

# Can a Nasogastric Tube be Seen As the First Option When Children Intake Peg Prior to Colonoscopy?

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## Opinion

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]. 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 wear some [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 naso pharynx 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 in-patient administration through a naso gastric 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 children reported difficulties with oral intake of PEG and may perhaps see tube administration as a bad option [3]. To help children properly, we need to listen to them and use their perspective to develop the procedure. 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 because 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, we need to invest in using current results based on children's perspective for children. 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.

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