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Summary

PROCEDURALIST FATIGUE NEGATIVELY IMPACTS QUALITY OF COLONOSCOPY – 'AN 'EFFECT' THAT MAY BE TRANSFERABLE' AFFECTING PATIENT, CLINICIAN AND HOSPITAL OUTCOMES

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Colorectal

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A 10-year retrospective study of 39,206 elective colonoscopies at a single Australian tertiary centre found that procedures performed late in the session had 17-24% lower adenoma, polyp, and sessile serrated lesion detection rates compared to early procedures, with no difference in complication rates.

KEY POINTS

- After adjusting for age, gender, proceduralist, year, session timing, and bowel preparation quality, late procedures showed statistically significant reductions in adenoma detection rate, polyp detection rate, and sessile serrated lesion detection rate of 17-24% compared to early procedures.
- Early procedures were defined as those starting in the first hour of the first procedure, and late procedures as those starting within the last hour of the last procedure, used as surrogate markers for operator fatigue.
- Inadequate bowel preparation was associated with lower adenoma and polyp detection rates but did not significantly affect sessile serrated lesion detection rate.
- No statistically significant association was found between timing of procedures and major adverse events, with 2.4% major adverse events at 30-day follow-up.
- The authors describe this as the largest single-centre study on operator fatigue and colonoscopy quality, suggesting the findings may be applicable to other procedural-based clinical work.

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