

**Poster Abstract: P10**

**Title:**

**Can the Colorectal unit at WDGMC adequately train gastrointestinal surgeons in colonoscopy?**

**Authors:**

GJ Oettlé1, J Herold1, A Bentley2, M Rehman3, B Bebington1

1Colorectal unit, Wits Donald Gordon Medical Centre

2Department of Internal Medicine, University of Witwatersrand

3Member of Surgical Students Society, Wits Medical School

**Aim:**

For adequate training of gastrointestinal surgeons in colonoscopy there needs to be sufficient quantity and good quality procedures. This, theoretically would best be found in dedicated colorectal unit with good teachers, usually found in an academic environment. The Wits Donal Gordon Medical Centre (WDGMC) is a private practice-academic partnership which should supply this type of environment. The aim of the project was to define the quantity, range of pathology and quality of colonoscopies in a dedicated colorectal unit in private practice to assess whether this unit would be suitable as a training unit for colonoscopy training.

**Methods:**

The data were collected as a retrospective record review of colonoscopy reports from a single surgical gastroenterologist in private practice at the Donald Gordon Medical Centre in Johannesburg South Africa between March 2013 to October 2014. The colonoscopies were done in a dedicated endoscopy unit on a predominantly outpatient basis. The colonoscopy service forms part of a dedicated surgical Colorectal Unit (CRU). Data collected included demographics, family history of colon cancer, parameters for quality of endoscopy and findings. The quality of endoscopy was assessed by the depth of insertion including evaluation of completion of colonoscopy by visualization of specific anatomical landmarks, quality of bowel prep, withdrawal time and number of complications.

**Results:**

A total of 404 colonoscopies were done during the time. The mean (SD) for age was 57.7y (14) years, 46.5% were male, 94% were SA residents, and 95.5% were on a medical aid. There was a positive family history in 18.5% – of these 89% simply had a family history, 6.5% were FAP positive and 1.3% were HNPCC positive. Various methods were used to remove polyps including cold and hot snare, and hot biopsy. Caecal intubation rate was 93.9%; polyp detection rate was 37%; there were no complications; 99% of withdrawal times were > 6 minutes.

**Conclusion:**

The colonoscopy service at the CRU at Wits Donald Gordon Medical Centre has sufficient numbers, pathologies and quality of procedure to adequately train gastrointestinal surgeons in the technique.