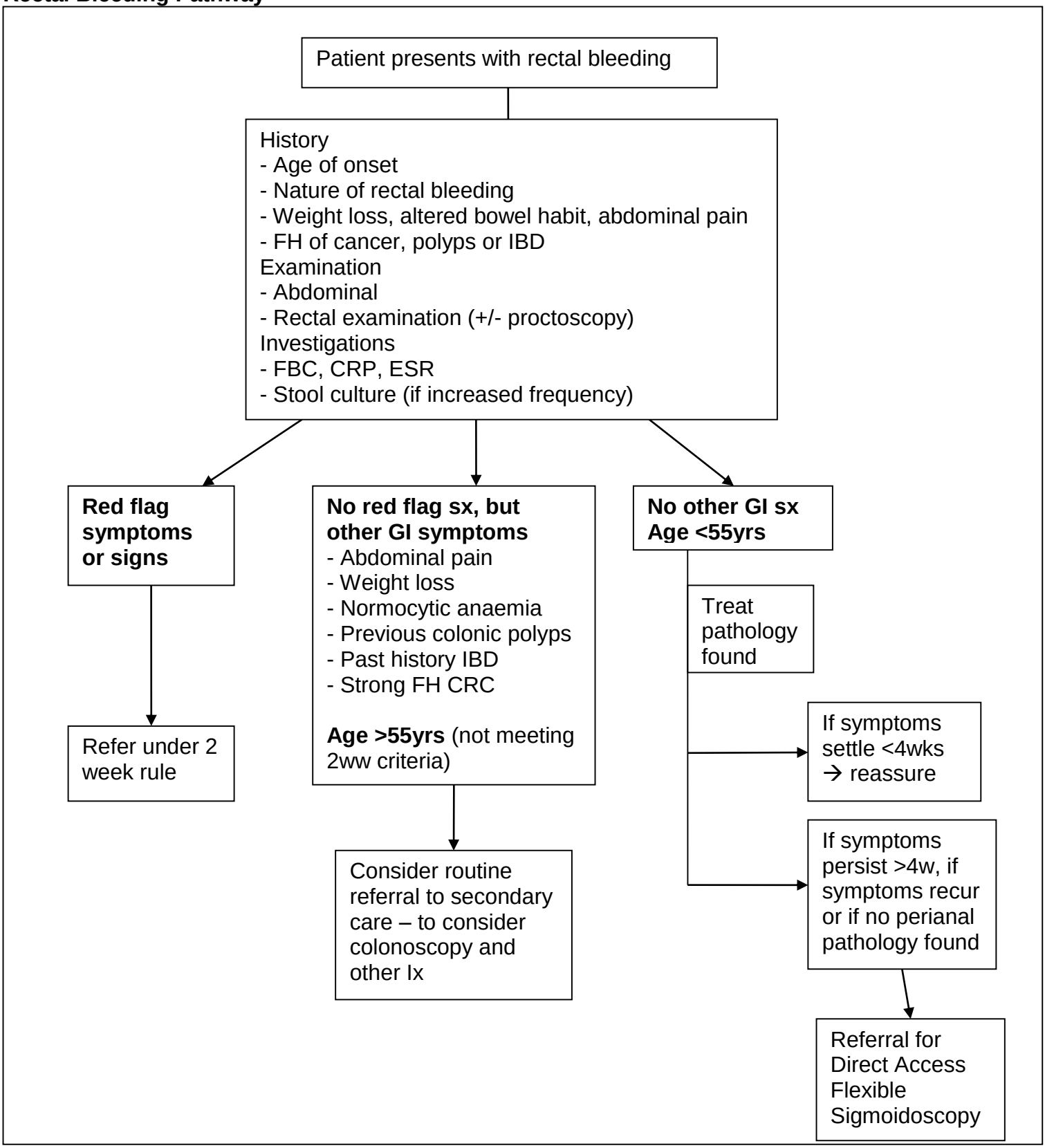
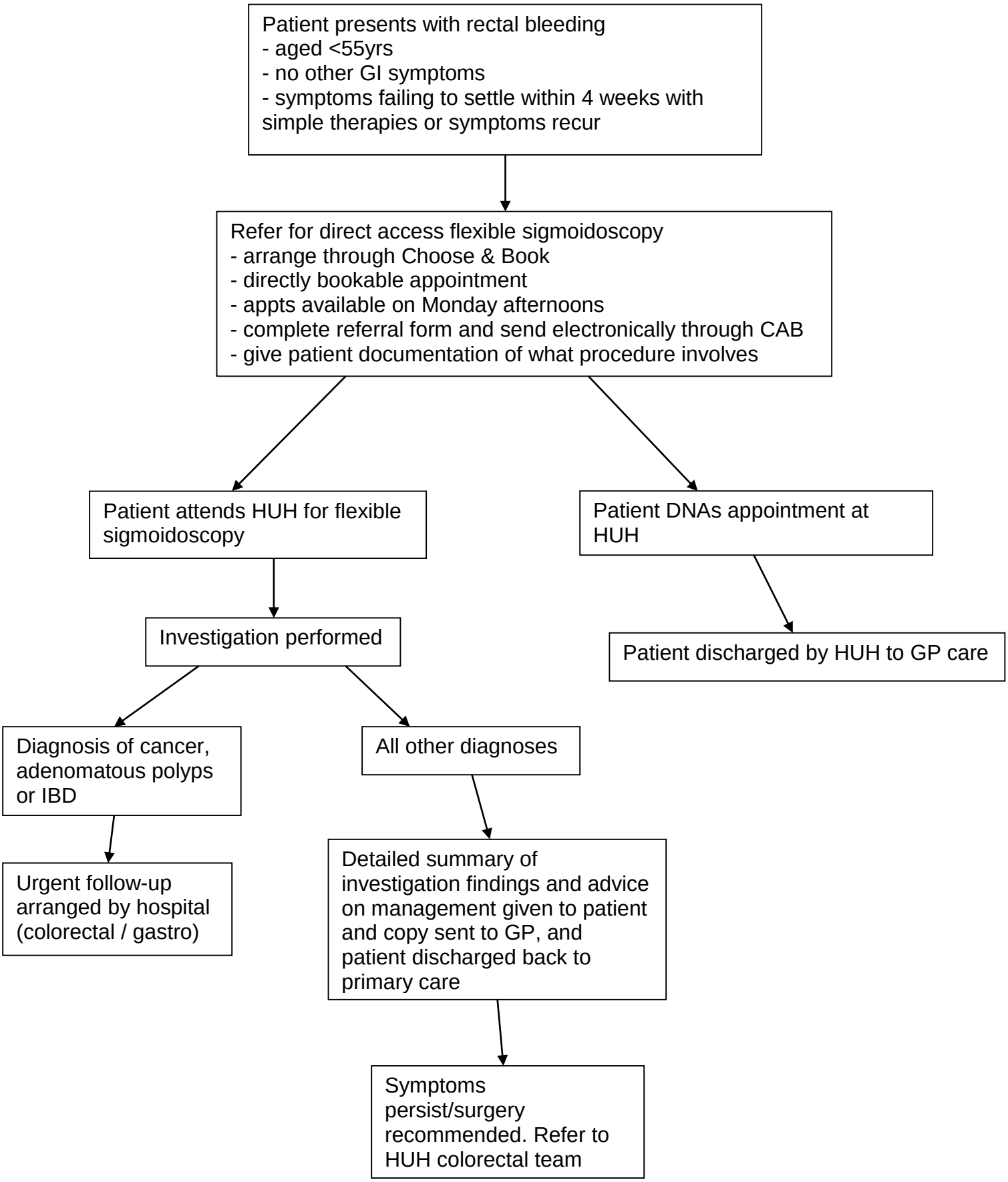
Homerton - Direct Access Flexible Sigmoidoscopy Pathway

Direct access flexible sigmoidoscopy is a diagnostic service for GPs to assist them with the management of patients presenting to primary care under the age of 55yrs with bright red rectal bleeding.

Rectal Bleeding Pathway



Direct Access Flexible Sigmoidoscopy Pathway (Version 2 23/01/2012)



Referral Processes

Urgent Referral under 2 week wait

- Abdominal mass (esp R sided)
- Rectal mass
- Iron deficiency anaemia (<11g/dl in males, <10g/dl in non-menstruating females)
- Rectal bleeding and altered bowel habit for >6w in patients aged >40 yrs
- Rectal bleeding for >6w in patients aged >60 yrs with no change in bowel habit or anal symptoms
- Change in bowel habit for >6w in patients aged >60 yrs with no rectal bleeding

Routine Referral to Secondary care

The following groups of patients may need investigation with colonoscopy (rather than flexi sig) to exclude other pathology.

- If aged >55yrs
- Don't meet criteria for 2ww referral but other GI symptoms
    - Abdominal pain
    - Change in bowel habit
    - Weight loss
- Previous colonic adenomatous polyps or malignancy
- Past history IBD
- Strong family history colorectal cancer
    - 1 FDR <50
    - 2 FDR of any age

Referral for Direct Access Flexible Sigmoidoscopy

If no other GI symptoms:

- Treat pathology found (see below)
- Refer for direct access flexible sigmoidoscopy if:
    - Age <55
    - Symptoms not settling within 4 weeks
    - Symptoms settle but then recur
    - High level of patient anxiety

Patients will be allocated an appointment through Choose and Book for flexible sigmoidoscopy. On arrival in the department, patients will be administered a phosphate enema for bowel prep. Following completion of the procedure, one copy of the report will be stored in the patient's notes, another given to the patient, and one sent to the GP. The report will be detailed and give advice to the GP on the management of the patient.

All patients will be discharged back to primary care following this procedure unless diagnosis of serious pathology found:
- malignancy

- IBD
- adenomatous polyps

If any of the above are found, appropriate follow-up arrangements will be made by the hospital (Lower GI cancer MDM discussion, follow-up in Gastroenterology clinic, or full colonoscopy and polypectomy).

Exclusion Criteria for Direct Access Flexible Sigmoidoscopy
- Acute anal pain suggestive of anal fissure (procedure unlikely to be tolerated)
- Recent MI or CVA within 6w
- Obesity (overall weight >135kg)
- Dementia
- Poor mobility (need to be able to transfer from chair to bed)

Non English speaking patients
Please ensure that they are accompanied by a family member of friend who can translate, as advocacy services cannot be guaranteed.

Patients on warfarin or clopidogrel
(BSG guidelines)

Clopidogrel:
- continue
- no contraindication to diagnostic procedure +/- biopsies on clopidogrel

Warfarin:
- continue
- GP to check INR 1 week before endoscopy date
- If INR within therapeutic range, continue usual daily dose
- If INR above therapeutic range but <5, reduce daily dose until INR returns to therapeutic range