

Split-Dose Bowel Prep Better for Inpatients

BY SHERRY BOSCHERT

SAN DIEGO — Split-dose bowel preparation was found to be superior to a conventional whole-dose bowel cleansing regimen in a randomized, prospective study of 43 hospital inpatients.

The 22 patients who were randomized to a split-dose regimen of polyethylene glycol electrolyte solution (GoLYTELY) to purge the colon reported less abdominal pain or cramping, were more likely to be willing to undergo the procedure again, and achieved better colon cleansing, compared with 21 patients in the whole-dose group. These differences between groups were statistically significant, Dr. Roxanne Lim and her associates reported at the annual meeting of the American College of Gastroenterology.

In Dr. Lim's study, the indications for colonoscopy in these hospitalized patients included GI bleeding, abdominal pain, anemia, diarrhea, or an abnormal result on abdominal imaging.

The patients in the split-dose group received 2 L of GoLYTELY beginning at 5 p.m. the evening before the colonoscopy, and then another 2 L beginning at 5 a.m. the morning of the procedure. The day before colonoscopy, they were allowed to eat a regular breakfast and lunch but only clear liquids for dinner.

The patients in the whole-dose group received 4 L of GoLYTELY beginning at 5 p.m. the evening before the colonoscopy, and their diet was limited to clear liquids on the day before the procedure, Dr. Lim said.

The endoscopist, who was blinded to the patient's bowel preparation regimen, rated the quality of bowel cleansing via the Ottawa Bowel Preparation Quality

Scale. The tool uses a 5-point scale for different regions of the colon, with lower scores being better.

Scores for the split-dose group, compared with the whole-dose group, were 0.63 vs. 1.7 for the right colon, 0.60 vs. 1.45 for the midcolon, and 2.35 vs. 4.54 for overall cleansing scores, said Dr. Lim of Rush University, Chicago. Scores also were lower (but not significantly so) in the split-dose group for the quality of

cleansing in the rectosigmoid colon and for colonic fluid.

Before being sedated for the colonoscopy, patients completed a questionnaire about the bowel preparation. One patient (5%) in the split-dose group reported abdominal pain or cramping, compared with 10 patients (45%) in the whole-dose group, Dr. Lim said. The split-dose group also was less likely to report nausea, vomiting, bloating, anal ir-

ritation, headache, or sleep disturbance, but these differences did not reach statistical significance.

"We are encouraged by our initial findings, and as our sample size increases, we expect to further demonstrate that split-dose prep is statistically superior in symptoms, tolerance, and overall colon cleansing" for inpatients, she said.

Dr. Lim reported having no conflicts of interest related to the study. ■



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Data Favor Split Dosing

Split dosing has been directly tested in 10 randomized trials, and all 10 showed it to be more effective than day-before dosing.

The American Society of Anesthesiology guidelines on fasting prior to procedures allow clear liquids until 2 hours prior to sedation. These guidelines have a strong evidence base, so split dosing is safe and effective and in several studies has been better tolerated than day-before dosing.

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