

Screening Colonoscopy: Your Gut Will Thank You for It

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Introduction: Colorectal cancer rates have increased 51% since 1994 for people under 50 years old, while overall colorectal cancer rates have decreased. With that, the American Cancer Society lowered the recommended age to 45 years old for screening colonoscopies.

Local problem: Gastrointestinal physicians are scheduled out for several months and most of the population meet criteria for colonoscopy without an office visit.

Purpose of the Study: Assess the impact of a screening colonoscopy program at a community hospital.

Method: South Suburban Hospital developed Direct Access Screening Colonoscopy (DASC) guidelines in 2017, providing inclusion and exclusion criteria so patients may be scheduled for their screening colonoscopy promptly and without an office visit. Guidelines changed in 2021, lowering the screening age to 45.

Patients aged 45-75 are eligible for screening colonoscopy through DASC in the absence of exclusion criteria, which include: use of blood thinners, anemia, weight over 350 pounds, and current gastrointestinal issues, including change in bowel habits and unexpected weight loss. Data collection focuses on total DASC cases completed, cases positive for polyps, cases that are referred to a specialist, and cases positive for malignancy. Data also focuses on these points in the 45-50 age group specifically.

Results: DASC has completed 8400 cases over the last seven years. Fifty-seven percent of cases have been completed in the last three years. On average, 50% of patients are positive for polyps. In the 45-50 age group, 85% of patients have been average risk for colon cancer, and 50% of patients have been positive for polyps.

Discussion: The number of patients screened through DASC has increased annually since 2017, except for the case pause during the pandemic. Malignancies have been detected in the 45-50 age group, highlighting the importance of early detection.

Conclusion: DASC has been instrumental in reaching the population of patients that are due for their screening colonoscopy by streamlining the process, offering timely intervention and more patient-specific care.

Implications for perianesthesia nurses and future research: Further analysis of the data can focus on more demographic data and potential reasons for the increase in colorectal cancer rates in the 45-50 age group.