

Comparison of left versus right lateral starting position on colonoscopy: a systematic review and meta-analysis of randomized controlled trials

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We read the article by Ramai *et al* [1] with great interest, and we appreciate the authors' efforts to assess the efficacy of a right lateral starting position on colonoscopy compared to a left lateral starting position. However, we would like to point out 2 concerns.

First, the authors should follow the Preferred Reporting items for Systematic Review and Meta-Analyses (PRISMA) guidelines [2]. The author should provide details of the predefined protocol and summarize the strength of the evidence for each major result using the Grades of Recommendation, Assessment, Development, and Evaluation (GRADE) approach [3]. We evaluated that the certainty of the evidence regarding the rate of cecal intubation and cecal intubation time was moderate, because of imprecision due to the small sample size for the rate of cecal intubation, and low, because of imprecision and risk of bias due to skewed distribution, respectively. The author should state their conclusions, including the strength of evidence.

Second, this was not a first systematic review but an updated review. The previous systematic reviews showed that, similar to the results of their study, right lateral position did not reduce cecal insertion time as in this study, but the supine (mean difference [MD] -41.0 sec, 95% confidence interval [95%CI] -57.3 to -24.7) and tilt-down position

(MD -37.3 sec, 95%CI -72.1 to -2.4) reduced mean cecal insertion time for colonoscopy compared with the left lateral position [4,5].

References

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Conflict of Interest: None

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