



Title of Document: **Colonoscopy Prep Recommendations**

Overview: This document contains recommendations and suggestions about safe colonoscopy prep for people with SCI. There isn't much information on this topic and many medical professionals are not familiar with how SCI may affect colonoscopy prep. As every person's body and medical situation is different, it's essential to discuss this information and your overall situation with your doctor prior to the procedure.

Headings under Medical Information are the title of the article or the site, with the link at the bottom of each summary, for those interested in more details or to share the information with your doctor.

Medical Journals: **Colonoscopy is high yield in spinal cord injury**

- “The results indicate that the risk of screening is outweighed by the likelihood of finding polyps.”
- “Although providing quality colonoscopic care in this population is labor intensive, the data suggests that it appears safe and therapeutically beneficial.”
- “Finally, for best results, we emphasize that standard bowel preparations for people with SCI&D should occur over an extended time period (i.e. 2 days as a default) and include multiple methods of preparation (e.g. combine both polyethylene glycol/electrolyte solutions, as well as a stimulant laxative such as bisacodyl and/or magnesium oxide).”
- “Despite being resource-intensive and technically difficult, as evidenced by increased prep time and longer lengths of stay, colonoscopy in our population of relatively medically stable individuals with SCI&D had a low rate of complications and a high rate of colonic neoplasm detection.”

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3739893/>

Colonoscopy after spinal cord injury: a case-control study

- “Given the limitations of clinical assessment, colonoscopy should be performed at regular intervals; however, whilst it can be considered safe, it is not without difficulties. There is no current optimal bowel preparation regimen, with subsequent lower completion and polyp detection

rates. Colonoscopy should be encouraged but bowel preparation regimes need urgent attention to improve polyp detection rates and help prevent the incidence of colorectal cancer.”

<https://www.nature.com/articles/sc2014164>

A safe and effective multi-day colonoscopy bowel preparation for individuals with spinal cord injuries

- “In this study, we demonstrate that a multi-day, inpatient bowel preparation regimen is a tolerable, safe method of achieving a high percentage of adequate-quality bowel preparations in a population of patients with SCI with varied bowel programs.”
- “We demonstrate a safe and effective inpatient bowel preparation regimen in a SCI population. The regimen was associated with mild, asymptomatic hypophosphatemia and hypocalcemia. AD was an uncommon event, predominantly occurring in patients who experienced frequent AD episodes at baseline.”

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5901450/>

Screening for Colorectal Cancer in SCI Patients

- “Current Canadian guidelines:
 - Fecal occult blood test (FOBT) every 2 years, or
 - Flexible sigmoidoscopy every ten years.”
- “Screening with FOBT can reduce mortality from colorectal cancer by 15-33%. Screening with sigmoidoscopy can reduce colorectal cancer mortality by up to 67% for lesions within reach of the sigmoidoscope.”
- “Colonoscopy is not recommended to screen for colorectal cancer. Preparation for colonoscopy is a significant ordeal for someone with neurogenic bowel, to the extent that it is often incomplete and produces compromised results. It is recommended only in the case of a positive screening test (above), because it permits direct visualization of the large bowel in its entirety. For patients with SCI, consultation with the gastroenterologist may be required.”

<https://actionnuggets.ca/11-screening-for-colorectal-cancer-in-sci-patients/>

For further information on SCI BC programs and services check out our website at www.sci-bc.ca

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Spinal Cord Injury BC 780 SW Marine Drive, Vancouver, BC V6P 5Y7

SCI Neurogenic Bowel: Health Surveillance

- “To prepare for a colonoscopy screening procedure the bowel must be completely cleaned out using strong laxatives prescribed by your provider. For people with SCI, preparation will take more time and may require two-to-three days off work, possibly in bed. The usual colonoscopy preparations may not be enough to completely clean the colon, and more extensive preparation has been shown to be effective.”

[https://sci.washington.edu/empowerment/Neurogenic Bowel-Health Surveillance 2018.pdf](https://sci.washington.edu/empowerment/Neurogenic_Bowel-Health_Surveillance_2018.pdf)

Peer Perspective:

New Mobility

- “An easier-sounding option for doing a bowel prep is checking into a hospital the night before a colonoscopy and letting the pros do the work.”
- “Another option for bowel prep is to have it done at a clinic that does colon hydrotherapy, often referred to as colonics.”
- “People with SCI to thoroughly discuss the bowel prep method with a gastroenterologist, including information on how fast, or slow, their bowels work, and their level of paralysis. The prescription medication used for bowel prep creates such fast bowel evacuation that it has the potential to cause dysreflexia in people with paralysis at T6 or above.”

<https://newmobility.com/preparing-for-a-colonoscopy-after-paralysis/>

Useful References:

BC Cancer

General information on colonoscopies in BC. Speak to your doctor to determine your risk level and to discuss when and how to get your screening.

<http://www.bccancer.bc.ca/screening/colon/get-screened/who-should-get-screened>

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