

SEAT Regional Endoscopy Facility

Queen Margaret Hospital, Dunfermline, Fife

Clinical criteria for appropriate referrals to QMH regional endoscopy unit

Principles

- While national (BSG) guidelines for appropriate indications for endoscopy should theoretically apply, these have to be balanced against the different nature of this facility compared to standard endoscopy units: regional nature of the facility, geographical concerns, the multiple Boards using the facility and multiplicity of endoscopists.
- The focus of the Unit will be on lower GI surveillance cases (colonoscopy) but Boards can refer diagnostic category patients to meet demand when required.

Inclusion Criteria

- All surveillance lower endoscopy procedures – family history, cancer, previous surgery for colon cancer, colonic polyps, chronic inflammatory bowel disease
- All routine and urgent symptomatic diagnostic referrals except exclusions; this can include patients with iron-deficiency anaemia referred for bidirectional endoscopy
- In addition, an explicit 'Yes' response to the question: "is this patient fit enough and able/willing to travel to QMH for their procedure?" is mandatory.

Exclusion Criteria

- Bowel screening patients
- Diagnostic category patients referred at "urgent suspicion cancer (USC)" – these would be difficult to track against target dates and availability of casenotes and other communications would be challenging in the timescales required
- Planned therapeutic procedures, (e.g. resection of polyps >2cm, EMR, dilatation, APC, stent etc)
- Anticoagulated patients (warfarin, heparin or novel oral anticoagulants)
- Patients on dual antiplatelet therapy (aspirin AND clopidogrel); those on single agent therapy can be referred but responsibility for advising on safe interruption of antiplatelet therapy remains with the host Board
- Patients with permanent pacemakers or ICD devices: these require availability of cardiac technicians with knowledge of individual device settings and such patients should remain within their host Board
- Surveillance of upper GI patients inc. gastric ulcer healing, varices, Barrett's
- Patients under 16 years of age

- Pregnant patients
- Frail/unfit patients e.g. - ASA 3, severe cardiac or respiratory co-morbidity, cognitive impairment/dementia, incapacity, learning difficulties or special needs
- Transport difficulties, e.g., wheelchair-bound
- Patients requiring translation services

Some of the above exclusion criteria may seem not in the spirit of equity of access but reflect what is realistic and practical, given the geographical considerations, what is feasible in the new facility and that patients with complex needs are best cared for within their parent Board.

Diabetic patients

Insulin requiring diabetic patients are at present not appropriate for referral and should be managed by their host Board; this may change once the Regional Facility is established and should be kept under review. Diabetic patients treated by diet or oral medications only are appropriate to attend the Regional unit, but should be offered a morning appointment, preferably 1st on the list. The parent/host Board are responsible for providing advice to the patient on management of their diabetes peri-procedure.

Patients taking anticoagulants / antiplatelet therapy

Not appropriate -see exclusion criteria above.

Criteria agreed by:

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