A modified Boston Bowel Preparation Scale after colo-rectal surgery.

Dioscoridi L 1, Forti E 1, Pugliese F 1, Cintolo M 1, Italia A 1, Bini M 1, Bonato G 1, Giannetti A 1, Mutignani M 1.

1. Digestive and Interventional Endoscopy Unit, ASST Niguarda, Milan, Italy.
Dear Editor,

We read with great interest the article “Bowel Preparation for Surveillance Colonoscopy After Colorectal Resection: A New Perspective.” by Lee D and Chun HK [1].

We would like to focus on the importance of a standardization of the quality of bowel preparation in operated patients. The importance is related to higher risk of adenomatous/neoplastic polyps' development in these cluster of patients than in the general population and to oncological follow-up [2-3]. We agree with the authors in using Boston Bowel Preparation Scale (BBPS) to define it also in operated patients.

It is important, however, to clarify that the total score of these patients has to be modified according to the type of surgery:
- 6 points for patients after hemicolecctiony (left, right, extended right), transverse colectomy, anterior rectal resections (standard, low, ultra low, Hartmann procedure) and abdominal-perianal resection (Miles' operation). After these types of surgery, two segments of colon remain (according to the tracts considered in BBPS).
- 3 points for patients after total/subtotal colectomy because only the lower tract remains after these types of surgery (according to the tracts considered in BBPS).

According to authors, we agree that several factors are involved in the bowel preparation in operated patients; the increased speed of stools' passing (especially in the first year after surgery and/or after recanalisation) and the absence of the ileo-cecal valve are two of the most important to be considered.

We applied this BBPS in our hospital and we have already standardized (from January 2016 to January 2019) 1237 colonoscopy in operated patients (612 after left hemicolecctiony, 284 after right colectomy, 219 after anterior rectal resections, 73 after abdominal-perianal resection, 49 after total colectomy). We reported a good bowel preparation (minimum of 2 for any segment) in 76.5% of patients after left hemicolecctiony (in line with the reported data of the article), 65.6% of patients after right hemicolecctiony, 78.9% of patients after anterior rectal resections, 82.3% of patients after abdominal-perianal resection and 98.7% after total colectomy. The results are in line with the previously described data.

In conclusions, we confirm the data reported by the collegues in the paper and the importance of
standardization of bowel preparation in operated patients according to BBPS.

References:

