

A Review of Current Practices in Tattooing of Colonic Lesion at Endoscopy

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Abstract : Aim: The NHS Bowel Screening Programme recommends the use of endoscopic tattooing for suspected malignant lesions that later require surgical or endoscopic localisation, using local protocols as guidance. This is in accordance with guidance from the BSG (The British Society of Gastroenterologists). We used a well-recognised local protocol as a standard to audit current tattooing practice in a large district general hospital with no current local guidelines. Method: A retrospective quantitative analysis of 50 patients who underwent segmental colonic resection for cancer over a 6-month period in 2021. We reviewed historic electronic endoscopy reports recording relevant data on tattoo indication and placement. Secondly, we carried out an anonymous survey of 16 independent lower GI endoscopists on self-reported details of their practice. Results: In our study, 28 patients (56%) had a tattoo placed at the time of their colonoscopy. Of these, only 53% (n=15) had the tattoo distal to the lesion, with the measured distance of the tattoo from the lesion only being documented in 8 reports. Only seven patients (25%) had a circumferential (4 quadrant) placement of the tattoo. 13 patients had lesions either in the caecum or rectum, locations deemed unnecessary as per BSG guidelines. Of the survey responses collected, there were four different protocols being used to guide practice. Only 50% of respondents placed tattoos at the correct distance from the lesion, and 83% placed the correct number of tattoos. Conclusion: There is a lack of standardisation of practices in colonic tattooing demonstrated in our study with incomplete compliance to our standard. The inadequate documentation of tattoo location can contribute to confusion and inaccuracy in the intraoperative localisation of lesions. This has the potential to increase operation length and morbidity. There is a need to standardise both technique and documentation in colonoscopic tattooing practice.

Keywords : colorectal cancer, endoscopic tattooing, colonoscopy, NHS BSCP

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