Immediate unprepared hydroflush colonoscopy for severe lower GI bleeding: a feasibility study

**Purpose**
To evaluate the practicality, safety, and results of using hydroflush colonoscopy to prepare the colon during an emergency lower GI bleed

**Key Points**

**BACKGROUND**
- Urgent colonoscopy requires an immediate oral bowel preparation, which delays diagnosis and therapy
- The use of water jets and mechanical suction devices can potentially improve visualization in a timelier manner

**STUDY METHODS**
- Hydroflush colonoscopy (combination of water-jet pump irrigation and the Biovac® direct suction device) was used to cleanse the colon
- Performed during 13 procedures on patients with bloody bowel movement within the past 24 hours, admission to the intensive care unit, and other criteria
- Outcomes were measured primarily by the percentage of hydroflush procedures that resulted in a satisfactory examination of the entire colon
- Visualization of the bleeding site, ICU stay, hospital stay, recurrent bleed rates and transfusion requirements were also measured

**RESULTS**
- 100% of the procedures were deemed to have adequate visualization
- 69.2% of the procedures resulted in a complete examination of the colon
- A diagnosis (presumptive/definite) was made in 100% of the procedures
- A definitive diagnosis was made in 38.5% of the procedures
- Median ICU and hospital stay were 1.5 and 4.3 days, respectively
- 25% of patients experienced recurrent bleeding during hospital stay

**Conclusions**
Hydroflush colonoscopy in cases of severe lower GI bleeding is practical and may reduce time to endoscopy, increase diagnostic outcomes and rate of therapy

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