Participation of fellows of different levels of training may effect the performance of teaching activity. The following teams were defined: A: S+IIIYr; B: IIYr; C: IYr; D: I+IIYr; E: S+II+IYr.

Results: A IIYr Fellow was involved in 86%, a IYr in 51% and a IIIYr in 18% of cases. Participation of the fellows' involvement in the therapeutic procedure was similar to the above figure. Duration of time, patient and procedure time increased as each team gained experience.

Conclusions: Procedure time was significantly shorter with the most experienced (Team A), and Team C (where attending takes over procedure). Drug dosage was inversely proportional to level of fellowship training. Procedure time decreased as each team gained experience.

Efficacy and tolerability of sodium picosulfate with magnesium citrate versus polyethylene glycol electrolyte lavage solution for colonoscopy preparation

Methods: Sixty-eight consecutive patients were randomly assigned to preparation with 3 sachets of SPS-Mg (16.5 gr each) (n=39) or 3 liters of polyethylene glycol electrolyte lavage (pEG-EL) (n=29) on the day before colonoscopy. Shortly before the procedure, each patient was interviewed to determine the degree of discomfort (from 1 = none or mild to 4 = excellent), and the extent of colonoscopy was noted.

Results: The 2 groups were similar in patient age, gender and origin, and indication for colonoscopy. Of the 29 PEG-EL patients, 4 (14%) did not complete the preparation because of side effects (nausea, vomiting and palpitations). The degree of discomfort was significantly greater with PEG-EL (mean score 2.330.7) than with SPS-Mg (mean score 1.460.5). Side effects were significantly more common in the PEG-EL group (44% vs. 26% P<0.01). Using intention-to-treat analysis, bowel cleansing proved to be significantly better with SPS-Mg than with PEG-EL (mean scores 2SD, 3.050.9 and 2.571.0, respectively, P<0.05). No significant difference was noted in the extent of colonoscopy between the 2 groups (the cecum was reached in 90% of the patients in both).

Conclusions: Colonic preparation with SPS-Mg is better tolerated, associated with significantly fewer side effects and results in higher quality bowel cleansing than preparation with PEG-EL.

ASGE GUIDELINES: A STUDY OF APPROPRIATENESS AND USEFULNESS COMPARING A GASTROENTEROLOGY TRAINING PROGRAM, A GENERAL SURGERY RESIDENCY PROGRAM, AND A GASTROENTEROLOGY PRIVATE PRACTICE

Comparison of prophylactic corticosteroid therapy to prevent post-procedure pancreatitis in endoscopic retrograde cholangiopancreatography: A randomized controlled trial

Methods: Ninety patients were randomized to receive 500 mg oral prednisone 1 day before and 1 day after ERCP. The incidence and severity of post-ERCP pancreatitis was compared with a historical group of 263 patients who underwent ERCP without prophylactic corticosteroids. The incidence of pancreatitis was 12.6% in the historical group and 6.4% (P<0.02) in the current study.

Conclusions: Prophylactic corticosteroid therapy significantly reduces the incidence of post-ERCP pancreatitis.

Efficiency of prophylactic corticosteroids and the severity of post-procedure pancreatitis

Does prophylactic steroid administration reduce the frequency and severity of post-ERCP pancreatitis? A randomized prospective multicenter study

Methods: Five hundred and forty-three patients were randomized into 5 groups. The incidence of post-procedure pancreatitis was compared with a historical control group of 2000 patients who underwent ERCP without prophylactic corticosteroids.

Conclusions: Prophylactic corticosteroids significantly reduce the frequency and severity of post-procedure pancreatitis.