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Narrative Medicine Essay

Colonoscopy - A Tale of Two Options

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In 1969, based on unsedated rigid sigmoidoscopy, flexible colonoscopy was developed to screen the entire colon for colorectal cancer.[1] Patient anxiety and discomfort led to the use of sedation using diazepam and morphine in the 1970s, midazolam and fentanyl in the 1980s and propofol in the 2000s. Nursing staff electronically monitor all forms of sedation, and anesthesia staff administer propofol. Sedation revealed the best of times. Patient anxiety is reduced, comfort is improved, and, especially with propofol, and recovery is faster. All this results in improved provider efficiency and reimbursement.[2] Unfortunately, sedation also brought out the worst of times. Patients must have a companion, excluding those without escorts.[3]

To this point, a Veteran told me, "Doctor, my primary care doctor urged me to undergo colon cancer screening because of my family history. I had no friends, no local relatives and could not have participated in colonoscopy screening if it was not for the unsedated option offered by the VA."

How did the drama of two options begin? In 2000, I could no longer use sedation at the Sepulveda VA medical center site due to a nursing staff shortage, so I started offering the unsedated option.[4] Even though sedation was the preferred standard practice, two senior gastroenterologists told me at the time that no sedation was the choice of many patients so they could return to work immediately after the procedure. No sedation is not a second-rate option. From 2000 to 2004, 158 Veterans accepted the option. An unpublished survey afterwards showed that 70% did so because no escort was required. My collaborators and I went on to study water-aided methods to minimize patient discomfort.[5] Water exchange was the least painful in unsedated patients.[6]

In early 2013, West Los Angeles VA had a problem with unkept appointments that reduced productivity. We offered the unsedated option to these Veterans. During the first 6 months, unsedated colonoscopy increased (n = 98), no shows decreased from 5% to 0.5%, and 30% of this group were African American.[7] In 2016, we received VA support to perform a three-site (Los Angeles, Sacramento, and Palo Alto) randomized controlled trial (RCT) to assess whether the addition of a straight cap to the tip of the colonoscope would make the water exchange colonoscopy less painful in unsedated patients. In 3 years, we enrolled about 140 Veterans each in the study and control groups. We focused on the Veterans who informed us that finding an escort would be difficult. African Americans made up 22.3% of the study population.[8] Both local[9] and national data[10] showed that sedated colonoscopy screening was lower in African Americans (approximately 10%), suggesting disparity in colonoscopy participation.

Our retrospective observations[7] and RCT[8] data of African Americans showed 30% and 22.3% respectively willing to accept unsedated colonoscopy, suggesting that no sedation is a reasonable option that reflects inclusive, patient-centered care and may positively impact disparities.

Patients agree. A Veteran asked for the option to avoid the groggy sensation after the procedure so he could spend quality time at his wife's afternoon birthday party. Another Veteran wanted to be fully awake at his daughter's same-day cheerleading performance. A patient with Post Traumatic Stress Disorder (PTSD) said he had unpleasant flashbacks when he received narcotic medication (part of the cocktail for conscious sedation). A Veteran said he wanted to be fully awake to watch the whole procedure. Over the years, during on-site visits to present my work, I found it amazing that the Chiefs of endoscopy, gastroenterology, medicine, research, and endoscopy society presidents told me they had unsedated colonoscopy.

In closing, guidelines are critical in everybody's training experience. The humanistic approach sometimes deviates from the standards of practice. I hope that this tale of two options will motivate some of you to consider thinking outside the box.

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