Location:

Practice Plus Group

Lower gastrointestinal endoscopy referral form

Referrer details

Date of referral

Referring GP

Practice name

GP No.

GP practice

ICB name

Practice address

Telephone

Fax

Email address

Please complete if not the patient's regular GP name of patient's GP

Name of patient's GP

Name of GP practice

Patient details

Name

Address

Mobile

Date of birth

Ethnicity

Gender

Weight kg

Height cm

Transport required ☐ Yes ☐ No

Transport requirements

Interpreter required ☐ Yes ☐ No

Interpreter requirements

Note: this service is not for suspected cancer referrals - refer to hospital under the two week wait rule.

Colonoscopy indication (please tick)

- ☐ **Mild iron deficiency anaemia without an obvious cause** (If Hb <110 g/l in men, <100 g/l in post menopausal women then refer for urgent colonoscopy to hospital.)
- ☐ **Family history of colorectal cancer** (High risk; one first degree relative developing CRC under age 50 years or multiple first degree relatives of any age.)
- ☐ **Evaluation of abnormality found at barium enema or CT colonogram**
- ☐ **Surveillance colonoscopy for previous polyps**
- ☐ **Surveillance colonoscopy for previous colorectal cancer**
- ☐ **Surveillance colonoscopy for long standing inactive, inflammatory bowel disease**
- ☐ **Long-standing abdominal symptoms** Details must be given or the request will be returned without a positive qFIT or feacal cal protectin inc. number to justify.

1A- Patients without U&E and EGFR within 12 weeks will not be accepted.

Sigmoidoscopy indication (please tick)

- ☐ **Rectal bleeding**
- ☐ **Anal pain**
- ☐ **Tenesmus**
- ☐ **Assessment of haemorrhoids prior to treatment**

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.

Please ask for GP clinical summary with this form filled in. Please give clinical details here:

Surveillance procedures should be agreed with patient's hospital specialist unless patient chooses Practice Plus Group.

Referral requirements for day case procedure

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

Clinical features	Onset	Details	
Rectal bleeding			
Change in bowel habit			
Weight loss			
Abdominal pain			
Tenesmus (feeling of constantly wanting to pass stools)			

Abnormal imaging			
Other			

Recent history

☐ A history of previous endoscopies and findings is attached.
☐ A recent (within six weeks) U&E is attached.
☐ Requirements for day case procedure (as below) are met.
☐ There are no contraindications for bowel prep or colonoscopy, and the accompanying notes have been read.
☐ Current use of anti-coagulants/anti-platelets.

The patient is suitable for home administered enema (flexi-sig): ☐ Yes ☐ No

	Date obtained	Result
BMI	Single code entry: body mass index	Single code entry: body mass index
Blood pressure	Single code entry: O/E - blood pressure reading	Single code entry: O/E - blood pressure reading
eGFR	Single code entry: O/E - renal function tests	Single code entry: O/E - renal function tests
Faecal calprotectin (please enter manually)	Single Code Entry: faecal calprotectin content	Single Code Entry: faecal calprotectin content
FIT test (if positive, please consider referring via the 2WW pathway).	Single code entry: quantitative faecal immunochemical test	Single code entry: quantitative faecal immunochemical test
Hb	Single code entry: haemoglobin estimation	Single code entry: haemoglobin estimation
Ferritin	Single code entry: ferritin	Single code entry: ferritin

☐ Surveillance colonoscopy for previous polyps - it is mandatory to include previous endoscopic reports, and histology. Normally these patients will be on a surveillance database, and this service is for patients changing provider (choice, geographical move), or who have been lost from/never entered to previous surveillance program.

☐ Surveillance colonoscopy for previous colorectal cancer (normally one year post resection, then every five years).

☐ Surveillance colonoscopy for inflammatory bowel disease (usually in conjunction with secondary care).

Other information required, GP summary

- **Allergies?** Please state
- **Diabetes** Please state or attach list
- **Regular medication?** Please state or attach list

Urea and electrolytes (please see note four)

Confirmation by referring clinician (please tick)

☐ I am not aware of any contraindications to colonoscopy (see note one).

☐ I am not aware of any contraindications to this patient having a bowel cleansing agent (see note two) having considered the patient's clinical status, renal function and medications (see notes three and four).

Signed by referring clinician

Date

If computer generated referral – please insert name and date here. By adding your name, dating, and sending this referral you are indicating your consent to the terms of this referral.

Note one: contraindications to colonoscopy

- Severe acute colitis.
- Recent myocardial infarct (within six months).
- Severe cardio-respiratory disease.
- Suspected colonic obstruction.
- Acute diverticulitis.
- Large abdominal aortic aneurysm.
- Suspected perforated viscera.

Note two: contraindications for the use of bowel cleansing solutions

- Obstruction, perforation or ileus.
- Acute intestinal or gastric ulceration.
- Renal impairment (CKD 4 or 5) EGFR <45.
- History or known risk of electrolyte imbalance.
- Known hypersensitivity to any of the ingredients.
- Gastrointestinal surgery in proceeding three months or ileostomy.
- Gastric retention, difficulty swallowing.
- Severe acute inflammatory bowel disease.
- Severe congestive heart failure.
- Reduced level of consciousness.

Note three: 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.

Note four: colonoscopy and sigmoidoscopy

It is recommended that urea and electrolytes (U&Es) are checked in all patients within 12 weeks (and EGFR <45) 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 to 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, we cannot arrange these tests at Practice Plus Group hospitals.
- Local anorectal pathology (e.g. fissures, fistulae, mucosal prolapse and haemorroids) 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

Signed by endoscopist

Date