**Lower GI Endoscopy; Guidance for Primary Care**

When referring for lower GI endoscopy consideration must to be given to fitness both for the endoscopy but also for the bowel preparation (drinking 2-4 litres of fluid and having significant diarrhoea).

If referring as a 2WW, there are two request forms on ICE. One is for a colonoscopy and the other is for a CT colonogram/CT abdomen and pelvis.

**CT Colonoscopy (CTC)** is less invasive and the bowel preparation required less aggressive, so this is a more appropriate investigation for patients who are elderly, frail or unsuitable for colonoscopy due to a previous failed procedure.

If a patient is considered too frail or too immobile for CTC, then CT with limited oral contrast can also be booked which is called a minimal preparation CT abdomen and pelvis (mpCTAP) on this pathway

If you have a patient with a suspected abdominal mass, then they can be referred on the CT pathway to enable a CT abdomen and pelvis with intravenous contrast (CTAPiv) to be booked.

Shared decision making about the benefits of investigation of symptoms is important. If you are uncertain about fitness for a procedure please contact secondary care for advice.

After referral to endoscopy all patients will be contacted by a member of the endoscopy team for further clinical assessment to check their medical history, medications and discuss the procedure.

The usual bowel preparation for colonoscopy is Moviprep which will be posted to the patient with instructions for use.

**Before Referral**

* Assess whether a referral is the right next step for the patient and their fitness for procedure (further information about this is below)
* Ensure that patients undergoing colonoscopy have had a recent eGFR check. In patients over the age of 70 or with co-morbidities this must be within the previous 3 months
* For patients undergoing colonoscopy, please inform them that they will need to take bowel preparation, be escorted home following the procedure and be accompanied at home for 24hours after the procedure.
* For patients undergoing a CTC, please inform them that bowel preparation is still required and that they will require per rectal gas insufflation during the CT.

**With the Referral**

* Ensure medical history, current medications and a recent U&Es are available to support the triaging clinician who will then issue the bowel preparation if a colonoscopy or CTC has been booked.

**For the Procedure**

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| * Patients will be consented for the procedure when they attend the unit.
* Patients need to be able to lie flat and move around during the procedure, unless they are having a mpCTAP or CTAPiv.
* 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, Beta-blockers, NSAIDs, Loop Diuretics This information will be given to patients by the endoscopy department as well as a number to contact if they have any concerns. |
| * Bowel cleansing medicine may modify the absorption of regularly prescribed medications during the treatment period e.g. antiepileptics, oral contraceptives, oral hypoglycaemics, antibiotics and immunosuppressant’s (caution with transplant patients).
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**Contraindications**

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| **Note 1: Contraindications to colonoscopy** |  |  |
| * Severe acute colitis
* Recent myocardial infarct (within 6 months)
* Severe cardio-respiratory disease
* Suspected colonic obstruction
* Suspected colonic obstruction
 |  | * Acute diverticulitis
* Large abdominal aortic aneurysm
* Suspected perforated viscera
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| **Note 2: Contraindications for the use of bowel cleansing solutions** |
| * Obstruction, perforation or ileus
* Acute intestinal or gastric ulceration
* Renal impairment – evaluation will be by triaging clinician with U&Es supplied. CKD 4/5 usually required inpatient prep with ivi support.
* History or known risk of electrolyte imbalance
* Known hypersensitivity to any of the ingredients
* Gastrointestinal surgery in proceeding 3 months or Ileostomy
 |  | * Gastric stasis,
* Difficulty swallowing
* Severe acute inflammatory bowel disease
* Severe congestive heart failure
* Reduced level of consciousness
* Patient taking lithium
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