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| Table 1.  Colonoscopy insertion problem and sequential response strategy | | | |
| **Problem** | **Sequential response** | | |
| **1** | **2** | **3** |
| Stenotic or sharply angulated—fixed rectosigmoid junction or sigmoid colon | Right hypogastric pressure directed medially and downward above the pubis (Figure 4) | Change position to supine ± pressure as in 1 | Right lateral position or change to pediatric colonoscope or gastroscope |
| Long resistance-free left colon forming an N, alpha, or complex loop | Recognize, advance to the end of the loop, and resolve with clockwisetorque | Resolve with slow anticlockwise torque often >180° (for a reverse alpha loop) | Withdraw the scope to the rectum or until it is straight, apply specific pressure, and re-insert slowly |
| Trouble passing the splenic flexure, high and mobile splenic flexure, may also be looping sigmoid | Apply variable stiffener and aim for 12 o'clock ± left upper quadrant pressure just beneath the left costal margin pushing postero-inferiorly | Supine position ± pressure as in 1 or right hypogastric or left iliac fossa pressure | Right lateral position ± pressure as in 1 and/or 2 |
| Non-progression in mid-/proximal transverse | Apply variable stiffener ± left upper quadrant pressure | Right hypogastric or left iliac fossa pressure | Supine or right lateral position |
| Scope in the ascending colon but cecum in the distance | Use gentle forward and backward movements while aspirating air and applying anticlockwise torque to pass the scope down the medial wall of the ascending colon, aiming for the ileocecal valve | Adopt a halfway-back position (shoulders rotated back toward the supine position but not the patient's hips) ± left iliac fossa pressure and advance aiming for 12 o'clock | Supine or right lateral position |

Assumptions and caveats: The patient is initially in the left lateral position, the scope is straight, and the patient is sedated. On occasion, a change in position may be a preferred strategy before pressure, especially when the patient can be repositioned with relative ease.