External Pressure During Colonoscopy
How and When to Use It

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The incidence and mortality of colorectal cancer in the United States have decreased during recent years in part because of an awareness of risk factors, the widespread availability of screening colonoscopy, and improved treatment options.\(^1\) It has also been attributed to increased detection and removal of precancerous polyps as a result of colorectal cancer screening.\(^2-4\)

The quality of colonoscopic examinations has come under particular scrutiny, with the current literature emphasizing the need for a high-quality examination to increase the detection and removal of adenomatous polyps and reduce the risk of colorectal cancer overall. The quality of bowel cleansing, colonoscopic withdrawal time, and adenoma detection rates are some of the quality measures being studied.

The United States Multi-Society Task Force in Colorectal Cancer recommends that colonoscopists be able to achieve cecal intubation in 90% of all cases and 95% of screening colonoscopies.\(^5\) Occasionally, the colonoscopist is faced with a difficult colon, defined as one in which the endoscopist encounters difficulties in reaching the cecum with the colonoscope.\(^6\)

The single most important factor that determines the success of colonoscopy is the endoscopist’s experience, although even the most experienced endoscopist may struggle in certain situations because colonoscopy can be a technically challenging procedure. Such challenges are encountered more commonly in patients with a suboptimal bowel preparation, severe diverticulosis, tortuous colons, an obese body habitus, a history of previous abdominal or pelvic surgeries, and the formation of colonoscopic loops, as well as in female and young patients. Any and all of these difficulties may cause a substantial increase in procedure length and may ultimately prevent cecal intubation.\(^6-9\)