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EUROPEAN COLONOSCOPY QUALITY INVESTIGATION GROUP

INSTITUTION

Important: This form must only include information based on routine practice at this **INSTITUTION.**

1. **Type:** ***(Please select one)***

- ☐ Academic hospital
- ☐ Group practice
- ☐ Hospital
- ☐ Private
- ☐ Other *(Please state)*

2. **Morning session time:**

☐ HH:MM To ☐ HH:MM

3. **Afternoon session time:**

☐ HH:MM To ☐ HH:MM

4. **Are patients informed about their procedure beforehand?** ***(Please select one)***

☐ Yes *(Please select all that apply)* ☐ No

- ☐ Patient information leaflet mailed before pre-procedure visit
- ☐ Patient information leaflet at pre-procedure visit
- ☐ Verbal information/Telephone call
- ☐ Other *(Please state)*

5. **Are patients required to give their informed consent?** ***(Please select one)***

- ☐ Yes (signed)
- ☐ Yes (verbal)
- ☐ No

6. **Are patients' blood pressures routinely monitored during and after procedure?** ***(Please select one)***

- ☐ Yes
- ☐ No
- ☐ Sometimes *(Please state circumstances)*

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7. **Are patients' heart rates and oxygen saturation routinely measured during and after procedure?** ***(Please select one)***

☐ Yes
☐ No
☐ Sometimes *(Please state circumstances)*

8. **Does a protocol exist for post-procedure care?** ***(Please select one)***

☐ Yes ☐ No

9. **Who authorises patient discharge post-procedure?** ***(Please select one)***

☐ Endoscopist
☐ Qualified nurse
☐ Second doctor
☐ Other (*Please state*)

10. **Is caecal intubation rate routinely recorded?** ***(Please select one)***

☐ Yes ☐ No

11. **Is adenoma detection rate routinely recorded?** ***(Please select one)***

☐ Yes ☐ No

12. **Is polyp detection rate routinely recorded?** ***(Please select one)***

☐ Yes ☐ No

13. **Are CO_2 and irrigation devices regularly used?** ***(Please select one)***

☐ Yes ☐ No

14. **Are during-procedure complications routinely recorded?** ***(Please select one)***

☐ Yes ☐ No

15. **Are post-procedure complications routinely recorded?** ***(Please select one)***

☐ Yes ☐ No

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16. **Is patient satisfaction recorded?** ***(Please select one)***

☐ Yes *(Please select all that apply)* ☐ No

- ☐ Follow-up call
- ☐ Follow-up consultation
- ☐ Patient questionnaire
- ☐ Post-procedure evaluation
- ☐ Other *(Please state)*

17. **Is scale-based bowel cleansing quality routinely recorded?** ***(Please select one)***

☐ Yes *(Please select one)* ☐ No

- ☐ Aronchick Bowel Preparation Scale
- ☐ Boston Bowel Preparation Scale
- ☐ Chicago Bowel Preparation Scale
- ☐ Harefield Cleansing Scale
- ☐ Institution
- ☐ Ottawa Bowel Preparation Scale
- ☐ Other *(Please state)*

18. **Are quality guidelines routinely followed?** ***(Please select one)***

☐ Yes *(Please answer the following)* ☐ No

Type of guidelines? ***(Please select all that apply)***

- ☐ International
- ☐ Local
- ☐ National

Guidelines:

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PRACTITIONER

Important: This form must only include information based on **YOUR** routine practice.

1. **Role: (*Please select one*)**

- ☐ Gastroenterologist
- ☐ Internist
- ☐ Nurse
- ☐ Surgeon
- ☐ Trainee

2. **How many total colonoscopies have you performed in the last 12 months? *(Please select one)***

☐ Fewer than 300 ☐ 300 or more

3. **Scope manipulation: *(Please select one)***

☐ Practitioner only ☐ Practitioner and assistant

4. **Do you routinely use a cleansing scale? *(Please select one)***

☐ Yes *(Please select one)* ☐ No

- ☐ Aronchick Bowel Preparation Scale
- ☐ Boston Bowel Preparation Scale
- ☐ Chicago Bowel Preparation Scale
- ☐ Harefield Cleansing Scale
- ☐ Ottawa Bowel Preparation Scale
- ☐ Personal
- ☐ Other *(Please state)*

☐

5. **Do you routinely use a polyp classification scale? *(Please select one)***

☐ Yes *(Please select one)* ☐ No

- ☐ Paris Classification Scale
- ☐ Personal
- ☐ Other (*Please state*)

☐

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6. Do you routinely record caecal intubation rate? *(Please select one)*

☐ Yes ☐ No

7. Do you routinely record adenoma detection rate? *(Please select one)*

☐ Yes ☐ No

8. Do you routinely record polyp detection rate? *(Please select one)*

☐ Yes ☐ No

9. Do you routinely record polyp removal rate? *(Please select one)*

☐ Yes ☐ No

10. Do you routinely record polyp retrieval rate? *(Please select one)*

☐ Yes ☐ No

11. Do you routinely place tattoos following polyp removal based on guidelines? *(Please select one)*

☐ Yes ☐ No

12. Do you routinely record retraction time? *(Please select one)*

☐ Yes ☐ No

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PROCEDURE

Patient Information

1. **Year of birth:**
   ☐ YYYY

2. **Gender:** ***(Please select one)***
   ☐ Male ☐ Female

3. **Height:**
   ☐ cm

4. **Weight:**
   ☐ kg

5. **BMI:**
   ☐ kg/m^2

6. **Type: (Please select *one*)**
   ☐ In-patient ☐ Out-patient

Pre-Procedure

7. **Patient referred by:** ***(Please select one)***
   ☐ GP
   ☐ Own speciality
   ☐ Screening programme
   ☐ Self-referred
   ☐ Other *(Please state)*
   ☐

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8. **Reason for procedure:** ***(Please select one)***

- ☐ Clinical signs and symptoms *(Please select all that apply)*
  - ☐ Altered bowel
  - ☐ Pain
  - ☐ Rectal bleeding
  - ☐ Other (*Please state*)

  [ ]
- ☐ Follow-up
- ☐ Following positive screening test
- ☐ Previous unsuccessful procedure
- ☐ Screening due to familial risk
- ☐ Screening without pre-screening test
- ☐ Other *(Please state)*

[ ]

9. **Bowel preparation used?** ***(Please select one)***

☐ Yes *(Please answer the following)* ☐ No

Type, including additional products: ***(Please select all that apply)***

- ☐ 2 litre PEG and ascorbate
- ☐ 4 litre PEG
- ☐ Bisacodyl
- ☐ Enema
- ☐ Sodium phosphate
- ☐ Sodium picosulphate and magnesium citrate
- ☐ Tri-sulphate
- ☐ Other (*Please state*)

[ ]

Dosing regimen: ***(Please select one)***

- ☐ Evening
- ☐ Same day
- ☐ Split
- ☐ Other (*Please state*)

[ ]

Did the patient follow the bowel preparation instructions? ***(Please select one)***

☐ Yes ☐ No

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How much bowel preparation was consumed? ***(Please select one)***

- ☐ 0 - 25%
- ☐ 25 - 50%
- ☐ 50 - 75%
- ☐ 75 - 99%
- ☐ 100%

How much fluid was consumed in total, including additional products? ***(Please select one)***

- ☐ 0 - 1 litre
- ☐ 1 – 3 litres
- ☐ 3 – 6 litres
- ☐ Over 6 litres

Time period between last intake of bowel preparation and procedure:

☐ hours

10. Time of colonoscopy:

☐ HH:MM

11. Patient had a total colonoscopy in the last 5 years? ***(Please select one)***

☐ Yes *(Please answer the following)* ☐ No

Date of last total colonoscopy:

☐ MM ☐ YYYY

Procedure

12. Sedation-related medications administered? ***(Please select one)***

☐ Yes *(Please select all that apply)* ☐ No

- ☐ Entonox
- ☐ General Anaesthesia
- ☐ Midazolam
- ☐ Opiates
- ☐ Propofol
- ☐ Other (*Please state*)

☐

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13. **Procedure-related medications administered?** ***(Please select one)***

☐ Yes *(Please select all that apply)* ☐ No

- ☐ Buscopan
- ☐ Glucagon
- ☐ Other (*Please state*)

☐

14. **Medication administered by:** ***(Please select all that apply)***

- ☐ Anaesthetist
- ☐ Endoscopist
- ☐ Qualified nurse
- ☐ Second doctor
- ☐ Other *(Please state)*

☐

15. **Chromoendoscopy used?** ***(Please select one)***

☐ Yes *(Please select all that apply)* ☐ No

- ☐ Localised (digital)
- ☐ Localised (dye)
- ☐ Pan (digital)
- ☐ Pan (dye)

16. **High definition equipment used?** ***(Please select one)***

☐ Yes *(Please select all that apply)* ☐ No ☐ Don't know

- ☐ Scope
- ☐ Monitor/Screen

17. **Assistive technology used?** ***(Please select one)***

☐ Yes *(Please select all that apply)* ☐ No

- ☐ Cap-assisted
- ☐ Endocuff-assisted
- ☐ Scope guide
- ☐ X-ray
- ☐ Other (*Please state*)

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18. Intended endpoint: ***(Please select one)***

- ☐ Anastomosis
- ☐ Caecum
- ☐ Terminal ileum/Neo terminal ileum

19. Endpoint photo documented? ***(Please select one)***

☐ Yes ☐ No

20. Intended endpoint reached? ***(Please select one)***

☐ Yes ☐ No *(Please select one)*

- ☐ Insufficient preparation
- ☐ Pain
- ☐ Pathology encountered
- ☐ Stricture
- ☐ Technically difficult
- ☐ Unsafe procedure
- ☐ Other (*Please state*)

☐

21. Retraction time recorded? ***(Please select one)***

☐ Yes (*Please state time*) ☐ No

☐ minutes

22. Abnormal endoscopic finding? ***(Please select one)***

☐ Yes *(Please select all that apply)* ☐ No

- ☐ Cancer
- ☐ Diverticulae
- ☐ Inflammation
- ☐ Polyps
- ☐ Other (*Please state*)

☐

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Right Colon Segment Classification

23. Cleansing quality: ***(Please select one)*** ***

- ☐ Excellent
- ☐ Good
- ☐ Poor
- ☐ Inadequate

24. Polyps detected? ***(Please select one)***

☐ Yes (*Please answer the following*) ☐ No

Number of polyps:

☐

Type of polyps: ***(Please select all that apply)***

- ☐ Protruded lesion: Pedunculated polyp (Ip)
- ☐ Protruded lesion: Subpedunculated polyp (Isp)
- ☐ Protruded lesion: Sessile polyp (Is)
- ☐ Flat elevated lesion: Flat elevation of mucosa (o-IIa)
- ☐ Flat elevated lesion: Flat elevation with central depression (o-IIa/c)
- ☐ Flat lesion: Flat mucosal change (o-IIb)
- ☐ Flat lesion: Mucosal depression (o-IIc)
- ☐ Flat lesion: Mucosal depression with raised edge (o-IIc/IIa)

Size of largest polyp:

☐ **mm**

Were you able to characterise the endoscopic appearance of highest grade polyp? ***(Please select one)***

☐ Yes *(Please select one)* ☐ No

- ☐ Adenoma
- ☐ Hyperplastic
- ☐ Malignant
- ☐ Sessile serrated

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Transverse Colon Segment Classification

25. Cleansing quality: ***(Please select one)*** ***

- ☐ Excellent
- ☐ Good
- ☐ Poor
- ☐ Inadequate

26. Polyps detected? ***(Please select one)***

☐ Yes (*Please answer the following*) ☐ No

Number of polyps:

☐

Type of polyps: ***(Please select all that apply)***

- ☐ Protruded lesion: Pedunculated polyp (Ip)
- ☐ Protruded lesion: Subpedunculated polyp (Isp)
- ☐ Protruded lesion: Sessile polyp (Is)
- ☐ Flat elevated lesion: Flat elevation of mucosa (o-IIa)
- ☐ Flat elevated lesion: Flat elevation with central depression (o-IIa/c)
- ☐ Flat lesion: Flat mucosal change (o-IIb)
- ☐ Flat lesion: Mucosal depression (o-IIc)
- ☐ Flat lesion: Mucosal depression with raised edge (o-IIc/IIa)

Size of largest polyp:

☐ **mm**

Were you able to characterise the endoscopic appearance of highest grade polyp? ***(Please select one)***

☐ Yes *(Please select one)* ☐ No

- ☐ Adenoma
- ☐ Hyperplastic
- ☐ Malignant
- ☐ Sessile serrated

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Left Colon Segment Classification

27. Cleansing quality: ***(Please select one)*** ***

- ☐ Excellent
- ☐ Good
- ☐ Poor
- ☐ Inadequate

28. Polyps detected? ***(Please select one)***

☐ Yes (*Please answer the following*) ☐ No

Number of polyps:

☐

Type of polyps: ***(Please select all that apply)***

- ☐ Protruded lesion: Pedunculated polyp (Ip)
- ☐ Protruded lesion: Subpedunculated polyp (Isp)
- ☐ Protruded lesion: Sessile polyp (Is)
- ☐ Flat elevated lesion: Flat elevation of mucosa (o-IIa)
- ☐ Flat elevated lesion: Flat elevation with central depression (o-IIa/c)
- ☐ Flat lesion: Flat mucosal change (o-IIb)
- ☐ Flat lesion: Mucosal depression (o-IIc)
- ☐ Flat lesion: Mucosal depression with raised edge (o-IIc/IIa)

Size of largest polyp:

☐ **mm**

Were you able to characterise the endoscopic appearance of highest grade polyp? ***(Please select one)***

☐ Yes *(Please select one)* ☐ No

- ☐ Adenoma
- ☐ Hyperplastic
- ☐ Malignant
- ☐ Sessile serrated

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***Boston Bowel Preparation Scale (BBPS)**
Questions 23, 25, and 27 relate to the BBPS.

Excellent (3): Entire mucosa of colon segment seen well with no residual staining, small fragments of stool or opaque liquid.
Good (2): Minor amount of residual staining, small fragments of stool and/or opaque liquid, but mucosa of colon segment seen well.
Poor (1): Portion of mucosa of the colon segment seen, but other areas of the colon segment not well seen due to staining, residual stool and/or opaque liquid.
Inadequate (0): Unprepared colon segment with mucosa not seen due to solid stool that cannot be cleared.

The calculated total score and grade will be displayed following segment classification.

Procedure

29. Bowel cleansing considered acceptable for the purpose of the procedure? ***(Please select one)***

☐ Yes ☐ No

30. Endoscopic intervention? ***(Please select one)***

☐ Yes *(Please select all that apply)* ☐ No

- ☐ Dilation of stenosis
- ☐ Endoscopic mucosal resection
- ☐ Endoscopic submucosal dissection
- ☐ Haemostasis
- ☐ Perforation repair by endoscopist
- ☐ Polypectomy (complete)
- ☐ Polypectomy (incomplete)
- ☐ Stent insertion
- ☐ Tattooing
- ☐ Other (*Please state*)

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31. Immediate complications? *(Please select one)*

☐ Yes *(Please select all that apply)* ☐ No

- ☐ Bleeding requires admission
- ☐ Perforation (*Please select one*)
  - ☐ Repaired
  - ☐ Not repaired
- ☐ Sedation-related
- ☐ Severe pain
- ☐ Other (*Please state*)

Post Procedure

32. Non-routine (immediate) repeat procedure required? *(Please select one)*

☐ Yes *(Please select one)* ☐ No

- ☐ Further treatment or intervention required
- ☐ Insufficient bowel preparation
- ☐ Pain
- ☐ Pathology encountered
- ☐ Stricture
- ☐ Technically difficult
- ☐ Unsafe procedure
- ☐ Other (*Please state*)

33. Patient successfully discharged, if classified as out-patient? *(Please select one)*

☐ Yes ☐ No

Evaluation

34. Time to complete this form:

☐ minutes

Important: Adverse events should be reported using the AE reporting system in the relevant country.

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