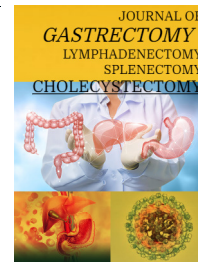




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Lactobezoars: A Rare Cause of Partial Gastric Outlet Obstruction



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1. Background

Colonoscopy is the gold standard for the investigation and detection of bowel pathology including colorectal polyps and colorectal cancer [1]. The proportion of individuals aged 50 years or older who have undergone colonoscopy within the last 10 years is growing and currently ranges from 6%–25% in various European countries to 62% in the United States [1, 2]. For optimal visualization of colonic mucosal lesions bowel preparation must be sufficient [2]. However, bowel preparation is estimated to be inadequate in up to 12-25% of cases [3, 4].

Bowel preparation for colonoscopy is a complex undertaking, involving dietary modifications and laxative choice according to patient needs. An adequate level of cleansing is critical for the efficacy of colonoscopy. Key quality indicators of colonoscopy, such as caecal intubation rate and polyp detection rate, are associated with the quality of bowel cleansing [5-7]. An inadequate level of bowel cleansing also results in further costs through repeat examinations or alternative investigations [8]. Adverse consequences of ineffective bowel preparation include longer procedural time and adverse events [4]. Several factors are known to contribute to poor bowel preparation, including patient co-morbidities [9, 10], medications [11] and factors related to pre-procedure diet and timing of administration [12, 13].

Poor patient compliance also results in suboptimal preparation. Several patient education tools are shown to improve understanding and adherence to bowel preparation instructions and bowel cleanliness [14]. Enhanced patient information and trained patient navigators [15], as well as telephone consultations [16], text messaging [17] and educational videos may improve the quality of bowel preparation [18-20]. The provision of both written and oral information with enhanced instructions for patients is consequently recommended in both the American and the most recent European bowel preparation guidelines. However, provision of verbal information with face to face or telephone consultation is difficult to resource for patients undergoing colonoscopy outside of the national bowel cancer screening programme.

We present data following the implementation of an educational bowel preparation video for our colonoscopy service in West Hertfordshire Hospitals NHS Trust.



Fig. A. Near the gastric antrum



Fig. B. A normal pylorus

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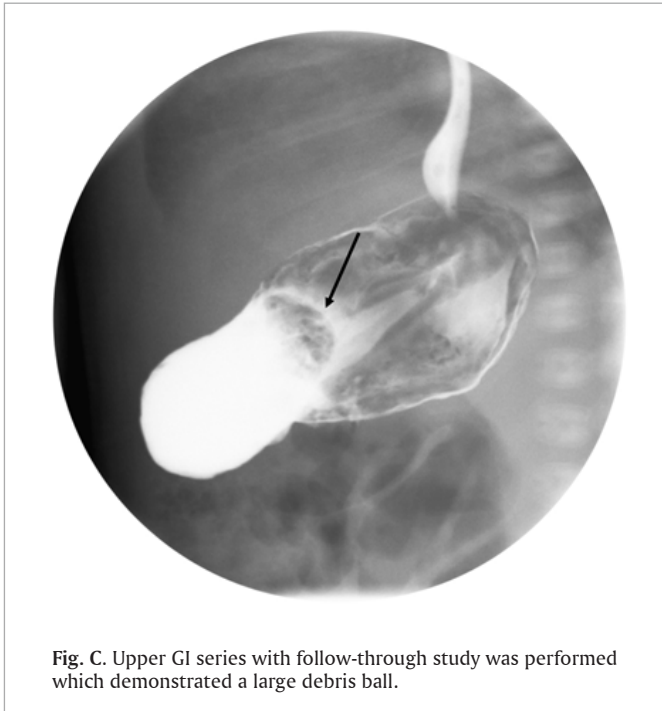


Fig. C. Upper GI series with follow-through study was performed which demonstrated a large debris ball.

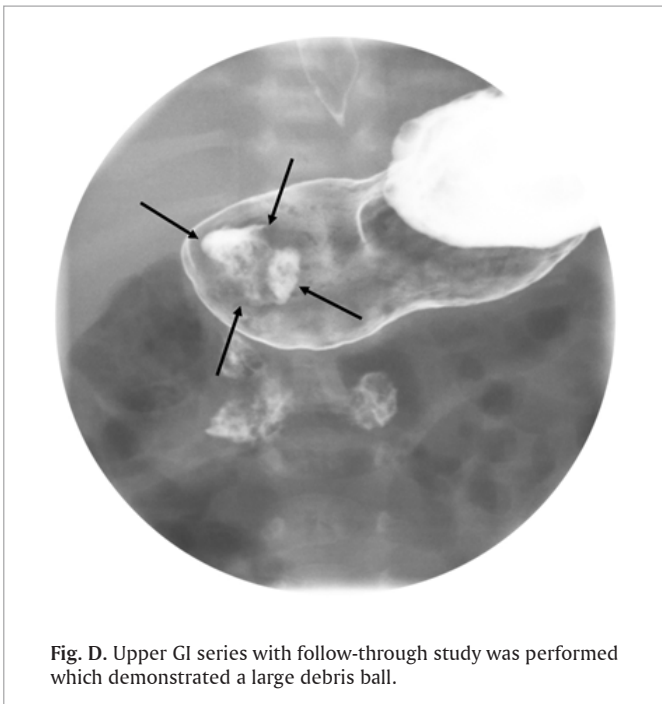


Fig. D. Upper GI series with follow-through study was performed which demonstrated a large debris ball.

Conflict of Interest

Authors have nothing to disclose.

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