
Audit 22

1) Audit Title

Adequacy of CT colonography (insufflation/bowel preparation)

2) Standard against which the audit topic is to be compared

To be discussed and agreed locally with managerial and radiographic teams

3) Source of standard (or reference document)

Standards of practice for computed tomography colonography (CTC) Joint guidance from the British Society of Gastrointestinal and Abdominal Radiology and The Royal College of Radiologists" (2021). Available at <https://www.rcr.ac.uk/publication/standards-practice-computed-tomography-colonography-ctc-joint-guidance-british-society>

4) Type of audit – clinical audit, clinical practice and BSSD related, reporting**5) Target / compliance percentage to be achieved**

100% (aspirational), to be agreed locally

6) Item or variable to be audited

Use of pre-procedure protocol for bowel preparation and faecal tagging. Use of rectal catheter with balloon deflated on at least one series. Insufflation of colon with carbon dioxide to produce sufficient colonic distension. Administration of hyoscine butyl bromide to optimise colonic distension, unless contraindicated.

7) Method: Retrospective / Prospective / Other

Retrospective or prospective

8) Data or information to be collected

Patient demographics

Did patient follow bowel prep instructions? [Y/N]

Hyoscine N-butyl bromide (Buscopan) administered? [Y/N]

If no, was reason recorded? [Y/N]

Both scan series reviewed for:

Adequacy of faecal tagging - graded as follows:

★ Good (tagged faeces appears white on soft tissue windows)

★ Suboptimal (tagged faeces appears hyperdense to soft tissue but not white, or incomplete tagging i.e., tagging agent has not reached the distal colon)

★ Poor (tagged faeces isodense / hypodense to soft tissue)

Rectal tube position - correctly positioned on both series? [Y/N]

Balloon deflated on one series [Y/N]

Gas insufflation using carbon dioxide via automated insufflator [Y/N]

Colonic distension, graded as follows:

★ Complete on both series

★ Complete between the two series (some areas of inadequate distention but adequately distended on the other series)

★ Incomplete (inadequate distension of certain areas of colon on both series)

If Incomplete, was reason recorded e.g., frailty? [Y/N]

9) Sample details (categories, number of patients, collection time period)

To be agreed locally, minimum 100 consecutive patients

10) Target achieved (yes / no / not applicable)

Yes / No (with percentages for each category to inform quality improvement)

11) Actions to be taken if the target is not met.

- ★ If faecal tagging is insufficient, the pre-procedure protocol may be reviewed.
- ★ Deliver training to radiographers performing CTC to educate on accurate recording of hyoscine butyl bromide administration, rectal tube positioning and insufflation pressures.
- ★ Encourage radiographers to seek advice from CTC reporters at time of scan if there is uncertainty over the adequacy of a scan.
- ★ If colonic distention is poor on one or both scans, rectal tube balloon inflation can be reviewed.
- ★ If there is a significant difference in practice or results between two or more CT sites, consider a standardised protocol.

12) Timing for re-audit (yes / no / not applicable)

Periodically. If changes are implemented, re-audit in 6-12 months to assess for improvement.