

“What factors affect quality bowel preparation in patient’s who are undergoing diagnostic colonoscopy?”

Introduction

New Zealand has one of the highest rates of bowel cancer in the world. Age, family history of bowel cancer and inflammatory bowel disease are high risk factors for this disease. (Ministry of Health, 2015).

Colonoscopy is considered the gold standard for diagnostic purposes and retrieval of suspect polyps for biopsy. Optimal preparation of the bowel is vitally important to achieving a successful colonoscopy procedure (Selehi, Leung, & Wong, 2007).

Findings

On a review of the literature, it is apparent there is a vast array of factors that impact on the quality of the bowel preparation prior to a colonoscopy. These include, the education provided to staff and patients, the age and stage of the individual, the patient’s compliance and whether they are an inpatient or outpatient.

Clinical Issue

As a clinical issue this is significant given New Zealand has one of the highest rates of bowel cancer in the world. Bowel cancer can be treated successfully if detected and treated early (Ministry of Health, 2015).

Recommendations

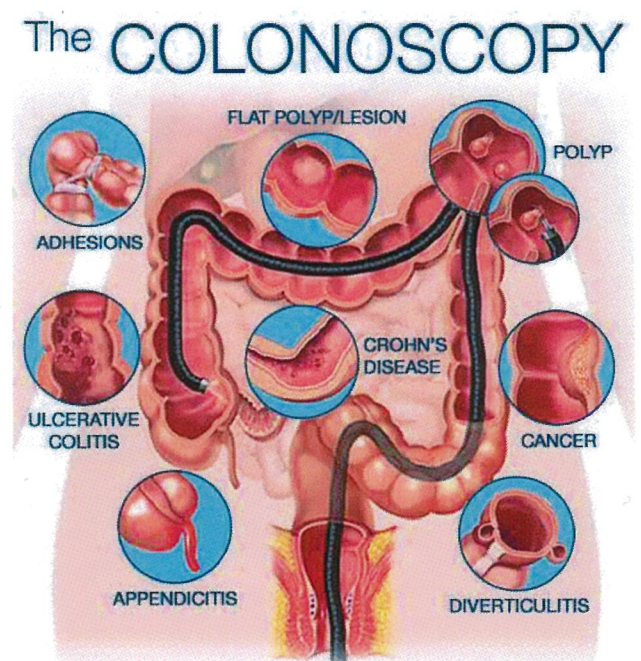
1. Educating the educators and increasing their knowledge in the importance of quality bowel preparation.
2. An educational film with information on the preparation for patient’s in an easy to follow format would be a beneficial aid to patient understanding of the process.
3. Assessment of the reasons for patient non-compliance with bowel preparation and identified strategies for addressing the deficiency is recommended.

Conclusion

In reviewing the literature a consistent theme was the difference in outcome that quality bowel preparation has for a colonoscopy to be successful. Relevant research highlighted the importance of education of patients and staff alike as critical to achieving the desired preparation. As education is imperative to achieving the optimal result, nurses as educators and advocates, have a professional responsibility to be actively involved in this.

References:

- Ministry of Health. (2015). Bowel cancer. Retrieved April 2 2015. From Ministry of Health website: <http://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/bowel-cancer>
- Modi, C., DePasquale, J., DiGiacomo, W., Malinowski, J., Engelhardt, K., Shaikh, S., Kothari, S., Kottam, R., Shakov, R., Maksoud, C., Baddoura, W & Spira, R. (2009) Impact of patient education on quality of bowel preparation in outpatient colonoscopies. *Quality in Primary Care*; 17:6, pp397-404.
- Selehi, S., Leung, E & Wong L. (2008). Factors affecting outcomes in colonoscopy: *Gastrointestinal Nursing*; 31:1, pp56-63.
- [Untitled photo of beat bowel cancer logo]. (n.d.). Retrieved 18 June, 2015, from <http://www.flowersforcharity.co.nz/charity-flowers/beat-bowel-cancer-aotearoa.htm>



Rationale

I chose to present my clinical issue from assignment one, in the form of a poster primarily because posters are an effective way of visually communicating research in a simple manner.

A well-designed poster presentation not only attracts the audience and stimulates their interest but it also provides the most important information in an attractive design and facilitates discussion among the viewers. Posters can present the most important information about clinical issues or research findings, in a quick and easy to understand format. The messages and information I sought to convey are delivered clearly through the use of a poster (Hardicre et al, 2007). *all authors*

My target audience will be other health professionals and members of the public. Presenting issues in the form of a poster enabled my selected audience to ask questions, seek clarification of the important issues in a clear, concise and interactive way.

References;

Hardicre, J., Devitt, P., & Coad, J. (2007). Education and development. Ten steps successful poster presentation. *British Journal of Nursing*, 16(7), 398-401. Retrieved from CINAHL Database.

PECOT category	Information relating to question	Explanation
Population	Population group aged over 50 years and older undergoing diagnostic colonoscopy.	This age group most at risk of developing colorectal cancer: About 9/10 people diagnosed with colorectal cancer are at least 50 years old.
Exposure (intervention)	Quality bowel preparation for purpose of diagnostic colonoscopy.	I will be looking for peer reviewed articles that use an experimental design which identifies factors which affect the quality of bowel preparation.
Comparison / Control	The factors which affect bowel preparation.	I will be exploring what factors affect the quality of bowel preparation.
Outcome	What factors are identified as influencing the quality of bowel preparation.	What factors affect patients undergoing bowel preparation regimes when undergoing diagnostic colonoscopy.
Time	Time is not applicable in this particular review.	I had no time specifications in this search of the literature.