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NSW GOVERNMENT | Health
South Eastern Sydney
Local Health Network

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.

Protocol for patients on dialysis having colonoscopy/gastroscopy

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** with held.

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

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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.

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