

BENEFITS OF BOWEL PREPARATION FOR URGENT COLONOSCOPY IN PATIENTS WITH COLONIC DIVERTICULAR BLEEDING: A MULTICENTER RETROSPECTIVE STUDY WITH PROPENSITY SCORE MATCHING ANALYSIS

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Poster

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A multicenter retrospective cohort study of 242 patients with colonic diverticular bleeding found that polyethylene glycol lavage bowel preparation before urgent colonoscopy shortened hospital stays and improved procedural outcomes compared to no preparation.

KEY POINTS

- After propensity score matching (91 patients per group), the PEL group had significantly shorter hospital stays (7.9 vs 10.7 days, $P < 0.001$) and higher cecal completion rates (87.8% vs 48.3%, $P < 0.001$) compared to the non-PEL group.
- Endoscopic observation time was shorter in the PEL group (20.7 vs 28.9 minutes, $P = 0.031$) after propensity matching.
- Blood transfusion requirements, rebleeding rates, identification of stigmata of recent hemorrhage, need for endoscopic hemostasis, and complication rates did not differ significantly between groups after matching.
- The safety profile of urgent colonoscopy with PEL was comparable to colonoscopy without PEL.
- This retrospective study may inform bowel preparation decisions for clinicians performing urgent colonoscopy in patients with acute colonic diverticular bleeding.

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