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Summary

OPTIMIZING COLONOSCOPY PREPARATION IN END STAGE RENAL DISEASE: A TAILORED LOW-VOLUME APPROACH

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Colorectal

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A personalized bowel preparation protocol significantly improved colonoscopy quality and completion rates in hospitalized end-stage renal disease transplant candidates compared to standard preparation in a retrospective cohort study.

KEY POINTS

- Among 156 patients, the modified protocol (5-day low-fiber diet, daily bisacodyl, tailored fluid intake, reduced-volume PEG 3350 with ascorbic acid) reduced inadequate preparation from 66% to 40.3% compared to standard preparation (p=0.002).
- Complete preparation failures dropped from 27.7% with standard protocol to 3.2% with the personalized protocol (p<0.001), and colonoscopy completion rates increased from 81.9% to 98.4% (p<0.001).
- In multivariate analysis adjusted for age, sex, BMI, smoking, and diabetes, the personalized protocol independently reduced inadequate preparation by 65% (OR 0.354, 95% CI 0.175–0.719, p=0.004).
- Improvements were consistent across all three colonic segments: right colon (33.9% vs 62.8% inadequate, p<0.001), transverse (25.8% vs 45.7%, p=0.012), and left colon (23.0% vs 53.8%, p<0.001).
- The authors describe this as a proof-of-concept study and state that further prospective studies are needed to confirm findings; relevant to gastroenterologists and nephrologists managing pre-transplant ESRD patients.

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