

Why choose a gastroenterologist over a general surgeon for your colonoscopy or EGD (Upper GI endoscopy)?

Gastroenterologists are board-certified specialists who undergo extensive and rigorous training to gain expertise in endoscopic therapy (EGD, colonoscopy, ERCP, EUS). This typically requires at least three years of specialty fellowship training, which focuses specifically on performing diagnostic and therapeutic endoscopy on a daily basis. By the end of their training, gastroenterologists will have completed several hundred to several thousand of endoscopic procedures.

There is a growing body of literature that shows better outcomes when endoscopy is performed by a gastroenterologist compared to a non-gastroenterologist (such as a surgeon or primary care physician). Colonoscopy is well-known to be associated with a reduced risk of death from colorectal cancer, and that association is strongest if the colonoscopy is performed by a gastroenterologist.

Gastroenterologists are held to a higher standard for patient outcomes, efficiency, and quality of care. National quality metrics are used to gauge these measures. Multiple studies have shown that these quality metrics can predict better patient outcomes, lower rates of colon cancer, lower patient costs, decrease morbidity/mortality, and improve patients' quality of life. This translates into quality patient care.

Our gastroenterology physicians consistently outperform national standards used to benchmark quality endoscopic performance. For example, the cumulative ADR (adenoma detection rate) quality metric of our practice (52.5%) exceeds that of the national standard (25%). The ADR measures the frequency with which a polyp (adenoma) is found during a routine colonoscopy over the course of a year. It correlates directly with improved rates of colon cancer prevention—the higher the ADR, the higher the rate of prevention of colon cancer. According to the national standard for ADR, an average risk patient undergoing colonoscopy for colon cancer is expected to have a precancerous polyp at least 25% of the time. The ability to exceed this number (that is, >25%) translates into even higher prevention rates of colon cancer. The highest ADRs reported in a sentinel study in the *New England Journal of Medicine* reached 52.5%, which matches our practice's cumulative ADR. This level of expertise is the standard and quality of care you should expect.

When scheduling your colonoscopy or other endoscopic evaluation, request that your referring provider send you to a trained gastroenterologist.

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