

## HyGleaCare<sup>®</sup> Preparation for Colonoscopy-A Technical Update for Success

Harish K. Gagneja<sup>1</sup>, Parth Parekh<sup>2</sup>, Dawn Burleson<sup>3</sup> and David Johnson<sup>4\*</sup>

<sup>1</sup>Department of Internal Medicine and Gastroenterology, Austin Medical Education Programs, Austin, TX, USA

<sup>2</sup>Department of Internal Medicine and Division of Gastroenterology and Hepatology, Tulane University School of Medicine, New Orleans, LA, USA

<sup>3</sup>Department of Clinical and Regulatory Affairs, HyGleaCare Inc., USA

<sup>4</sup>Department of Gastroenterology, Eastern VA Medical School, Norfolk VA, Virginia, USA

\*Corresponding author: David Johnson, MD, MACG, FASGE, FACP, 885 Kempsville Rd, Suite 114, Norfolk, Virginia, VA-23505, USA, Tel: 757-641-6685; E-mail: <mailto:dajevms@aol.com>

Received date: June 21, 2016, Accepted date: July 26, 2016, Published date: August 3, 2016

Copyright: © 2016 Gagneja HK, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

### Abstract

Colonoscopy remains the gold standard in colon cancer prevention. An adequate prep is pivotal in allowing the colonoscopist to detect pre-cancerous lesions. Unfortunately, patients oftentimes are not adequately prepared, ultimately limiting the exam. In addition, the prep can be cumbersome and interfere with daily activities deterring many patients from undergoing colorectal cancer screening with colonoscopy altogether. HyGleaCare<sup>®</sup> Prep offers a novel alternative to oral purgative laxatives traditionally prescribed prior to colonoscopy, which allows for adequate visualization of the colon and may ultimately lower barriers to entry for colonoscopy for colorectal cancer screening in patients who may otherwise opt not to pursue colonoscopy.

**Keywords:** Colonoscopy preparation; Colon cleansing; Colon irrigation; Screening; Colorectal cancer; Boston bowel preparation score

### Background

The Center for Disease Control (CDC) reports that colorectal cancer is the second leading cause of cancer-related deaths and the third most common cancer in both men and women [1]. Colonoscopy remains the mainstay in colon cancer prevention with both diagnostic and therapeutic capability as it allows for direct visualization and removal of pre-cancerous polyps. Patients who undergo colonoscopy with a suboptimal prep are at higher risk for missed lesions with possible malignant potential. These missed lesions are thought to account for nearly 80% of interval cancers [2]. An estimated 20-25% of patients who present for colonoscopy are found to have an inadequate colon cleansing at the time of exam despite taking the oral preparation [3]. Consequences of an ineffective bowel preparation include lower adenoma detection rates [4], longer procedural times [5], lower cecal intubation rates [6], increased electrocautery risk, and shorter intervals between examinations [4,6,7].

The most recent literature supports the use of several different bowel preparations - with a split dose formulation now recommended as the standard of care, unless the preparation is done on the same day of colonoscopy. The inconvenience involved in the standard split dose preparation for colonoscopy causes disruption in daily routine and work commitments, which may ultimately lead to the patient opting out of their colonoscopy. In addition, while oral purgative bowel preps are generally considered safe and well-tolerated, patients and providers should be cognizant of potential associated risks. Complications include hypovolemia, nausea, vomiting and electrolyte disturbances (e.g. hypokalemia, hyponatremia, hypomagnesemia and hypermagnesemia) [8].

### HyGleaCare Prep

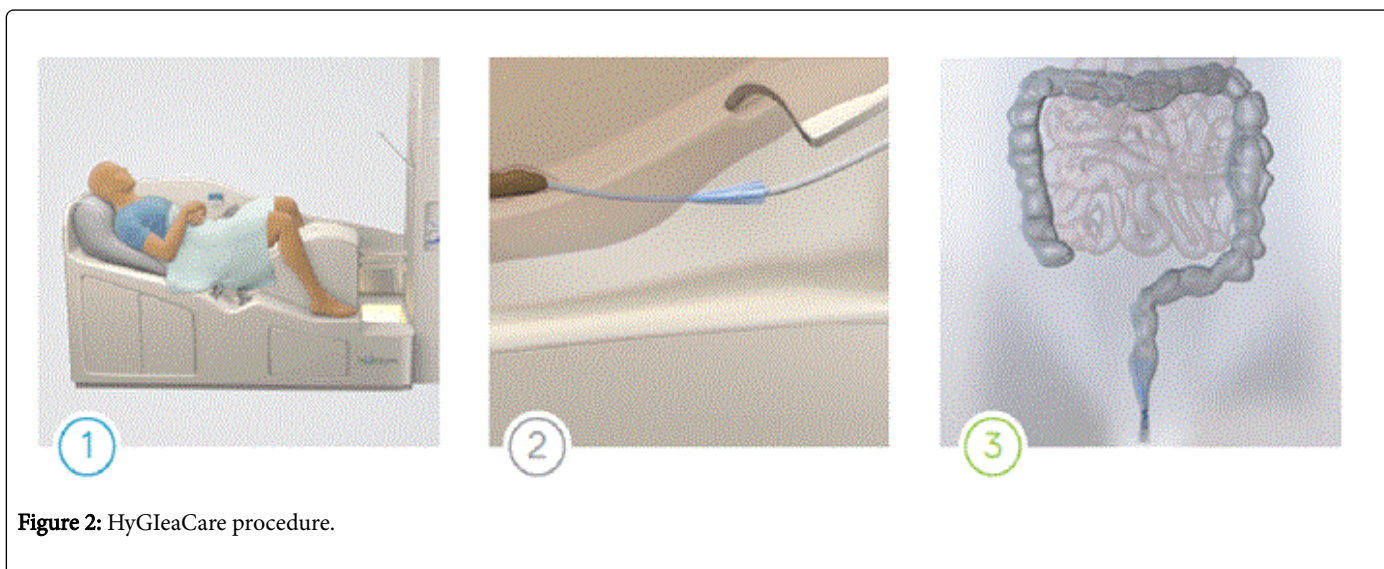
HyGleaCare Prep is an emerging technology used to purge the colon by water infusion prior to colonoscopy or where medically indicated. With HyGleaCare prep, patients are placed on a clear liquid diet the day before and the day of their colonoscopy. They are encouraged to hydrate well and to take a gentle laxative at noon and in the evening the day before their procedure. If the patient has a history of chronic constipation, they may be encouraged to take an additional gentle laxative the morning of their HyGleaCare Prep and colonoscopy.

HyGleaCare Prep provides an FDA cleared colon irrigation system to replace the traditional oral prep (Figure 1). It is intended for use when medically indicated, such as before radiological or endoscopic examination. The HyGleaCare Prep is private, low-pressure, warm water, odorless, well tolerated and effective.



Figure 1: HyGleaCare system.

The HyGleaCare System is manually disinfected by flushing the entire system with a chlorine disinfectant solution before and after each patient. The system includes disposable tubing and a sterile, disposable rectal nozzle intended for single use only.



**Figure 2:** HyGleaCare procedure.

The HyGleaCare® procedure is performed by a practitioner specifically trained on the safe use of the system. The patient is seated on the disinfected basin (① in Figure 2) and a sterile, disposable nozzle (② in Figure 2) is introduced into his/her rectum. A gentle stream of warm water then flows into the bowel, loosening stool, allowing the patient to comfortably and discreetly evacuate his/her colon. Water continues to flow and gently cleans the colon (③ in Figure 2) until the practitioner instructs the patient on completion of the procedure, which routinely takes less than an hour.

### Safety features of the HyGleaCare® system

The HyGleaCare System encompasses the following safety features:

Gently arched rectal nozzle, with a diameter of less than 1 cm

Water flows through a sediment and UV filter

Water flows gently, driven only by gravity

Temperature of the water is steadily maintained

Water automatically stops flowing into the patient if temperature of the water exceeds the safe range of 99°-103°F (37°-39°C).

HyGleaCare Centers are strategically located in close proximity to busy gastroenterology practices. Once the physician's order for a HyGleaCare Prep is provided, the scheduler provides the patient with an information brochure and coordinates a time for treatment with the HyGleaCare Center. The prep takes an average of 40 minutes; the expected time a patient will spend in the HyGleaCare Center is 1 hour and 15 minutes. The patient is seated on a sanitized basin. A sterile, disposable nozzle is introduced approximately 1 inch into the rectum. A gentle stream of warm water will flow into the bowel, loosening stool, allowing the patient to comfortably and discreetly evacuate their colon. Water will continue to flow gently until the water is clear. The certified technician will assist with noting the excrement progression-formed stool to clear water.

The timing of the HyGleaCare Prep is coordinated with the timing of the scheduled colonoscopy to ensure the patient will arrive at the colonoscopy center within the appropriate window. Optimally, the

HyGleaCare Prep will be completed within 2 hours of the planned colonoscopy start time. The HyGleaCare Center is staffed with a nurse manager and certified technicians to guide the patient through the process. A medical director oversees each HyGleaCare Center.

The use of HyGleaCare® Prep is increasing rapidly since inception (Austin TX-Sept 2015; Norfolk VA-Feb 2016; Dallas TX-April 2016; Phoenix AZ-May 2016) with approximately 2,000 patients having undergone HyGleaCare Prep prior to their colonoscopy to date.

### HyGleaCare Preparation Results

The preps of the first 791 consecutive patients (referred to the HyGleaCare Center in Austin, TX, by the group of physicians from Austin Gastroenterology, Austin, TX) were scored by 26 different colonoscopists characterizing each prep as adequate (defined as visualization of the colonic mucosa to exclude polyps >6 mm<sup>3</sup>) vs. inadequate. Of the 791 preparations, 766 (97%) were recorded as adequate and 25 (3%) were recorded as inadequate.

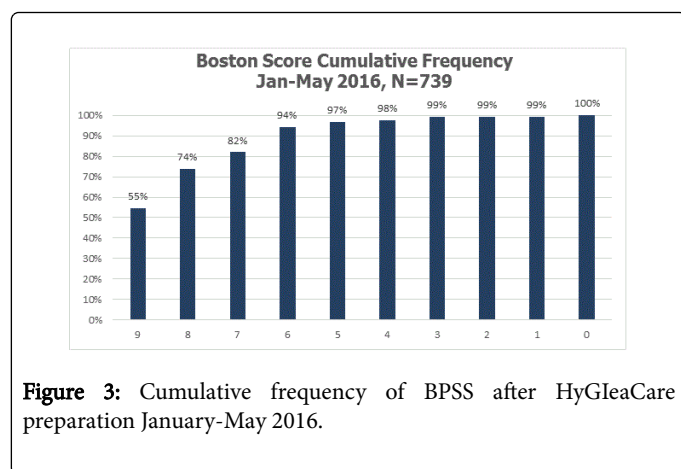
The Boston Bowel Preparation Scale (BBPS) is a reliable and validated measure of bowel preparation, often used for colonoscopy-oriented research [9]. It relies on the summation of three individual colonic segment scores (ascending, transverse, descending) to indicate the degree of bowel visualization, with a score of >2 defined as an adequate preparation [9].

Total BBPS scores have been associated with clinical outcomes such as polyp detection rates, recommendations for repeat procedures, and colonoscope insertion and withdrawal times (Figure 3) [10].

A subset of 739 patients who underwent HyGleaCare preparation prior to colonoscopy was graded using the BBPS. The median colon cleanliness was rated as a 9 with an average of 7.96; 94% scored adequate (>6 as demonstrated in Table 1).

Boston Bowel Preparation Score(N=739)		
Area Scored	Median Score	Average Score
Ascending colon	3	2.47
Transverse colon	3	2.71
Descending colon	3	2.78
Total score	9	7.96

**Table 1:** Boston Bowel preparation scores after HyGleaCare preparation.



**Figure 3:** Cumulative frequency of BPSS after HyGleaCare preparation January-May 2016.

### Patient satisfaction and validation of the hygieacare value proposition

In order to assess the perceived value of the HyGleaCare Prep and the patient's satisfaction with the process, a survey was conducted where each patient treated at the center was given a feedback form to provide information on their individual experience. A total of 859 patients (60%) completed the questionnaire. 95% of these patients stated that they preferred use of HyGleaCare prep over the standard oral prep and would be willing to pay for the HyGleaCare prep rather than perform the standard oral prep (patient's paid for their HyGleaCare prep out of pocket, but in many cases this amount was charged to their Health Savings Account) owing largely in part to simplicity, comfort, and convenience.

### HyGleaCare safety

To date, there have been no serious adverse events in patients referred by their gastroenterologist who underwent HyGleaCare Prep in the U.S.

All known adverse events have been classified as minor according to the Common Terminology Criteria for Adverse Events (CTCAE v.4), the most common adverse events were nausea, vomiting, generalized weakness, and rectal abrasions [11]. It should be noted, however, that in the study by Professor Michel Delvaux at the University Hospital in Strasburg, France, patients who underwent the standard oral prep experienced more nausea (statistically significant) compared to HyGleaCare Prep, whereas rectal abrasions unique to the HyGleaCare

Prep arm of the study were clinically insignificant. No changes in electrolytes were noted [12].

Over-distention of the colon occurring with colonoscopy has the potential for perforation, with reported rates ranging from 0.05% to 0.3% in large studies [13-15]. The right colon is more susceptible to barotrauma-induced perforation due to compliance, i.e. as the intraluminal pressure increases so does the diameter of the right colon at a higher rate compared to the left colon. Human cadaveric studies evaluating the safety of sustained intraluminal pressures found that the upper limit of safety was approximately 80 mmHg (equivalent to 1.55 psi) [16]. Given that a large volume of water was being infused per rectum, the hydrostatic pressure effect with HyGleaCare prep has been investigated. Recognizably, this system is an open system whereby the water and stool effluent return is via the rectum without resistance. Calculated pressures of water infused during the HyGleaCare Prep found that pressures do not exceed 1.20 psi. No colon barotrauma type changes have been noted in any of the 2,000 patients who have undergone HyGleaCare prep to date.

### Conclusion

HyGleaCare Prep represents a paradigm shift from the standard per oral purgative laxatives traditionally prescribed prior to colonoscopy. This innovative approach provides a safe and highly effective preparation, a requisite for performance for high quality colonoscopy and detection of colonic lesions. Patient satisfaction is universally high with 95% of patients willing to pay for a HyGleaCare prep in the future, despite the additional charge. Integration into a gastroenterology practice is fluid with scheduling of the colonoscopy coordinated with the time of the HyGleaCare Prep, so as to allow prompt and timely arrival of all patients to the colonoscopy suite.

By providing options to what otherwise might be barriers specifically related to the intolerance or refusal to take oral purgatives, HyGleaCare Prep offers a new exciting advance in colonoscopy preparation. It is expected that the use of the HyGleaCare Prep will clearly lower these barriers to entry for colonoscopy for colorectal cancer screening.

Since commencing operations in 2015, 4 HyGleaCare Centers have been established in the U.S. (Austin, TX; Norfolk, VA; Dallas, TX; Gilbert, AZ). Additional information can be found on the company website at [www.hygieacare.com](http://www.hygieacare.com).

HyGleaCare is a registered trademark of HyGleaCare, Inc.

### References

1. ASGE (2013) Technology Status Evaluation Report: Methods of luminal distention for colonoscopy. *Gastrointest Endosc* 77: 519-525.
2. Brayko C, Kozarek R, Sanowski R, Howells T (1984) Diverticular rupture during colonoscopy. Fact or fancy? *Dig Dis Sci* 29: 427-431.
3. Calderwood AH (2010) Comprehensive Validation of the Boston Bowel Preparation Scale. *Gastrointest Endosc* 72: 686-692.
4. (2016) CDC Colorectal (Colon) Cancer.
5. Clark BT, Protiva P, Nagar A, Imaeda A, Ciarleglio M, et al. (2016) Quantification of adequate bowel preparation for screening or surveillance colonoscopy in men. *Gastroenterology* 150: 396-405.
6. Gay G (2014) Randomized trial of intracolonic rectal infusio versus standard 4L PEG for bowel cleansing before colonoscopy.
7. Helwich C (2013) Medscape Medical News from Digestive Disease Week (DDW) 2013.

8. Johnson DA, Barkun AN, Cohen LB, Dominitz JA, Kaltenbach T, et al. (2014) Optimizing Adequacy of Bowel Cleansing for Colonoscopy: Recommendations from the U.S. Multi-Society Task Force on Colorectal Cancer. *Am J Gastroenterol* 272.
9. Moon W (2013) Optimal and Safe Bowel Preparation for Colonoscopy. *Clin Endosc* 46: 219-223.
10. Pohl H, Robertson D (2010) Colorectal cancers detected after colonoscopy frequently result from missed lesions. *Clin Gastroenterol Hepatol* 8: 858-864.
11. (2016) USDHHS Common Terminology Criteria for Adverse Events (CTCAE).
12. Delvaux M, Sportes A, Huppertz J (2015) First Clinical Evaluation of a Novel Method of Bowel Cleansing Before Colonoscopy, by Intrarectal Infusion of Water: Results of a Randomized Comparative Trial a 4L Split-Dose PEG Protocol. *Gastrointestinal Endoscopy* 81: Ab376.
13. Day LW, Kwon A, Inadomi JM, Walter LC, Somsouk M (2011) Adverse events in older patients undergoing colonoscopy: a systematic review and meta-analysis. *Gastrointest Endosc* 74: 885-896.
14. Ko CW, Dominitz JA (2010) Complications of colonoscopy: magnitude and management. *Gastrointest Endosc Clin N Am* 20: 659-671.
15. Fisher DA, Maple JT, Ben-menachem T (2011) Complications of colonoscopy. *Gastrointest Endosc* 74: 745-752.
16. Maple JT, Banerjee S, Barth BA (2013) Methods of luminal distention for colonoscopy. *Gastrointest Endosc* 77: 519-525.