



UPDATE ON BUX-MONT ENDOSCOPY ADENOMA DETECTION RATE

We are pleased to announce that we will have completed our fourth year of operation. You may recall that in our first newsletter we promised to share with you on a regular basis the quality measures we have been collecting at Bux-mont Endoscopy Center. Since we first started collecting data, the adenoma detection rate in average risk patients undergoing their first procedure has emerged as the leading measure of quality colonoscopy. Our data for this quality measure in 2011 is shown in Table 1. As before we have also included cecal withdraw time, perforation rates and cecal intubation rates as shown in Table 2. The cecal intubation rate is often considered an indicator of the success of the preparation for the procedure. This will be the focus of our quality improvement in 2012. We hope you will find this data useful and appreciate the confidence you have shown in our center through your referrals.

Table 1	Total	Adenoma
BMEC	570*	32%
Nat'l Ave	N/A	15-25%**

* Average Risk patients (no family history, 50 or

**Rex et al J Gastroenterology 2002, 97:1296

Table 2	Total Colonoscopies	Perforation Rate	Cecal Intubation Rate	>6 min Withdrawal Time
BMEC	2828	0	98.20%	100%
Nat'l Ave	N/A	0.8-1.6/1000	95%	N/A

Colorectal Cancer Screening Month

As you may be aware from news reports last month, two major studies just released and published in the NEJM have confirmed the value of colonoscopy in lowering an individual's risk of developing colon cancer. The studies followed 2,602 patients for 15 years and demonstrated a 50% reduction in the incidence of colon cancer in patients screened with colonoscopy. The studies affirm the recommendation that screening with colonoscopy should start at age 50 for all average risk individuals (i.e. those with no family history).

BMGI NOW OFFERS A SAFE WAY TO TREAT HEMORRHOIDS

Bux-Mont GI now offers treatment of symptomatic hemorrhoids using the CRH O'Regan banding system. This disposable device was approved by the FDA in 1997 and allows for painless, non-surgical, office based hemorrhoid ligation without the need for sedation. The ligator utilizes a suction syringe to deploy a rubber band onto the rectal mucosa. This method is safe and effective in treating hemorrhoid symptoms such as bleeding, pain, prolapse, and itching. A prospective study of over 5400 procedures showed 99.1% efficacy. The only observed complications were bleeding (0.15%), pain (0.2%) and thrombosis (0.3%), with no cases of sepsis, stricture, or urinary retention. Patients do not require a bowel prep and may return to work the same day as a treatment.

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