**Complete Reporting of Colonic Transit Marker studies**

**Descriptor:**

The quality of colonic transit study reports.

**Background:**

Colonic transit studies are radiological studies performed to investigate motility disorders within the large bowel. The patient swallows a capsule that contains markers (the number and size vary according to manufacturer/ technique used). A radiologist is primarily responsible for reporting the images. This includes the number and location of the markers and interpreting this information to form a conclusion about the function of the bowel, which can be catergorised as normal, slow transit or obstruction pattern.

## The Cycle

**The standard:**

1. The clinical history for the imaging request should provide details of the data the markers were ingested

2. The number of markers should be reported

3. The marker locations within the gastrointestinal tract should be reported (this needs to be specific in terms of quadrant and location within the GI tract).

4. A conclusion in relation to bowel function should be provided i.e normal, slow transit or obstruction pattern. Care should be taken in classifying, as bowel transit time is variable in different population groups and age.  The study and report needs to be tailored to account for the ethnic and age variability.

**Target:**

100% for each standard.

## Assess local practice

**Indicators:**

Percentage of colonic transit studies that have been adequately reported.

**Data items to be collected:**

1. Is the date of ingestion of the markers provided in the clinical history

2. Are the number of markers reported?

3. Is the location of markers within the gastrointestinal tract reported?

4. Was a conclusion in relation to bowel function made?

5. Referral information

**Suggested number:**

20 consecutive cases.

**Suggestions for change if target not met:**

• Discussion at local audit meeting

• Training dedicated reporters and making them aware of the manufactures/ departments recommended technique and / or implementation of a reporting proforma

• Allocation of studies to trained reporters may be considered

• Collaborate with the clinicians to ensure that the referring clinician is providing sufficient details of the timing of capsule administration and to understand what the clinician expects of the report

• Implement a reporting template for colonic transit studies on the RIS to ensure the information provided is comprehensive

• Repeat audit in 6 months

**Resources:**

Prospective or retrospective data collection

Radiologist time (4-6 hours)

**References:**

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