

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

ALOS: **Day case**

AVAILABLE AT: **Devizes NHS Treatment Centre**
Emersons Green NHS Treatment Centre

Please complete the referral form on page 70 or download a copy from our website at www.uk-sh.co.uk, sign it and fax it to us on the number indicated

INDICATIONS

- New onset rectal bleeding persisting less than 6 weeks with local anal symptoms (Sigmoidoscopy)
- 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)

NOT APPROPRIATE FOR REFERRAL

- High suspicion of malignancy (2 week wait)

PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment to ensure suitability for bowel preparation
- U&Es in patients at risk of electrolyte imbalance
- Print mandatory Lower Gastrointestinal Endoscopy referral form (available to download from www.uk-sh.co.uk), complete and fax the signed copy to **0117 906 1950** or attach to your Choose and Book request

EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 6/7 and on the Lower Gastrointestinal Endoscopy referral form

FOLLOW-UP

- Follow-up call 24 hours post-discharge
- Further follow-up not usually required

ONWARD REFERRAL

- Fast track referral if malignant pathology suspected or confirmed

PREPARATION FOR SURGERY

- Telephone call to patient 7 days before procedure
- Procedure specific information sent to patient
- Bowel preparation sent to patient along with information for its use
- Patients are to continue regular prescribed medications unless advised otherwise on procedure specific patient information. Specific instructions will be given to diabetic patients. GP advice to be sought if necessary
- Patients on Warfarin can continue to take it as long as INR is <3.5. Please check INR a week prior to endoscopy
- Patients may remain on **antiplatelet agents** for diagnostic endoscopy
- All patients on **warfarin/antiplatelet agents** having a pre-arranged polypectomy will have their anticoagulation managed on an individual basis in advance

SPECIALITY: **Endoscopy**
 PROCEDURE(S): **Flexible sigmoidoscopy**

ALOS: **Day case**

AVAILABLE AT: **Devizes NHS Treatment Centre**
Emersons Green NHS Treatment Centre

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INDICATIONS

- Rectal bleeding
- Anal pain
- Tenesmus
- Assessment of Haemorrhoids prior to treatment

NOT APPROPRIATE FOR REFERRAL

- Therapeutic indications e.g. dilatation of strictures
- High suspicion of malignancy (2 week wait)

PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- Print mandatory Lower Gastrointestinal Endoscopy referral form (available to download from www.uk-sh.co.uk), complete and fax the signed copy to **0117 906 1950** or attach to your Choose and Book request

EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 6/7 and on the Lower Gastrointestinal Endoscopy referral form

PREPARATION FOR SURGERY

- Telephone call to patient 7 days before procedure
- Procedure specific information sent to patient
- Bowel preparation sent to patient along with information for its use
- Patients are to continue regular prescribed medications unless advised otherwise on procedure specific patient information. Specific instructions will be given to diabetic patients. GP advice to be sought if necessary
- Patients on Warfarin can continue to take it as long as INR is <3.5. Please check INR a week prior to endoscopy
- Patients may remain on **antiplatelet agents** for diagnostic endoscopy
- All patients on **warfarin/antiplatelet agents** having a pre-arranged polypectomy will have their anticoagulation managed on an individual basis in advance

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

ONWARD REFERRAL

- Fast track referral if malignant pathology suspected or confirmed

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

ALOS: **Day case**

AVAILABLE AT: **Devizes NHS Treatment Centre**
Emersons Green NHS Treatment Centre

Please complete the referral form on page 69 or download a copy from our website at www.uk-sh.co.uk, sign it and fax it to us on the number indicated

INDICATIONS

- Diagnostic investigation for digestive disorders
- Dyspepsia >50 yrs of age
- Iron deficiency anaemia
- Melaena (if within 7 days -> refer for acute hospital care)
- Persistent nausea and/or vomiting
- Unintended weight loss
- Family history of gastric or oesophageal cancer (more than two 1st degree relatives)
- Gastro oesophageal reflux disease (persisting despite appropriate treatment)
- Surveillance of Barrett's oesophagitis (please give previous surveillance history)
- Painful or difficult swallowing (dysphagia)
- Confirmation of suspected coeliac disease by D2 biopsies
NB. patient must remain on gluten containing diet before biopsy for a minimum of two weeks

NOT APPROPRIATE FOR REFERRAL

- Therapeutic e.g. dilatation of strictures
- High suspicion of malignancy (2 week wait)

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 **0117 906 1950** or attach to your Choose and Book request

EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 6/7

PREPARATION FOR SURGERY

- Telephone call to patient 7 days before procedure
- Procedure specific information sent to patient before procedure
- Nil by mouth for 6 hours before procedure
- Patients are to continue regular prescribed medications. Specific instructions will be given to diabetic patients. GP advice to be sought if necessary
- Patients may remain on **antiplatelet agents** for diagnostic endoscopy
- Patients on Warfarin can continue to take it as long as INR is <3.5. Please check INR a week prior to endoscopy.
- **Proton pump inhibitors** to be stopped 10 days prior to procedure if possible
- For subsequent gastroscopies **PPIs** can continue

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

ONWARD REFERRAL

- Fast track referral if malignant pathology suspected or confirmed