Beaumont Hospital

Stephen Doyle Endoscopy Unit
Referral Guidelines

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1.0 Purpose

This policy outlines the guidelines for referral of patients for an endoscopic procedure in the Stephen Doyle Endoscopy Unit Beaumont Hospital. These guidelines have been developed by the Endoscopy Users Group.

2.0 Guidelines

REFERRAL GUIDELINES FOR UPPER GI ENDOSCOPY

Upper GI endoscopy is generally indicated in patients with:

- Dysphagia
- Odynophagia
- Recurrent unexplained vomiting
- Early satiety
- Unexplained weight loss
- Confirmed and unexplained iron deficiency anaemia
- Confirmation of coeliac disease if serology positive
- Clarification of an abnormal finding on radiology imaging
- Confirmation of healing of a gastric ulcer
- Screening for oesophageal varices
- Surveillance of Barrett's oesophagus
- Screening in hereditary cancer and polyposis syndromes

In patients with new onset dyspepsia endoscopy should be considered in:

- Patients >55 years of age
- Patients < 55 years of age who remain symptomatic in spite of testing and treating for ***Helicobacter pylori*** or treatment with a proton pump inhibitor for an appropriate amount of time

Emergency GI endoscopy is indicated for patients with:

- Significant acute GI bleeding
- Severe acute dysphagia

Patients who do not meet the above criteria should remain under the care of the general practitioner or may be referred to the gastroenterology clinic if felt appropriate

Surveillance is not indicated in patients with:

- Atrophic gastric
- Fundic or hyperplastic gastric polyps
- Gastric intestinal metaplasia
- Asymptomatic patients with a history of a duodenal ulcer or oesophagitis

REFERRAL GUIDELINES FOR COLONOSCOPY

Urgent (within four weeks) referral for colonoscopy is generally indicated in:

- Palpable abdominal or rectal mass
- Unexplained iron deficiency anaemia
- > 60 years persistent rectal bleeding for six weeks or more and or a change in bowel habit to looser stools
- > 40 years with rectal bleeding and a change in bowel habit tending to looser stools persisting for six weeks or more
- Abnormal abdominal imaging
- < 40 years with rectal bleeding and a change in bowel habit towards looser stools with a family history of colorectal cancer or inflammatory bowel disease

Routine referral for colonoscopy is generally indicated in:

- <60 years with a history of unexplained chronic diarrhoea
- Assessment of disease and extent of established chronic inflammatory bowel disease

Screening and surveillance by colonoscopy is generally indicated in patients with:

- A history of confirmed long standing colitis
- Patients with previous adenomatous polyps
- Following resection of a colorectal neoplasm
- Surveillance in patients with a significant family history of colorectal cancer
- Age appropriate screening of asymptomatic average risk patients
- Exclusion of synchronous in patients with an established colon cancer or neoplastic polyp

Colonoscopy is generally not indicated in:

- Patients with a history of chronic constipation
- Isolated lower abdominal pain with normal abdominal imaging
- Normochromic normocytic anaemia with no concomitant GI symptoms
- Patients deemed unable to tolerate bowel preparation or conscious sedation

Flexible sigmoidoscopy should be considered in:

- <40 years with isolated rectal outlet bleeding
- <40 years with change in bowel habit and no family history of IBD or colon cancer.