



ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

Caecal Photodocumentation

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Photo Evidence

QI Guidelines:

- It is recommended that the CIR standard should be an unadjusted (intention to scope) figure of 90%. **It is also strongly recommended that photographic evidence of caecal intubation is obtained.**
 - This is consistent with the performance standards adopted by the US Multi-Society Task Force on Colorectal Cancer and Cancer Care Ontario Colonoscopy standards



GI Endoscopy QI Guidelines

Caecal Intubation Photographic Evidence Audit

- Each hospital group clinical lead should establish standards for each unit in conducting caecal intubation photographic evidence audit. The outcomes of the audit should be reported to the QI Programme annually.
- The goal of this is to ensure that the entire colon is visualised and that the quality of photographs obtained is sufficiently high to ensure that evidence of this is present in all cases.

Key Quality Data:

Number of colonoscopies completed with clear photographic evidence expressed as a percentage of all colonoscopies completed per Endoscopist



Importance of Quality of Caecal Images

“Research shows correlation between Caecal Image Documentation (CID) and Polyp Detection. [Research] reports a correlation between good-quality caecal photo-documentation and higher Polyp Detection Rates, including right-sided polyp detection (although some of these were hyperplastic polyps).”

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4683143/#JR163-5>



Improving Caecal Photography

It can be easy to take multiple images with electronic video endoscopy. In order to obtain a correct image, practitioners should always:

1. Clean the endoscopic lens if necessary.
 2. Avoid close lateral contact with the digestive mucosa, as this may cause over illuminated areas (blooming effect).
 3. Markedly inflate the digestive lumen, then freeze.
 4. Repeat freezing if the image is not totally satisfactory, and then store or print.
- Factors including poor bowel preparation, caecal anatomy, patient tolerance of the procedure can influence the quality of photographs.



Challenges

- Resourcing
 - Staff
 - Time



Round Table Discussions

- Is a Caecal Photography audit conducted in your hospital on a regular basis?
- How should Caecal Photography be audited?
 - 100 consecutive images per quarter/year?
 - Percentage of all scopes performed/ quarter/ year
- Who should perform the audit?
- Is retroflexion in the caecum taking place?



Round Table Discussions

- What landmarks should be captured by photograph?
 - Ileocecal valve
 - Appendiceal orifice
 - Tri-radiate fold
 - Terminal Ileum

- Is a video more reliable?