UKSH

Please complete and sign this form and fax it to
0117 906 1950 (AGW) or 01749 333 601 (SMTC)

NHS

COLONOSCOPY REFERRAL FORM

Date of referral:	
Patient Details	
Full Name:	
DOB:	
NHS No:	
Address:	
Post code:	
Tel: Home	
Work	

Referring PCT:	
Referrer Details	
Referring GP:	
Practice name:	
Address:	
Post code:	
Tel:	
Fax:	
E-mail:	

Note: This service is not for suspected cancer referrals- Refer to hospital under 2 Week Wait rule

INDICATION (please tick)

- ☐ Sigmoidoscopy
  New onset rectal bleeding persisting less than 6 weeks with local anal symptoms.
- ☐ Mild iron deficiency anaemia without an obvious cause
  (If Hb < 11g/dl in men, 10g/dl in post menopausal women -> refer for urgent colonoscopy to hospital)
- ☐ Family history of Colorectal cancer:
  2 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
  (eg chronic rectal bleeding) with patient or clinician concern to exclude significant pathology (where the risk of colorectal cancer is low)

NB. consider Barium enema or CT colonogram as alternatives.

Referral Requirements for Day Case Procedure;

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

Other Information Required;

1. Allergies? Please state: ______
2. Regular medication? Please state or attach list: ______

CONFIRMATION BY REFERRING CLINICIAN; (please tick)

☐ 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..........................

Please note your patient will be asked to stop certain medications (see Note 3) on the day bowel preparation is given and to restart after 72hrs. If you have concerns about this instruction please contact the Lead Endoscopist on **01749 333600**.

NOTE 1 : Contraindications to colonoscopy

Severe acute colitis
Recent myocardial infarct (within 6 months)
Severe cardiorespiratory disease
Suspected colonic obstruction
Acute diverticulitis
Large abdominal aortic aneurysm
Suspected perforated viscera

NOTE 2 : Contraindications for the use of bowel cleansing solutions	please circle
Obstruction, perforation or ileus	YES / NO
Gastric retention, difficulty swallowing	YES / NO
Acute intestinal or gastric ulceration	YES / NO
Severe acute inflammatory bowel disease	YES / NO
Renal impairment (CKD 4 or 5)	YES / NO
Severe congestive heart failure	YES / NO
History or known risk of electrolyte imbalance	YES / NO
Reduced level of consciousness	YES / NO
Known hypersensitivity to any of the ingredients	YES / NO
Patient taking Lithium	YES / NO
Gastrointestinal surgery in preceding 3 months or Ileostomy	YES / NO

NOTE 3

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: ACE Inhibitors, AR Blockers, NSAIDs, Loop Diuretics

NOTE 4

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;
- diuretics, corticosteroids, cardiac glycosides, NSAIDs, Tricyclics, SSRIs, antipsychotics, carbamazepine

Bowel cleansing medicine may modify the absorption of regularly prescribed medications during the treatment period eg antiepileptics, oral contraceptives, oral hypoglycaemics, antibiotics and immunosuppressants (caution with transplant patients)

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 Ba enema or CT colonography should be considered as an alternative - especially for the frail elderly
- Local anorectal pathology (eg fissures,fistulae,mucosal prolapse and haemorroids) to be referred to specialist colorectal surgeon
- Continence problems to be referred to 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 with polyps if advised by SMTC 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

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FOR OFFICE USE

To Pharmacy: Please issue **KleanPrep** / **Picolax** / (**other** =) to this patient

Signed by Lead Endoscopist:...