

Colonoscopy / gastroscopy referral pathway

For patients with positive FOBT being considered for transplant suitability or for post transplant screening

Colonoscopy initially if patient is aged over 50 or has a family history of colorectal cancer, then every four years if normal (Cancer Council Sydney 2005). Repeat more frequently if findings abnormal.

Public Hospital system

- The nephrologist writes a referral addressed to David Lubowski, Shevy Perera, Steven Gan, and Kim Phan-Thien. This allows the colorectal nurses to select the doctor with the shortest list.
- The referral should include name, age, contact details including phone number (home phone number and mobile phone number), medical history including any signs and symptoms, family history and medication list. The priority preference for the procedure should be noted. Routine colonoscopies will be done within 90 days unless specified as more urgent. Current history of rectal bleeding, altered bowel habits or bloating are symptoms that would require a more urgent colonoscopy.
- Referral is faxed to Stefani Furda and Sam Chui, CNS's, Sydney Colorectal Associates, Hurstville Private Hospital, 9553 8456.
- Stefani or Sam will contact the patient within 1 week to arrange an appointment for the colorectal doctor with the shortest list. At this appointment the doctor will explain the procedure and complete the admission papers, including the consent form and a request for admission.
- The patient takes the completed admission papers to St George Public Hospital.
- St George Hospital admissions will contact the patient by post with a date for the colonoscopy and an appointment at the pre-admissions clinic one week before the procedure.
- If patients have been waiting for a colonoscopy in the public hospital for more than 6 months contact Stefani Furda (8566 1032) to get them done as a priority.

Private Hospital system

- The nephrologist writes a referral to the preferred colorectal surgeon. The referral should include name, age, contact details including phone number, medical history including any signs and symptoms, family history and medication list.
- Referral is faxed to Stefani Furda and Sam Chui, CNS's, Sydney Colorectal Associates, Hurstville Private Hospital, 9553 8456.
- Stefani or Sam will contact the patient within 1 week to liaise regarding dates. Patient picks up paperwork from Hurstville Private Hospital. All appointments including the initial consultation with the doctor, admission and procedure are done there.

Protocol for patients on dialysis having colonoscopy/gastroscopy for transplant work up

Patients on haemodialysis should have dialysis the morning before the colonoscopy /gastroscopy with zero fluid balance. Patients on APD should omit dialysis the night before. Patients on CAPD should omit the night and morning exchanges before.

Dialysis patients do not need IV fluids.

Protocol for transplant or CKD patients

Patients are admitted the day before the colonoscopy/gastroscopy for fluid replacement during bowel prep. All transplant/CKD patients should have IV fluid running to maintain adequate hydration of grafted or native kidney during bowel preparation – N/saline 60ml/hr from commencement of bowel prep medication.

Transplant patients should take all their tablets, including immunosuppression, as normal. On the rare occasion that medications are to be withheld, the decision will be made in consultation with the nephrologist. Immunosuppression is **never** withheld.

Check UEC's to ensure serum potassium levels are not too low.

Bowel Preparation

3 Dulcolax tablets 10am and Glycoprep (2 litres) given 2pm the day before the colonoscopy.

The most commonly used bowel prep is PicoPrep, but this is recommended for use with caution in patients with impaired renal function and carries a warning that “Life threatening dehydration and/or electrolyte disturbances may occur in at risk groups”. Glycoprep is also recommended for use with caution in patients with impaired renal function but it contains iso-osmotic electrolytes to help prevent water and electrolyte loss. (MIMS Online, July 2020)

Anticoagulation

Aspirin may be continued at the discretion of the colorectal surgeon in liaison with the physician. When it is omitted it is usually not replaced.

Plavix ceased 7 days prior to procedure

Warfarin ceased 4-5 days prior to procedure: For transplant or CKD patients warfarin can be replaced with Clexane or standard heparin (at the discretion of the nephrologist) which should be started the day after the last dose was taken and omitted on the day of the procedure.

For haemodialysis patients warfarin can be replaced with heparin, 5000 units BD sc, started the day after the last dose was taken and omitted on the day of the procedure. Patients on haemodialysis can have heparin as normal on dialysis as the procedure is not until the next day.

All patients are discharged home after the procedure.

Follow Up

The patient will be given the phone number of their colorectal nurse to call in 2 weeks for results.

The renal physician will be copied into the histology results and will receive a follow up letter from the colorectal surgeon.

Patients will be entered into the Sydney Colorectal follow up data base and will receive reminder letters at the appropriate interval for further screening.

References

Australian Cancer Network Colorectal Cancer Guidelines Revision Committee, Clinical Practice Guidelines for the Prevention, Early Detection and Management of Colorectal Cancer, The Cancer Council Australia and Australian Cancer Network, Sydney 2017.

MIMS Online, July 2020

