Feasibility of straight-to-test flexible sigmoidoscopy in selected patients based on two-week-wait GP referrals

Castren E, Roshan L, Aryal K

INTRODUCTION
Current guidance for suspected colorectal cancer is a two-week-wait (2WW) GP referral to colorectal surgeons. To reduce waiting times, the aim of this study was to assess what proportion of 2WW GP referrals would be appropriate for straight-to-test (STT) flexible sigmoidoscopy (FOS).

RESULTS
As displayed in the above flow chart, at least 8 of those proposed to have a STT-FOS would have eventually required a colonoscopy.

PATIENTS & METHODOLOGY
• 1 month period
• All 2WW GP referral were reviewed by one of two consultant colorectal surgeons in a “virtual clinic”
• Patients presenting with fresh rectal bleeding were deemed appropriate for STT-FOS
• These patients were then seen alongside all other 2WW referrals in the normal 2WW clinic.
• A comparison was made of those deemed appropriate for a STT-FOS in the virtual clinic vs the actual proposed investigation after the 2WW clinic.

Conclusion
• STT-FOS based on the virtual clinic is not feasible with current referral forms
• Nurse-led telephone triage to clarify correct symptoms and decide suitable investigations is being introduced