CRD summary
This review concluded that patients were very satisfied with the colonoscopy experience; most were willing to return for repeat testing under the same conditions. However, colonoscopy was not preferred over other procedures. The authors’ conclusions appeared to reflect the data presented, but should be treated with some caution given limitations identified in the review methodology and reporting.

Authors’ objectives
To evaluate patient satisfaction with the colonoscopy screening experience. This abstract discusses the literature review only.

Searching
MEDLINE was searched from January 1997 to August 2008. Reference lists of identified articles were searched manually. Search terms were reported.

Study selection
Prospective cohort studies that reported on patient satisfaction with colonoscopy, patient willingness to return for colonoscopy under the same conditions or patient preference for colonoscopy compared to other large bowel procedures were included. Only articles published after 1997 were included following the publication of relevant guidelines, introduction of colonoscopy for screening and further developments in the technology. Studies were excluded if measurement of patient satisfaction focused on specific aspects of the colonoscopy experience, if the preference assessment was performed before the colonoscopy procedure and if interventions to improve patient satisfaction were assessed.

The number of participants ranged from 79 to 2,731. Mean patient age ranged from 51.5 to 62.7 years. The procedure used varied between studies: most studies used colonoscopy alone; other studies used computed tomographic (CT) colonography followed by colonoscopy, colonoscopy and upper endoscopy, air contrast barium enema followed by sigmoidoscopy or colonoscopy and air contrast barium enema followed by computed tomographic colonography followed by colonoscopy. The percentage of screening colonoscopies and percentage of patients sedated for their colonoscopy ranged from 0% to 100% (where reported). In most studies assessments were taken immediately after the procedure. A range of rating scales were used and there was variation in methods of questionnaire administration.

The authors did not state how many reviewers performed the study selection.

Assessment of study quality
Methodological quality was assessed using the criteria: inclusion of persons 50 years of age or older; method of assessing patient satisfaction was reported; timing of patient satisfaction assessment was reported; and the patient sample was restricted to those who underwent screening procedures. Based on how many criteria were met, each study was categorised into one of four groups: category 1 (studies met all four criteria), category 2 (studies met three of the four criteria), category 3 (studies met one or two of the four criteria) and category 4 (studies did not meet any criteria).

The authors did not state how many reviewers performed the validity assessment.

Data extraction
Where appropriate, the mean satisfaction score or proportion of patients satisfied were extracted.

The authors did not state how many reviewers performed data extraction.
Methods of synthesis
The studies were combined in a narrative synthesis.

Results of the review
Fifteen studies (n=7,726) were included. The median methodological quality score was 3 (range 1 to 4).

Approximately 95% of patients were very satisfied with their colonoscopy experience. The proportion of patients willing to return for the same procedure under the same conditions ranged from 73% to 100% (based on seven studies). Three studies reported patient preference for colonography and two studies reported a preference for colonoscopy.

Authors' conclusions
The patients were very satisfied with colonoscopy. Most were willing to return for repeat testing under the same conditions. Colonoscopy was not preferred over other modalities.

CRD commentary
This review had broadly defined inclusion criteria. The literature search was limited to one database and reference checking and no specific attempts were made to identify unpublished studies, hence some studies may have been missed. The details of the review process (such as how many reviewers performed the study selection, validity assessment and data extraction) were poorly reported; therefore, it was unclear whether appropriate steps were taken to minimise bias and errors during the review process. Variability in the studies made it appropriate to combine them in a narrative synthesis. The authors' conclusions appeared to reflect the data presented. However, the conclusions should be treated with some caution given the review limitations identified.

Implications of the review for practice and research
The authors did not state any implications for practice or research.

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Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.