41).
- Stigmata of recent hemorrhage identification rates (18.3% vs 17.6%, P=0.90) and 30-day rebleeding rates (8.0% vs 6.8%, P=0.74) were comparable between periods.
- Hospitalization duration was significantly shortened by one day under the new protocol (P=0.02).
- The authors conclude the protocol has validity for avoiding nighttime colonoscopy in colonic diverticular hemorrhage without compromising patient outcomes.

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