NED National Endoscopy Database

NED iteration 2

Guidance for endoscopy reporting system suppliers on Boston Bowel prep scale

NEDi2 uses the Boston Bowel Prep Scale (BBPS). This replaces the Aronchick score present in NEDi1. The basis for this change is that BBPS is more increasingly widely used, it is validated in published literature and measures the bowel preparation quality in different segments of the colon.

The BBPS is summarised in the table below:

Table 2
Boston Bowel Preparation Scale (BBPS)

Score	Description
0	Unprepared colon segment with mucosa not seen because of solid stool that cannot be cleared
1	Portion of mucosa of the colon segment seen, but other areas of the colon segment are not well seen because of staining, residual stool, and/or opaque liquid
2	Minor amount of residual staining, small fragments of stool, and/or opaque liquid, but mucosa of colon segment is seen well
3	Entire mucosa of colon segment seen well with no residual staining, small fragments of stool, or opaque liquid

The proximal, transverse and distal colon segments are scored from 0 to 3, and these segment scores are summed for a total BBPS score.

Data from Lai EJ, Calderwood AH, Doros G, et al. The Boston bowel preparation scale: a valid and reliable instrument for colonoscopy-oriented research. Gastrointest Endosc 2009; 69(2 Suppl):620-5.

BBPS calculation

1- The 3 segments are:
   a. Proximal colon (including the caecum and ascending colon)
   b. Transverse colon (including the hepatic and splenic flexures)
   c. Distal colon (including the descending colon, sigmoid colon, and rectum)
2- For flexible sigmoidoscopy and limited colonoscopy, a score should be given for the segments that have been inspected. Eg for flexible sigmoidoscopy a segmental score would be recorded for distal colon only. A limited colonoscopy would have a segmental score for each segment reached; so if the intended limit was the ascending colon, a BBPS segmental score would be recorded for distal, transverse and proximal colon.

3- The ERS should calculate the total BBPS score by adding the segmental scores together.

Presenting the BBPS on endoscopy reports

4- The ERS should use the table below to convert the BBPS to a Likert type scale. The aim of this is to maintain continuity with NEDi1 for analysis and aid user interpretation.

	Excellent	Good	Poor
Colonoscopy	9	6-8	0-5
2-segment limited colonoscopy	6	4-5	0-3
FS	3	2	0-1

5- The ERS should construct the endoscopy report text as follows:
   a. The report should start by stating “Mucosal visualisation was”
   b. Next, the overall score should be presented in lay terms (excellent, good or poor), as calculated from the table above
   c. Then, the actual BBPS number should be quoted in parentheses (e.g. BBPS 7;). For limited colonoscopies and flexi sigs, the number of segments inspected should be stated, and the phrase “modified BBPS” used (e.g. modified 2-segment BBPS 4)
   d. Then, again using the table above, the segmental lay term descriptors should be quoted (e.g. proximal colon excellent, transverse colon and distal colon good)

6- Examples of the final construct are given below:
   a. Colonoscopy example: Mucosal visualisation was good (BBPS 7; proximal colon excellent, transverse colon and distal colon good)
   b. Colonoscopy example: Mucosal visualisation was poor (BBPS 4; proximal colon good, transverse colon and distal colon poor)
   c. Limited colonsocopy example: Mucosal visualisation was excellent (modified 2-segment BBPS 6; transverse colon and distal colon excellent)
   d. Flexible sigmoidoscopy example: Mucosal visualisation was poor (modified 1-segment BBPS 1; distal colon poor)