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Summary

Impact of quality measurements in upper, lower and small bowel endoscopy on patient outcomes?

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Quality indicators in endoscopy directly improve patient outcomes by enhancing diagnostic accuracy, reducing missed pathology, minimizing complications, and ensuring excellent patient experience across upper GI, lower GI, and small bowel procedures.

KEY POINTS

- For upper GI endoscopy, the speaker stated that endoscopists with mean examination time of at least seven minutes had higher pick-up rates of neoplastic lesions compared to those with less than five minutes, and chromoendoscopy improves dysplasia detection.
- Adenoma detection rate is the strongest link to post-colonoscopy colorectal cancer; the speaker reported targets include ADR more than 25 percent, caecal intubation rate more than 95 percent for screening, and minimum six-minute withdrawal time.
- The speaker stated that post-colonoscopy colorectal cancer rates range between 3.6 to 9.3 percent and are strongly linked to adenoma detection rate and withdrawal time.
- For small bowel endoscopy, capsule endoscopy should be first-line for obscure GI bleeding with risk of retention less than 2 percent; device-assisted enteroscopy as second-line should achieve 50 to 70 percent yield with diagnostic complication rates less than 1 percent.
- The speaker emphasized that without data collection, quality cannot be measured or improved, and recommended endoscopists collect their own data where robust systems are unavailable.

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