

Protocol for referral to most appropriate colorectal investigation

Signs and Symptoms	Investigations	Other
Bright Red Rectal Bleeding (BRRB) over 40years	Colonoscopy	(Under 40 years, consider Rectal Bleed Clinic/ flexi sig fri am)
BRRB + Change in Bowel Habit (CIBH)	Colonoscopy	
Dark blood loss with or without CIBH	Colonoscopy	
CIBH to loose / more frequent stool	Colonoscopy	(consider CTE if frail/ elderly)
LIF pain with bowel symptoms	Colonoscopy	(consider CTE if frail/ elderly)
RIF pain with or without CIBH	CTE	(consider CTE if frail/ elderly)
Rectal mass	Colonoscopy (under Surgeons)	
Rectal prolapse	OPA (Pelvic Floor)	
Abdominal mass	OPA	
Rectal/ anal pain	OPA	
Central abdominal pain	OPA	
Functional changes to bowel (i.e. Chronic bloating / wind/ abdominal pain with change to bowel habit)	Colonoscopy	If had previous colonoscopy in last 2 years, OPA
Mucus PR	OPA	
Constipation	CTE	
Proven Iron Deficiency anaemia	Colonoscopy and OGD	(Consider CTE if frail/ elderly)
Significant weight loss (no other symptoms)	CTE	(consider CT with contrast, abdo/ pelvis)
Tenesmus	Colonoscopy	If normal consider Pelvic Floor Clinic
Anal Fissure	OPA review	
Painful haemorrhoids	OPA review	
Anal tags (-BRRB)	OPA review	
Anal warts (-BRRB)	OPA review	
Faecal incontinence	Pelvic Floor Clinic	
Obstructive defeacation	Pelvic Floor Clinic	
Previous polyps	Colonoscopy	According to GUT / BSG guidelines if adenoma
Family history	Colonoscopy	According to GUT / BSG guidelines and other risk factors
3x Positive FOB's	Colonoscopy	(Consider CTE if frail/ elderly)
Raised CEA	OPA review	
Bowel symptoms / weight loss but too frail or unwell for bowel prep	OPA review or CT scan	
Unusual or complex history	OPA review	
Contraindication to Investigations	OPA review	Eg significant renal or hepatic impairment, complex co morbidity