



LOWER GASTROINTESTINAL ENDOSCOPY REFERRAL FORM

Please tick to indicate to which treatment centre you are referring your patient to

<input type="checkbox"/> Emersons Green Hospital	<input type="checkbox"/> Devizes Surgical Centre
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Please send all referrals via the NHS e-Referral System (ERS). You can visit our websites for more information on our patient safety acceptance criteria

Referrer details		Patient details		
Date of referral		Name		
Referring GP		Address		
Practice name				
GP no		Postcode		
GP practice		Telephone		
CCG name		Mobile		
Practice address		Date of birth	NHS no	
Telephone		Gender	Ethnicity	
Fax		Height	Weight	
Email address		Transport required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Please complete if not the patient's regular GP</i>		Interpreter required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of patient's GP		Interpreter requirements		
Name of GP practice				

Note: This service is not for suspected cancer referrals – Refer to hospital under the two week wait rule

INDICATION (please tick)

Colonoscopy	Tick	Sigmoidoscopy	Tick
Mild iron deficiency anaemia without an obvious cause (If Hb< 11g/dl in men, <10g/dl in post menopausal women then refer for urgent colonoscopy to hospital)	<input type="checkbox"/>	Rectal bleeding	<input type="checkbox"/>
		Anal pain	<input type="checkbox"/>
Family history of Colorectal cancer: (Highest risk; 1 first degree relative developing CRC under age 50 yrs or multiple first degree relatives of any age)	<input type="checkbox"/>	Tenesmus	<input type="checkbox"/>
		Assessment of Haemorrhoids prior to treatment	<input type="checkbox"/>
Evaluation of abnormality found at Barium enema or CT colonogram, please include report	<input type="checkbox"/>	Patients should be able to self administer a mini enema for bowel preparation. If not please arrange for a district nurse to liaise with patient and administer.	
Surveillance colonoscopy for previous polyps	<input type="checkbox"/>	Please give clinical details here:	
Surveillance colonoscopy for previous colorectal cancer	<input type="checkbox"/>		
Surveillance colonoscopy for long standing, inactive, inflammatory bowel disease	<input type="checkbox"/>		
Longstanding abdominal symptoms Details must be given or the request will be returned	<input type="checkbox"/>		

Surveillance procedures should be agreed with patient's hospital specialist unless patient chooses Care UK

Referral Requirements for Day Case Procedure

- Escorted home following procedure
- Accompanied at home for 24 hrs following procedure
- Access to telephone at home

Other Information Required

Allergies?	Please state:	
Regular medication?	Please state or attach list:	
Diabetes?	Please give details	

CONFIRMATION BY REFERRING CLINICIAN (please tick)

- I am not aware of any contraindications to colonoscopy (see note 1)
- I am not aware of any contraindications to this patient having a bowel cleansing agent (see note 2) having considered the patient's clinical status, renal function and medications (see notes 3 & 4)

Signed by Referring Clinician Date

(If computer generated referral – please insert name and date here, adding your name, dating and sending this referral indicates your consent to the terms of this referral)

NOTE 1: Contraindications to colonoscopy

- Severe acute colitis
- Recent myocardial infarct (within 6 months)
- Severe cardiorespiratory disease
- Suspected colonic obstruction
- Acute diverticulitis
- Large abdominal aortic aneurysm
- Suspected perforated viscera

NOTE 2: Contraindications for the use of bowel cleansing solutions

- Obstruction, perforation or ileus
- Gastric retention, difficulty swallowing
- Acute intestinal or gastric ulceration
- Severe acute inflammatory bowel disease
- Reduced level of consciousness
- Severe congestive heart failure
- History or known risk of electrolyte imbalance
- Renal impairment (CKD 4 or 5)
- Known hypersensitivity to any of the ingredients
- Patient taking Lithium
- Gastrointestinal surgery in preceding 3 months or Ileostomy

NOTE 3: Colonoscopy and sigmoidoscopy

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
- AR Blockers
- NSAIDs
- Loop Diuretics

If you have concerns about this instruction please contact the Lead Endoscopist on 0117 906 1801 or 01749 333 600.

NOTE 4: Colonoscopy and sigmoidoscopy

It is recommended that urea & electrolytes (U&Es) are checked in all patients in order to minimise the risk of electrolyte imbalance. This particularly applies to patients taking the following medications:

- Diuretics
- Corticosteroids
- Cardiac glycosides
- NSAIDs
- Tricyclics
- SSRIs
- Antipsychotics
- Carbamazepine

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).

Notes for Referring Clinician for Consideration

- Constipation is not an indication for colonoscopy
- Alternating constipation and diarrhoea is rarely a symptom of organic disease. For these patients the risks of colonoscopy may not be justified and Barium enema or CT colonography should be considered as an alternative especially for the frail/elderly
- Local anorectal pathology (e.g. fissures, fistulae, mucosal prolapse and haemorrhoids) to be referred to specialist colorectal surgeon
- Continence problems to be referred to colorectal surgeon with a special interest
- Follow up of inflammatory bowel disease is best performed by the DGH gastroenterologist responsible for the ongoing IBD management
- Polyp surveillance. It is the GP's responsibility to refer onward patients post removal of polyps if advised by the consultant endoscopist, or to arrange follow up colonoscopy as recommended, unless it is clearly indicated otherwise.
- Post operative follow up after colon resection for colorectal carcinoma would normally be co-ordinated and performed initially by the DGH colorectal team

FOR USE AT PRACTICE PLUS GROUP ONLY

To Pharmacy: Please issue KleanPrep / Picolax / Fleet Enema / Other to this patient
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Signed by Endoscopist Date