patients supine while examining the transverse colon and nearly half examined the right and descending colon in a sub-optimal position (Table 1).

Of those respondents who sometimes, occasionally or rarely changed a patient’s position, 42% were unconvinced that routine position change was beneficial. A further 21.1% felt it took too long, 7.8% felt it was inconvenient for the patient and 7.8% felt it was inconvenient for the endoscopist. These respondents were most likely to examine segments without changing patient position.

Free text responses revealed that some endoscopists position patients differently during insertion and withdrawal and also use position change to optimise access during therapy.

Conclusion Most BCSP colonoscopists change patients’ position during most colonoscope withdrawals, but the patient position is often sub-optimal. Increased awareness of the existing literature and further research assessing positioning strategy is warranted.

REFERENCE

Disclosure of Interest None Declared.