

Supplementary data

Supplementary table S1. Case distribution of colonoscopy categories dependent on their progressively increasing procedure times from the 50% with shortest procedure to the 10% with longest procedure times (90-100 percentage). Data are based on procedure times from hospital group 4 with a nearly complete dataset. Clustering of time estimates at 5-minute intervals suggest that individual times are estimates rather than measurements.

Reported procedure time (mins)	<50 percentile	50-69 percentile	70-89 percentile	>=90 percentile	Total no.
1	4	0	0	0	4
2	3	0	0	0	3
3	11	0	0	0	11
4	25	0	0	0	25
5	40	0	0	0	40
6	54	0	0	0	54
7	84	0	0	0	84
8	111	0	0	0	111
9	81	0	0	0	81
10	219	0	0	0	219
11	174	0	0	0	174
12	329	0	0	0	329
13	281	0	0	0	281
14	289	0	0	0	289
15	562	0	0	0	562
16	401	0	0	0	401
17	337	0	0	0	337
18	376	0	0	0	376
19	176	0	0	0	176
20	0	565	0	0	565
21	0	139	0	0	139
22	0	232	0	0	232
23	0	136	0	0	136
24	0	121	0	0	121
25	0	308	0	0	308
26	0	0	112	0	112
27	0	0	96	0	96
28	0	0	105	0	105
29	0	0	61	0	61
30	0	0	264	0	264
31	0	0	49	0	49
32	0	0	80	0	80
33	0	0	68	0	68
34	0	0	60	0	60

35	0	0	145	0	145
36	0	0	44	0	44
37	0	0	47	0	47
38	0	0	56	0	56
39	0	0	32	0	32
40	0	0	170	0	170
41	0	0	23	0	23
42	0	0	0	28	28
43	0	0	0	31	31
44	0	0	0	32	32
45	0	0	0	86	86
46	0	0	0	22	22
47	0	0	0	22	22
48	0	0	0	17	17
49	0	0	0	16	16
50	0	0	0	108	108
51	0	0	0	13	13
52	0	0	0	19	19
53	0	0	0	19	19
54	0	0	0	14	14
55	0	0	0	33	33
56	0	0	0	15	15
57	0	0	0	17	17
58	0	0	0	11	11
59	0	0	0	7	7
60	0	0	0	49	49
61	0	0	0	8	8
62	0	0	0	10	10
63	0	0	0	7	7
64	0	0	0	3	3
65	0	0	0	12	12
66	0	0	0	10	10
67	0	0	0	4	4
68	0	0	0	6	6
69	0	0	0	4	4
70	0	0	0	26	26
71	0	0	0	2	2
72	0	0	0	3	3
73	0	0	0	4	4
74	0	0	0	2	2
75	0	0	0	17	17
76	0	0	0	3	3
77	0	0	0	3	3
78	0	0	0	2	2
79	0	0	0	1	1

80	0	0	0	9	9
82	0	0	0	1	1
83	0	0	0	2	2
85	0	0	0	1	1
86	0	0	0	1	1
87	0	0	0	2	2
89	0	0	0	1	1
90	0	0	0	11	11
92	0	0	0	1	1
93	0	0	0	1	1
94	0	0	0	1	1
96	0	0	0	3	3
100	0	0	0	1	1
105	0	0	0	1	1
109	0	0	0	1	1
110	0	0	0	2	2
111	0	0	0	1	1
112	0	0	0	1	1
114	0	0	0	1	1
115	0	0	0	1	1
117	0	0	0	1	1
118	0	0	0	1	1
120	0	0	0	4	4
121	0	0	0	1	1
135	0	0	0	1	1
140	0	0	0	1	1
150	0	0	0	1	1
Total no.	3557	1501	1412	739	7209
Percent	49 %	21 %	20 %	10 %	100 %

Supplementary table S2. Possible reasons for a relationship between procedure times (and time-dependent registration completeness) and the frequency of reported adverse events.

Possible reasons for association between adverse events and procedure times	Probability of suggested reasons in the present study	Arguments
Adverse events to be dealt with during colonoscopy may prolong procedure time	Low	Most adverse events emerged clinically only after the patient had left the premises. Procedure times were similar for colonoscopies with adverse events emerging <i>during</i> as compared to <i>after</i> the procedure.
Adverse events are more frequent in therapeutic than purely diagnostic colonoscopy	Low	Higher risk of adverse events during or after therapeutic colonoscopy was verified in the univariable logistic regression analysis, but its significance disappeared in the multivariable analysis.
Patient characteristics	Low	Age, sex and perception of pain were not identified to play significant roles in the multivariable analysis.
Endoscopist characteristics	Uncertain	Data on individual endoscopists were not provided
Organizational characteristics	High	Longer procedure times and low frequency of adverse events were observed in centres with low reporting coverage.
Unknown factors	High	

Patient's, colonoscopy form

We kindly ask you to fill in this questionnaire on the day after your colonoscopy and mail your replies using the pre-paid envelope

Questionnaire no _____

Centre no. _____

Date _____

No Yes, a little Moderate Severe

Questions about the examination

Was the examination painful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Did you have colicky pain or other discomfort after the examination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you satisfied with how you were treated at the centre?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you satisfied with information given about the examination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No		
4. Did you have any involuntary "leakage" on your way to the examination?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Did you have any involuntary "leakage" on your way home after the examination?	<input type="checkbox"/>	<input type="checkbox"/>		

Not at all Slightly Moderately Greatly

Questions about bowel cleansing

6. Was the recipe for bowel cleansing difficult to understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Did the bowel cleansing taste badly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did the bowel cleansing cause abdominal pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did the bowel cleansing cause nausea?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did the bowel cleansing cause bloating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did the bowel cleansing cause headache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No		
12. Did the bowel cleansing give other symptoms?	<input type="checkbox"/>	<input type="checkbox"/>		

If 'yes', please specify (use the back of the sheet if needed):

Other comments (use the back of the sheet if needed):

MD1

MD2

Nurse1

Nurse2

Endoscopist Colonoscopy form

This form is to be filled in by endoscopist and/or nurse and returned to Gastronet.

Form i.d. no _____

Centre no. _____

Date:	1st referral for present complaint: Yes <input type="checkbox"/> No <input type="checkbox"/> ,	Air insufflation <input type="checkbox"/>
	If Yes, date of referral:	CO2 insufflation <input type="checkbox"/>
		Water only to left flexure <input type="checkbox"/>
Handed out patient form: Yes <input type="checkbox"/> No <input type="checkbox"/>		If 'No', state reason _____

Sedation/analgetics given:		What Sedation/analgetics were administered:	
No <input type="checkbox"/>		Midazolam , <input type="checkbox"/> mg	Rapifen mikrog
Yes, before start(+/- during exam.) <input type="checkbox"/>		Pethidin mg	Other ,
Yes, given during procedure only <input type="checkbox"/>		Fentanyl mikrog	Other (free text): _____
Patient declined sedation/analgetics <input type="checkbox"/>			

Bowel cleansing:	
PEG <input type="checkbox"/> litre(total)	Cleansing regime as split dosage: Yes <input type="checkbox"/> No <input type="checkbox"/>
Picoprep / Citrafleet <input type="checkbox"/>	
3-day cleansing (fluid, Bisacodyl, enema): <input type="checkbox"/>	
Other <input type="checkbox"/>	
(specify): _____	

Cleansing quality (Boston Bowel Preparation Scale): Three segments grade don withdrawal: Scale from 0 to 3, where 0 is worst and 3 is best.

0=Mucosa not seen, solid stool present. 1= mucosa partly seen, turbid fluid and stool remnants present. 2=Mucosa well visualised, small amounts of turbid fluid and stools. 3=Mucosa completely visualised, no turbid fluid or stools

+	0	1	2	3	ikke aktuelt
Right colon (caecum and ascending colon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transversum (inkludes right and left flexures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left colon (descending, sigmoid, rectum)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Previous surgery:		Type of colonoscopy:	
No surgery: <input type="checkbox"/>	Gynaecological surgery: <input type="checkbox"/>	Diagnostic <input type="checkbox"/>	
Colon resection: <input type="checkbox"/>	Other abdominal surgery: <input type="checkbox"/>	Therapeutic (exclusive "hot biopsy") <input type="checkbox"/>	

Caecum/ileocolic anastomosis reached	
(identified ileocoecum or intubated ileum):	Time to caecum (minutes):

Yes <input type="checkbox"/>	Not intended to reach caecum <input type="checkbox"/>	+	min (write 007 for 7 min or it will be scanned as 700 or 70 min)
No <input type="checkbox"/>	Not possible due to stricture <input type="checkbox"/>		

Not reached caecum due to: Undersøkelsens varighet:

Stricture <input type="checkbox"/>	Other <input type="checkbox"/>	min (write 007 for 7 min)
Poor cleansing <input type="checkbox"/>	Specify: _____	

Indication for examination: Clinical diagnosis: Endoscopy findings: No. of polyps:

Symptoms <input type="checkbox"/>	IBS <input type="checkbox"/>	Normal findings <input type="checkbox"/>	No. of polyps found (only 5mm or larger) More than 10 to be coded as 99
Polypctr <input type="checkbox"/>	IBD <input type="checkbox"/>	IBD <input type="checkbox"/>	
CRC ktr <input type="checkbox"/>	CRC <input type="checkbox"/>	CRC <input type="checkbox"/>	
CRC in family <input type="checkbox"/>	Other <input type="checkbox"/>	Polyp(s) <input type="checkbox"/>	
Screening <input type="checkbox"/>	Constipation <input type="checkbox"/>	Diverticula <input type="checkbox"/>	
IBD ctr <input type="checkbox"/>		Other <input type="checkbox"/>	
Other <input type="checkbox"/>			

Proksimal SSA/P Prioritize proximal >10mm in boxes below if more than 2 SSA/P

Yes <input type="checkbox"/>		Caec./asc	Transv	Diameter	Removed?
No <input type="checkbox"/>	Polyp 1	<input type="checkbox"/>	<input type="checkbox"/>	mm	Yes <input type="checkbox"/> No <input type="checkbox"/>
for >2, tick here <input type="checkbox"/>	Polyp 2	<input type="checkbox"/>	<input type="checkbox"/>	mm	Yes <input type="checkbox"/> No <input type="checkbox"/>

Registered complications (observed 'on-site' at the endoscopy centre):

Yes <input type="checkbox"/>
No <input type="checkbox"/> Specify _____

MD 1 MD 2 Nurse 1 Nurse 2