Quality of Care at the
Michael E. DeBakey VA Medical Center, Houston, TX
MCI Number: 2008-01865-HI-0122

The VA Office of Inspector General (OIG), Hotline Division was contacted by a patient who alleged that although he is over 50, had a cluster of polyps removed, has a family history of colon cancer and has chronic lower left abdominal pain and nausea, physicians at the Michael E. DeBakey VA Medical Center (MEDVAMC) have not performed endoscopic studies since 2005.

The patient alleged he had a colonoscopy at a private medical facility in 2001 and a cluster of polyps were removed with negative pathology. At that time, his physician told him to undergo a follow-up colonoscopy on an annual basis. The patient began receiving care at MEDVAMC in 2005 and underwent a flex-sigmoidoscopy on May 17. The study revealed no mass or polyps in the visible portion of the colon. A growth in the anorectal area was identified and the patient was referred to surgery for evaluation. An anoscopy completed on June 23, revealed no anorectal mass, warts, or hemorrhoids. Since then, various fecal occult blood studies have been negative. However, the patient's anxiety level has increased due to his father's diagnosis of colon cancer three years ago.

We conducted a telephone interview with the Medical Center Director and Deputy Chief of Staff. They were aware of the patient's concerns and had conducted a quality of care review. No issues were identified.

After our interview, the gastroenterologist (GI), who had performed the endoscopy in 2005, called the patient The GI physician explained to the patient that given the history and results of previous GI studies his risk for colon cancer was average, and any modality of screening would be acceptable. However, because of the patient's high level of anxiety, the GI physician scheduled a colonoscopy.

The patient had a colonoscopy on June 16, 2008, with negative results. Guidelines will be followed with screening in 10 years.

Based on our review of MEDVAMC's response to the patient's allegations, we concluded that managers had addressed the patient's concerns and taken appropriate action. Therefore, we make no recommendations, and consider the issue closed.

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