Introduction
A good bowel preparation before the colonoscopy procedure is a key factor for a successful endoscopy. Inadequate preparation may lead to repeat or cancellation of the procedure, poor colon visibility and compromise patient safety. Many studies had tried to compare the differences between bowel preparation products, admission setting, and dose regimens. However, only a few studies had described the effectiveness of patient education on bowel preparation quality and their results were inconsistent.

Objectives
The primary aim of this study is to compare the bowel preparation quality and attendance rate of colonoscopy in a regional hospital in Hong Kong after a pre-colonoscopy education program was implemented. The secondary aim is to identify the impact of cleansing quality on the performance and diagnostic yield of colonoscopy.

Methodology
Colonoscopy performed by medical unit between 1st January 2006 and 31st December 2013 were reviewed. Information such as patient characteristics, indication of colonoscopy, bowel preparation quality, cecal intubation rate, polyp detection rate, and adenoma detection rate were analyzed.

Result
6675 colonoscopies records were reviewed. 5697 colonoscopies were done during the period. 1746 patients (30.65 %) had received colonoscopy before the education program (Group A) and 3951 patients (69.35 %) had received colonoscopy after the
implementation of the program (Group B). The attendance rate of Group A and Group B is 83.75% and 86.25% respectively (p=.007). The majority of patients were Chinese, non-diabetes and use polyethylene glycol as the bowel cleansing agent in both groups. Significance differences were found in attendance rate (p=.007) and the quality of bowel preparation (p<.001) between the two groups. However, no significant changes in colonoscopy indicators such as cecal intubation rate (p=.129), polyp detection rate (p=.777) and adenoma detection rate (p=.818) were identified. This retrospective study showed that patient attendance rate and bowel preparation quality were both significantly improved after the pre-colonoscopy education program was implemented. However, the diagnostic yield of the colonoscopy did not improve despite improvement was found in the bowel preparation quality.