Bowel Preparation for Colonoscopy

1. A person's lifetime risk of colorectal cancer is estimated to be approximately ______.
   a. 1 in 10
   b. 1 in 20
   c. 1 in 30
   d. 1 in 40
   Answer: B, Understanding of 5% chance of developing CRC over a lifetime.

2. Which of the following tests is an appropriate choice for colorectal cancer screening in a person at average risk for the disease?
   a. Flexible sigmoidoscopy every 10 years
   b. Double-contrast barium enema every 10 years
   c. Colonoscopy every 10 years
   d. CR colonography (virtual colonoscopy) every 10 years
   Answer: C, Rationale: Delineating appropriate screening intervals: (only colonoscopy is every 10 years; other tests have 5 year intervals).

3. In approximately what percentage of cases is bowel preparation/cleansing found to be suboptimal?
   a. 10%
   b. 15%
   c. 20%
   d. 25%
   Answer: D, Better understanding that in 25% of cases, poor bowel preparation limits colonoscopy procedures.

4. All of the following are characteristics of "excellent" bowel preparation according to the Aronchick scale EXCEPT:
   a. Greater than 90% of the bowel mucosa observed
   b. Presence of mostly liquid stool
   c. Some solid patches of stool seen in bowel folds
   d. Minimal suctioning required
   Answer C, Understanding that the most standard preparation and cleansing score used includes all of the above except the presence of some solid patches of stool in bowel folds.

5. If bowel preparation is poor, when does the United State Multi-Society Task Force (MSTF) recommend that colonoscopy be repeated?
   a. 6 months
   b. 1 year
   c. 2 years
   d. 3 years
Answer: B, Importance of optimal bowel preparation and need for prompt repeat procedure (ie, colonoscopy repeated in 1 year) if cleansing is poor.

6. Which of the following characteristics best describe an ideal bowel preparation agent?
   a. It should empty the colon of all fecal material quickly and without any gross or histologic alteration of the colonic mucosa
   b. It should not lead to significant patient discomfort during or after consumption
   c. It should not create shifts in fluids or electrolytes.
   d. All of the above

Answer: D, page 8, para 3, lines 105
Rationale: Clear comprehension that all of the above answers constitute the best potential option for a bowel preparation agent.

7. Isosmotic agents for bowel preparation include all of the following EXCEPT:
   a. PEG-3350-SD
   b. High-volume PEG solutions
   c. Low volume PEG preparations
   d. PEG-ELS

Answer: A, Delineation of PEG-3350-SD as a hyposmotic option that is not recommended for use vs standard PEG or other agents.

8. Which of the following best describes split-dosing for bowel preparation?
   a. The entire dose of bowel preparation is consumed in 2 parts the day before the procedure
   b. The entire dose of bowel preparation is consumed in 2 parts the same day as the procedure
   c. At least half of the bowel preparation agent is consumed on the day of the procedure
   d. Half of a full dose of 2 different bowel preparation agents is used the day before the procedure

Answer: C, Clear understanding that split-dosing entails at least half of the bowel preparation agent being consumed on the day of the procedure.

9. How many hours prior to sedation for colonoscopy must the second half of the bowel preparation agent be completely consumed when split-dosing is used?
   a. 2 hours
   b. 8 hours
   c. 12 hours
   d. 24 hours

Answer: A, Importance of insuring that bowel preparation is not consumed too close—less than 2 hours prior—to administration of sedation (dangers of a full stomach of liquid).
10. A pharmacist should instruct a patient scheduled to undergo colonoscopy to mix and prepare the bowel preparation no earlier than _______ hours prior to colonoscopy.
   a. 12 hours  
   b. 24 hours  
   c. 36 hours  
   d. 48 hours  

Answer: D, Patient education on appropriate use of bowel cleansing preparations is essential, including mixing and preparing the bowel preparation no earlier than 48 hours prior to colonoscopy.