

ROUTINE COLONOSCOPY REFERRAL FORM

Please tick to indicate which treatment centre you are referring your patient to and fax this completed and signed form to the fax number indicated below:

Emersons Green NHS Treatment Centre (fax. 0117 906 1950)	Devizes NHS Treatment Centre (fax. 0117 906 1950)
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Date of Referral:	Referring PCT:
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Patient Details Full name _____ Date of birth _____ NHS No _____ Address _____ _____ _____ Postcode _____ Tel. Home _____ Tel. Work _____	Referrer Details Referring GP _____ Practice name _____ _____ Practice Address _____ _____ _____ Postcode _____ Telephone _____ Fax _____ Email address _____
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Note: This service is not for suspected cancer referrals – Please refer to local DGH

INDICATION (Please use X)

	Sigmoidoscopy
	Rectal bleeding associated with local anal symptoms
	Mild iron deficiency anaemia without an obvious cause (If Hb < 11g/dl in men, 10g/dl in post menopausal women then refer for urgent colonoscopy to hospital)
	Family history of Colorectal cancer: Two first degree relatives of any age or 1 first degree relative developing CRC under age 45 yrs
	Evaluation of abnormality found at Barium enema or CT colonogram
	Surveillance colonoscopy for previous polyps (agreed with hospital specialist or patient chooses UKSH)
	Surveillance colonoscopy for previous colorectal cancer (agreed with hospital specialist or patient chooses UKSH)
	Surveillance colonoscopy for long standing, inactive, inflammatory bowel disease (agreed with hospital specialist or patient chooses UKSH)
	Longstanding abdominal symptoms (e.g. chronic rectal bleeding) with patient or clinician concern to exclude significant pathology (where the risk of colorectal cancer is low) Please specify:

Relevant history + recent management:

BP	Date:	Weight (kg)	BMI
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Past relevant medical and surgical history

Referral Requirements for Day Case Procedure (to ensure safe discharge)

- Escorted home following procedure
- Accompanied at home for 24 hrs following procedure
- Access to telephone at home

Other Information Required;

Allergies?	Please state:	
Regular medication?	Please state or attach list:	

Notes to Referring Clinician for consideration

- Constipation is NOT an indication for colonoscopy
- Alternating constipation and diarrhoea is rarely a symptom of organic disease. For these patients the risks of colonoscopy may not be justified and Barium enema or CT colonography should be considered as an alternative - especially for the frail elderly.
- Local anorectal pathology (e.g. fissures, fistulae, mucosal prolapse and haemorrhoids) to be referred to specialist colorectal surgeon
- Continence problems to be referred to a colorectal surgeon with a special interest.
- Follow up of inflammatory bowel disease is best performed by the DGH gastroenterologist responsible for the ongoing IBD management
- Polyp surveillance. It is the GP's responsibility to refer onward patients post removal of polyps if advised by the consultant endoscopist, or to arrange follow up colonoscopy as recommended.
- Post operative follow up after colon resection for colorectal carcinoma would normally be co-ordinated and performed initially by the DGH colorectal team
- Your patient will be asked to stop certain medications (see Note 3) on the day bowel preparation is given and to restart after 72hrs.
- Bowel cleansing medicine may modify the absorption of regularly prescribed medications during the treatment period e.g. antiepileptics, oral contraceptives, oral hypoglycaemics, antibiotics and immunosuppressants (caution with transplant patients)
- If an entry is left blank on this form a negative answer will be assumed.

CONFIRMATION BY REFERRING CLINICIAN (Please use X)

	I am not aware of any contraindications to colonoscopy (see note 1)
	I am not aware of any contraindications to this patient having a bowel cleansing agent (see note 2) having considered the patient's clinical status, renal function and medications (see notes 3 & 4)

Signed by Referring Clinician:.....Date.....

This form must be signed by the referring GP, printed and faxed to the fax numbers indicated overleaf

If you have any questions about your referral please ring 0117 906 1822 for Emersons Green NHS Treatment Centre / Devizes NHS Treatment Centre and the lead endoscopist will return your call as soon as possible

NOTE 1: Contraindications to colonoscopy

- | | |
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| <ul style="list-style-type: none"> • Severe acute colitis • Recent myocardial infarct (within 6 months) • Severe cardio-respiratory disease • Suspected colonic obstruction | <ul style="list-style-type: none"> • Acute diverticulitis • Large abdominal aortic aneurysm • Suspected perforated viscera |
|---|---|

NOTE 2: Contraindications for the use of bowel cleansing solutions

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|---|--|
| <ul style="list-style-type: none"> • Obstruction, perforation or ileus • Acute intestinal or gastric ulceration • Renal impairment (CKD 4 or 5) • History or known risk of electrolyte imbalance • Known hypersensitivity to any of the ingredients • Gastrointestinal surgery in preceding 3 months or ileostomy | <ul style="list-style-type: none"> • Gastric retention, difficulty swallowing • Severe acute inflammatory bowel disease • Severe congestive heart failure • Reduced level of consciousness • Patient taking Lithium |
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NOTE 3: Medications to be suspended prior to Colonoscopy

Patients taking the following medications will be asked to stop taking them on the day bowel preparation is taken and to restart after 72 hours:

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| <ul style="list-style-type: none"> • ACE Inhibitors • AR Blockers | <ul style="list-style-type: none"> • NSAIDs • Loop Diuretics |
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NOTE 4: Recommendation the Urea & Electrolytes are checked in all patients

It is recommended that Urea & Electrolytes (U&Es) are checked in all patients in order to minimise the risk of electrolyte imbalance. This particularly applies to patients taking the following medications:

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| <ul style="list-style-type: none"> • Diuretics • Corticosteroids • Cardiac glycosides • NSAIDs | <ul style="list-style-type: none"> • Tricyclics • SSRIs • Antipsychotics • Carbamazepine |
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FOR USE AT UKSH ONLY

To Pharmacy:

Please issue KleanPrep / Picolax / (Other =) to this patient

Signed by Endoscopist: Date: