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

Patient presents with rectal bleeding

History
- Age of onset
- Nature of rectal bleeding
- Weight loss, altered bowel habit, abdominal pain
- FH of cancer, polyps or IBD

Examination
- Abdominal
- Rectal examination (+/- proctoscopy)

Investigations
- FBC, CRP, ESR
- Stool culture (if increased frequency)

Red flag symptoms or signs

Refer under 2 week rule

No red flag sx, but other GI symptoms

- Abdominal pain
- Weight loss
- Normocytic anaemia
- Previous colonic polyps
- Past history IBD
- Strong FH CRC

Age >55yrs (not meeting 2ww criteria)

Consider routine referral to secondary care – to consider colonoscopy and other Ix

No other GI sx Age <55yrs

Treat pathology found

If symptoms settle <4wks → reassure

If symptoms persist >4w, if symptoms recur or if no perianal pathology found

Referral for Direct Access Flexible Sigmoidoscopy
Patient presents with rectal bleeding
- aged <55yrs
- no other GI symptoms
- symptoms failing to settle within 4 weeks with simple therapies or symptoms recur

Refer for direct access flexible sigmoidoscopy
- arrange through Choose & Book
- directly bookable appointment
- appts available on Monday afternoons
- complete referral form and send electronically through CAB
- give patient documentation of what procedure involves

Patient attends HUH for flexible sigmoidoscopy

Investigation performed

Diagnosis of cancer, adenomatous polyps or IBD

Urgent follow-up arranged by hospital (colorectal / gastro)

All other diagnoses

Detailed summary of investigation findings and advice on management given to patient and copy sent to GP, and patient discharged back to primary care

Symptoms persist/surgery recommended. Refer to HUH colorectal team

Patient DNAs appointment at HUH

Patient discharged by HUH to GP care
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:
  o Treat pathology found (see below)
  o 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