

REASON WHY?

The small bowel capsule endoscopy (SBCE) system is a key diagnostic investigation for conditions of the small bowel such as anaemia, Crohn's Disease and gastrointestinal (GI) bleed. Therefore, luminal visualisation is essential to ensure diagnostic accuracy and avoid repeat procedures. This audit focuses on the effectiveness of clear fluids preparation and whether it meets the European Society of Gastrointestinal Endoscopy (ESGE) recommendations for adequate mucosal visualisation ($\geq 95\%$) (ESGE, 2022).



To increase the percentage of patients meeting the European Society of Gastrointestinal Endoscopy (ESGE) recommendations for adequate mucosal visualisation ($\geq 95\%$) by 10% by June 2026.

PLAN

Aiming to assess if clear fluids preparation for small bowel capsule endoscopy can provide a $\geq 95\%$ compliancy in terms of mucosal visualisation, in line with ESGE standards.

Main objectives:

- Measure compliance against ESGE quality standards
- Identify rates of suboptimal visualisation
- Develop a tailored protocol for SBCE service

Inclusion criteria

- Clear fluids (CF) preparation (4 litres)
- Nil by mouth (NBM) for 24 hours
- Complete records

Exclusion criteria

- Bowel preparation with any medicated solution
- Fasting < 24 hours
- Incomplete records

Data collection

- SB3 capsule reading study in PillCam™ software v9.0
- Medilogik® patients' records software
- Small Bowel Capsule Endoscopy Database for accuracy

Methodology

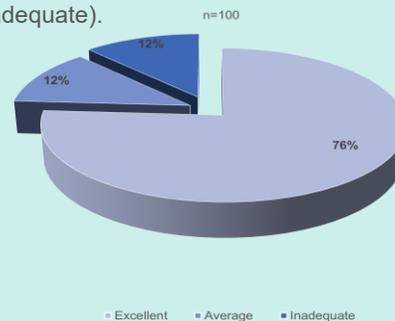
- Retrospective vs Prospective audit (n=100)
- Activity within the last 6 months

DO

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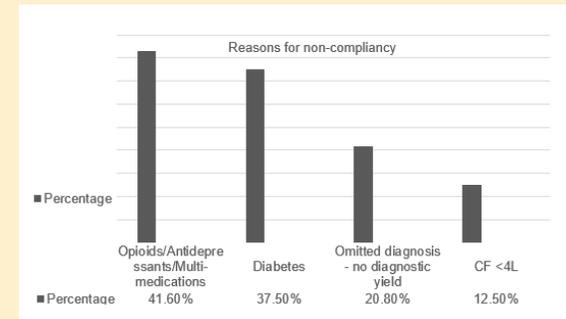
Data was reviewed for 100 patients undergoing small bowel capsule endoscopy.

Data analysis calculated that 77% of the patients had a luminal view $\geq 95\%$ (excellent); 24% of the patients had a luminal view $\leq 95\%$ of which 12% between 70-94% (average) and 12% $\leq 70\%$ (inadequate).



STUDY

Clear fluids preparation did not meet ESGE standards
Of the 24% who did not meet the ESGE standards:



- CF preparation failed ESGE standards in 24% of SBCE studies
- Sub-optimal mucosal visualisation increase the risk of missed pathology
- Required standardised protocols to improve diagnostic yield

ACT

Following the initial audit, a Standardised protocol flowchart and Standard Operating Procedure (SOP) were created for delivering the service of SBCE.

Disseminate audit results and SOP via appropriate forums such as e-mails and newsletters, Endoscopy User Group (EUG) and Endoscopy Clinical Governance.

Re-audit in 6 months time to assess improvement once SOP and Flowchart implemented.