Original article

Patient preferences and side effects experienced with oral bowel preparations *versus* self-administered phosphate enema

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Preparation of the bowel is necessary for adequate visualisation in barium enema and endoscopic investigations of the lower gastrointestinal tract. The preparations used are known to have side effects, but no previous study has asked patients who have experienced more than one different type of preparation which they prefer, and would have again in the future. A total of 71 patients who had experienced both phosphate enema and an oral bowel preparation (at different times) were sent a postal questionnaire asking what side effects they experienced, which preparation they preferred, and whether they would agree to have the preparation again. Of the 49 patients who responded (69%), most patients (61%) preferred an oral bowel preparation to a phosphate enema (39%). From these results we shall consider offering oral bowel preparation to patients who previously would have been offered an enema for flexible sigmoidoscopy.

Key words: Cathartics – Enema – Patient satisfaction

Investigations to visualise the colon (flexible sigmoidoscopy, colonoscopy and barium enema) are common and safe with a low rate of serious complications, but are only reliable if the bowel preparation is good. Several studies have found that the preparations can be difficult to administer,^{1–3} and cause side effects, namely nausea and vomiting, abdominal pain,^{1,4} and early incontinence.^{3,5} No study, however, has focused on patients who have experienced both oral and rectal preparations (at different dates) and asked them to compare the two experiences, with emphasis on their preference between the two types of preparations. This was the aim of the study.

Patients and Methods

A total of 71 consecutive patients were selected who, in the period October 1999 to April 2000, had undergone a flexible sigmoidoscopy and then either colonoscopy or a barium enema for diagnostic purposes. The bowel preparation for flexible sigmoidoscopy was a self-administered single phosphate enema 1–2 h before the test: preparation for both colonoscopy and barium enema was orally (two 45 ml bottles of Fleet Phospho-soda or two sachets of Picolax).

The patients (31 males and 40 females; median age, 63 years) were sent two postal questionnaires, one for each

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preparation. They were asked how easy the preparations were to administer, how much of a disruption to daily living they caused, and which, if any, side effects they experienced (namely pain and incontinence), and the distress these caused. The patients were also asked which preparations they would agree to have again, and, most importantly, which they would prefer to have in the future.

Results

Of the 71 patients, 49 returned completed questionnaires, a compliance of 69%. The oral bowel preparation was said to be easier to use than the enema (90% *versus* 73%; difference, 16%; 95% confidence interval [CI], 0–33%).

More patients experienced pain after using the enema (16 patients, 33%) than the oral bowel preparation (13 patients [27%]; difference, 6%; CI, -8% to 20%).

Incontinence of faeces or fluid was reported by 18 patients following the enema, compared with 14 patients after the oral preparation (37% *versus* 29%; difference, 8%; CI, -4% to 21%).

The disturbance to daily activities was not significantly different between the two preparations.

A similar number of patients reported that they would agree to have a phosphate enema or an oral bowel preparation again (43 (88%) *versus* 39 (80%); difference, 8%; CI, -7% to 23%).

When asked which bowel preparation they would choose to have in the future, 30 (61%) patients chose the oral preparation compared with 19 (39%) who would choose an enema (difference, 61.2%; CI, 48–75%).

Discussion

The study shows a preference for oral rather than enema preparation of the large bowel. The oral preparation was easier to use, caused less pain and less incontinence than enema preparation, and patients promised a higher future compliance with oral bowel preparation. Self-administered enema did not appear to have a greater effect on daily activities than oral preparation.

Conclusions

As a result of the differences in preference, we shall consider offering an oral bowel preparation to patients undergoing flexible sigmoidoscopy who would previously be automatically given a self-administered phosphate enema.

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