Complete Reporting Of Colonic Transit Marker Studies

Background

A gastroenterologist informally informed a member of the radiology department that colonic transit study reports did not all contain essential information such as an impression of bowel function, number and location of capsules.

Standards

100% of colonic transit study reports to meet the set guidelines.

Methods

The local patient archiving and communications system (PACS) was used to conduct a retrospective review of colonic transit study reports over a two-month period (Nov-Oct 2014). The formation of conclusion, reporter, number and location of capsules were assessed from the retrieved reports.

Results (Round 1)

30 adult cases were identified. 0% of cases had a conclusion formulated. The number of capsules was reported in 100% of cases. Location of capsules was reported in 25% of eligible cases. Cases were reported by 4 reporters.

1st Action Plan

A standardised reporting proforma was implemented. A single reporter was trained and studies were allocated to them for reporting.

Results (Round 2)

A second audit cycle was carried out with data being collected on 30 consecutive adult cases over a 2 month period (Mar–Apr 2015). These 2nd round results show that 100% of cases have a conclusion formulated, 100% of cases had the number of capsules reported, and the location of the capsules was reported in 66% of eligible cases. All cases were reported by a single reporter.

2nd Action Plan

Continued use of the proforma, allocation of the studies to a dedicated reporter and feedback from the clinical team into the adequacy of the reports. Future re-audit to ensure improvement maintained.

Standards

- A conclusion in relation to bowel function should be reported in 100% of studies.
- Capsule location should be reported in 100% of applicable studies.
- The number of capsules should be reported in 100% of studies.
- A dedicated reporter/reporters should report the studies.

Proforma For Reporting

Colonic Transit Study
Patient Preparation: 1x capsule (containing 20 markers) taken orally, 5 days (120 hours) prior to abdominal x-ray.
Reporting Criteria:
- Normal colonic motility – 4 or less markers present.
- Colonic inertia pattern (slow transit) – more than 4 markers present. Are they predominantly right or left colon?
- Exit obstruction pattern – cluster of more than 4 markers in the rectosigmoid region.

Summary Of Results

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