

SPECIALITY: **Endoscopy**
 PROCEDURE(S): **Colonoscopy**

ALOS: **Day case**

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- INDICATIONS**
- Diagnostic investigation and surveillance as per referral form
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- NOT APPROPRIATE FOR REFERRAL**
- High suspicion of malignancy (2 week wait)
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- PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS**
- Clinical assessment to ensure suitability for bowel preparation
 - U&Es in patients at risk of electrolyte imbalance
 - Print mandatory colonoscopy referral form (available to download from www.uk-sh.co.uk), complete and fax the signed copy to **01749 333 601**
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- EXCLUSION CRITERIA**
- Please refer to the UKSH exclusion criteria detailed on pages 4/5
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- PREPARATION FOR SURGERY**
- Telephone call to patient 7 days before procedure
 - Procedure specific information sent to patient
 - No food 6 hours prior to the procedure
 - Clear fluids up to 2 hours prior to the procedure
 - GP to advise patient regarding regular prescribed medications e.g. **antiepileptics**, etc
 - All patients on **warfarin** without pre-arranged polypectomy can continue on **warfarin** with INR checked prior to starting bowel prep. INR to be <3.5
 - All patients on **warfarin** for pre-arranged polypectomy, **warfarin** to be stopped 5 days pre-operatively with GP consent, INR to be checked before bowel prep commenced INR <1.4

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- DISCHARGE CRITERIA**
- Patient meets PACU criteria for safe discharge
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- FOLLOW-UP**
- Follow-up call 24 hours post-discharge
 - Further follow-up not usually required
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- EXPECTED CLINICAL OUTCOMES**
- Patient reported outcome measures if applicable
 - National Joint Advisory Group Standards
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- ONWARD FORWARD CRITERIA**
- Fast track referral if malignant pathology suspected or confirmed
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- INFORMATION TO GPs AT DISCHARGE**
- Routine report to include future management as appropriate
 - Initial report faxed to GP within 2 working days
 - Specific discharge information will be given to the patient for their post-operative management including colonoscopy report
 - Fitness for work certificate will be issued if appropriate
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- INFORMATION TO GPs POST-DISCHARGE**
- If unexpected malignancy found on histology after discharge, SMTC will notify GP (and NHS consultant in case of waiting list transfers) within 24 hours by telephone, fax and letter
 - GP to inform / advise patient and make onward fast track referral

SPECIALITY: **Endoscopy**
 PROCEDURE(S): **Colonoscopy surveillance**

ALOS: **Day case**

INDICATIONS

- Patients must have had a colonoscopy and been found to have at least one histologically confirmed adenoma (polyp) or a significant hyperplastic polyp
- After polyp detection from colonoscopy at the SMTC following GP referral
- GP referral for a patient with known colonic polyp history, or a family history of bowel cancer
- From an NHS hospital trust following treatment for bowel cancer or with a family history of bowel cancer

NOT APPROPRIATE FOR REFERRAL

- High suspicion of malignancy (2 week wait)

PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Confirm when contacted by SMTC that
 - (a) The patient address and details are correct
 - (b) surveillance colonoscopy is still clinically appropriate
 - (c) That if (a) and (b) are correct the standard UKSH colonoscopy referral form be completed, signed and returned
- Clinical assessment to ensure suitability for bowel preparation
- U&Es in patients at risk of electrolyte imbalance
- Print mandatory colonoscopy referral form (available to download from www.uk-sh.co.uk), complete and fax the signed copy to **01749 333 601**
- If surveillance colonoscopy is no longer clinically appropriate, or patient has moved from practice, GP should indicate this to SMTC, providing new address and new GP practice if known

EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

PREPARATION FOR SURGERY

- Telephone call to patient 7 days before procedure
- Procedure specific information sent to patient
- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- GP to advise patient regarding regular prescribed medications e.g. **antiepileptics**, etc
- All patients on **warfarin** without pre-arranged polypectomy can continue on **warfarin** with INR checked prior to starting bowel prep. INR to be <3.5

- All patients on **warfarin** for pre-arranged polypectomy, **warfarin** to be stopped 5 days pre-operatively with GP consent, INR to be checked before bowel prep commenced INR <1.4

DISCHARGE CRITERIA

- Patient meets PACU criteria for safe discharge

FOLLOW-UP

- Follow-up call 24 hours post-discharge for all patients
- The follow-up interval will be determined by the referring endoscopist based on the histology, size and number of polyps
- If repeat colonoscopy with different bowel prep, or under GA needed, SMTC will arrange this with patient
- If barium enema or CT colonography needed, SMTC will inform GP who will make the referral to an acute provider

EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures as applicable
- National Joint Advisory Group Standards

ONWARD FORWARD CRITERIA

- Fast track referral if malignant pathology suspected or confirmed

INFORMATION TO GPs / REFERRING HOSPITAL CONSULTANT AT DISCHARGE

- Routine report to include future management as appropriate
- Specific discharge information will be given to the patient for their post-operative management including colonoscopy report
- Fitness for work certificate will be issued if appropriate

INFORMATION TO GPs / CONSULTANTS POST-DISCHARGE

- If unexpected malignancy found on histology after discharge, SMTC will notify GP (and NHS consultant in case of waiting list transfers) within 24 hours by telephone, fax and letter
- GP / consultant to inform / advise patient and make onward fast track referral

SPECIALITY: **Endoscopy**
 PROCEDURE(S): **Gastroscopy**

ALOS: **Day case**

- INDICATIONS**
- Diagnostic investigation for digestive disorders
 - Indications as on referral form
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- NOT APPROPRIATE FOR REFERRAL**
- Therapeutic e.g. dilatation of strictures
 - High suspicion of malignancy (2 week wait)
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- PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS**
- Clinical assessment
 - Print mandatory gastroscopy referral form (available to download from www.uk-sh.co.uk), complete and fax the signed copy to **01749 333 601**
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- EXCLUSION CRITERIA**
- Please refer to the UKSH exclusion criteria detailed on pages 4/5
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- PREPARATION FOR SURGERY**
- Telephone call to patient 7 days before procedure
 - Procedure specific information sent to patient before procedure
 - No food 6 hours prior to the procedure
 - Clear fluids up to 2 hours prior to the procedure
 - **Warfarin** can continue but INR must be checked by a GP and shown to be in the normal therapeutic range or below (3.5 or lower)
 - **Proton pump inhibitors** and **H2 blockers** to be stopped 10 days prior to procedure for first UKSH gastroscopy where CLO test required
 - For subsequent gastroscopies **PPIs** and **H2 blockers** can continue

- DISCHARGE CRITERIA**
- Patient meets PACU criteria for safe discharge
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- FOLLOW-UP**
- Follow-up call 24 hours post-discharge
 - Further follow-up not usually required
 - Repeat 3 month gastroscopy arranged by UKSH for peptic ulcers
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- EXPECTED CLINICAL OUTCOMES**
- Patient reported outcome measures if applicable
 - National Joint Advisory Group Standards
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- ONWARD FORWARD CRITERIA**
- Fast track referral if malignant pathology suspected or confirmed
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- INFORMATION TO GPs AT DISCHARGE**
- Routine report to include advice on future management as appropriate
 - Initial report faxed to GP within 2 working days
 - CLO test result if performed
 - Specific discharge information will be given to the patient for their post-operative management including gastroscopy report
 - Fitness for work certificate will be issued if appropriate
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- INFORMATION FOR GPs POST-DISCHARGE**
- If unexpected malignancy found on histology after discharge, SMTC will notify GP within 24 hours by telephone, fax and letter
 - GP to inform / advise patient and make onward fast track referral