

Perspective

Can a Nasogastric Tube Be Seen as the First Option When Children Intake Laxative Prior to Colonoscopy?

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According to ESPGHAN, polyethylene glycol with electrolytes (PEG) is generally the recommended laxative for bowel cleansing prior to colonoscopy in children owing to cleansing quality and safety [1]. Children with various gastrointestinal disorders such as Inflammatory Bowel Disease (IBD) undergo colonoscopy as the standard examination of the bowel as a diagnostic and therapeutic tool. A colonoscopy can only be performed if the bowel is clean, however it has been seen that bowel cleansing is the most difficult part of the procedure prior to colonoscopy [2, 3, 4-7]. The whole procedure consists of several elements, for example, diet regime before bowel cleansing, blood tests, laxative intake and anesthesia. However, children and their parents reported that bowel cleansing was the most wearisome [3,4]. Despite the availability of various laxatives, the ideal bowel preparation regimen for pediatric colonoscopy remains elusive because few randomized controlled studies in children have been published [5]. Prescription of PEG in children is based on Millar et al. [6] and may entail a large volume of PEG, which previous studies have reported is difficult to intake as children perceive it to have a bad taste [3,7]. The intake of PEG can be oral or via a nasopharynx tube, however previous studies showed that children did not accept the tube as a possible solution [3]. They often chose oral laxative intake, which in several cases was experienced as stressful by children. In most of cases the child cannot drink the prescribed volume and inpatient administration through a nasogastric tube is often required [3]. Earlier studies showed that children need to feel involved in decision-making about their care for better care, thus the possibility to choose may contribute to children feeling that they make their own decisions [8]. However, it may be difficult for children to perceive a tube as a positive option to choose without knowledge of difficulties with the oral intake. The study about children's experiences prior to colonoscopy shows that they reported difficulties with oral intake of PEG and see tube administration as a bad option [3]. However, the most of children must accept the tube

when orally intake is not successful. It has been shown that oral intake is a difficulty process that has a negative effect on the child and therefore the tube may be preferable primarily. Introducing the tube earlier during the process and in a way which is adapted to children may possibly help to minimize the negative experience of bowel cleansing in children.

To help children properly, we need to listen to them and use their perspective to develop the procedure. In study by Vejzovic et al. [3] the children preferred orally intake without knowledge about these difficulties as may be reason to not choose tube as first alternative.

In this case it is perhaps the right time for us to consider the child's perspective which is based on children's own experiences. We do not yet have an ideal bowel cleansing procedure for children entailing a good cleansing quality which is safe, acceptable and tolerable by children. While we are waiting for new study results with other better options for bowel cleansing in children, we need to invest in using current results based on children's perspective for children. The tube insertion is also one medicine procedure which can experiences negative but with propriety individually introduction can in that case maybe alternative that mean less stress for the child.

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