

# Upfront July 2012

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## Colonoscopy: what is adequate and what is good?

Detection of colorectal cancer within a few years of a colonoscopy is devastating for the patient, and also for the initial endoscopist. The bowel cancer screening programme in the UK has delivered major rewards in terms of cancer detection, but also driven up standards of colonoscopy. Caecal intubation and adenoma detection have become key indices of performance of the colonoscopist. In a report of over 16 000 procedures by Verma *et al*, and associated opinion piece by Banks, the challenge for low-volume endoscopists (and their Trusts) is addressed. This edition of *Frontline Gastroenterology* includes a further report on colonoscopy quality. The Amsterdam group describe an important aspect of quality assurance in endoscopy: bridging the gap between patient satisfaction as interpreted by the colonoscopist and the patient's actual point of view. In recent years much effort has gone in to raising the quality of patient experience, which has become a core element in quality assurance in endoscopy. The study by Denters *et al* illustrates the importance of including patients in the development of quality assurance programmes, since their priorities differ from that of the colonoscopist.

## Colorectal cancer: epidemiology poses new questions for researchers to address

The recent changes in colorectal cancer incidence and mortality are leading to an interesting challenge for the specialist. As increasing

numbers of patients are now dying from other causes than colorectal cancer in affected patients, Riihimäki *et al* have mined the excellent resource of the Swedish Family Cancer Database, and propose that future success in control of colorectal cancer requires more knowledge about these other causes.

## The ERCP debate – should services only be provided in highly specialist centres?

This vexed question is addressed in two pieces in this edition of the journal. An audit of experienced staff with a good throughput of unselected patients in Sunderland is reported to meet British Society of Gastroenterology standards of high success and low complications. The complementary piece by expert tertiary Endoscopic retrograde cholangiopancreatography (ERCP) specialists in the UK and USA highlights some of the quality issues with ERCP in the UK and offers insight into one way of determining the quality of an endoscopist. Another important topic for practitioners in this area is the issue of revalidation, and these systems of ERCP quality assurance may come to be used for this purpose too.

## Nurse-led services in the current National Health Service: holistic, safe and effective

Percutaneous ultrasound guided liver biopsy remains a key investigation, and will remain so with the ever increasing demand for liver services. Farrington *et al* address the issue of developing an advanced nurse practitioner service that allows the patient to see the same healthcare professional throughout the process from

consent to procedure to delivery of results. In a contrasting clinical area, Bremner describes the efficacy and practicability of a nurse-led hypnotherapy service. For all those inspired to broaden their service provision, a detailed template, amounting almost to a business case, is provided.

## Case reports: translating case material into improved patient care

This edition of *Frontline Gastroenterology* intersperses a sequence of case reports among the other original contributions. The selected few that are published from the many submitted, have a common intent: not so much to present the extraordinary or rare, but to highlight the learning that hopefully translates to improved clinical practice, earlier detection and more focused therapy.

## Clinical reviews in inflammatory bowel disease: translating research into clinical practice

This edition also features a couple of review articles. Aldhous reports on a recent research workshop which defines an important part of the road ahead in inflammatory bowel disease (IBD), namely the gene-environmental interactions, especially the contribution of the microbiota to pathogenesis of IBD. Smith *et al* have reviewed the extensive literature on nutritional management of IBD to yield some key messages and practice points for clinicians, from the classical data on enteral nutrition in Crohn's disease to the emerging views on the role of low FODMAPs diets in treating functional symptoms in IBD patients.