



**P E N A N G**  
**S U R G I C A L**  
**S Y M P O S I U M ' 1 6**

*A Voyage Through Surgery*

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SOUVENIR BOOK





### 93. WHAT IS THE BEST BOWEL PREPARATION FOR LOWER GI ENDOSCOPY

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purpose: With the utilisation of a flexible sigmoidoscopy to evaluate colorectal pathologies, optimal bowel preparation is of paramount importance. Therefore, the bowel preparation providing optimum cleansing of the bowel with the least associated inconvenience to the patient has to be identified.

method: 1216 outpatients with 40 to 80 years of age were selected. All anti platelets and iron supplements were withheld one week prior to procedure. Patients were kept fasting after midnight. Bisacodyl 4 tablets were given orally in the previous night at 10pm. One kit of phosphate enema was administered rectally in the morning. Those who couldn't afford phosphate enema and had poor bowel preparation following phosphate enema were given 100ml of tap water enema. All were undergone flexible sigmoidoscopy.

results: Out of 1216 patients, 1015 patients were received phosphate enemas as the initial step. Following that, 782 patients had satisfactory bowel preparation. However those who had unsatisfactory bowel preparation (233 patients) were given tap water enema as the next step. Except 3 patients, others ended up in satisfactory bowel preparation. In addition, 199 out of 201 patients, who received tap water enema alone, ended up in satisfactory bowel preparation. Furthermore, 07 patients developed minor allergic reactions to phosphate enema.

conclusion: Thus, using tap water enema alone has shown statistically significant results (Chi test 105.3 with df 2;  $p < 0.001$ ) when compared to phosphate enema alone and phosphate with tap water enema. Furthermore, Tap water enema is cost effective, as well as having least complications.