

### Q3 Prior to ER, please list the components of a patient workup that a competent ER practitioner would have undertaken.

Answered: 12 Skipped: 0

#	RESPONSES	DATE
1	-Details of previous endoscopic procedures, images, biopsies if previously obtained -Knowledge of the patient's medical comorbidities -Awareness of exposure to anticoagulant/antiplatelet agents - which agents, when they were last taken	1/13/2018 5:05 AM
2	advanced endoscopic imaging to assess depth of invasion and/or confirm benign aspect of the lesion. Assess any bleeding risks like anti-coagulants.	12/7/2017 5:31 PM
3	- Polyp assessment with images and preferably video including all parameters - surface, margins, base, morphology, size, access, location etc. - Patient assessment for comorbidity - depending on types, numbers and severity with therelevant investigations - If there is suspicion of malignancy then radiological assesment e.g. for Kudo type V, ulcerated lesions, bulky sessile colorectal lesions etc. with CT/ MRI/ ERUS as necessary in these selected cases though not required in the vast majority if the endoscopic assessment is high confidence benign with no objective adverse features	12/3/2017 9:16 PM
4	* assessment of all information available on - endoscopic diagnosis (assess images for pit pattern etc) - comorbidity - medication (i.e. consider bridging or stopping anticoagulation) * decide on specific plan for procedure, including how much time reserved, type of sedation etc * informed consent	11/18/2017 9:03 PM
5	REVIEW OF INDEX COLONOSCOPY INCLUDING SITE, SIZE, PREDICTED HISTOLOGY (ENDO OR HISTOL), BOWEL PREP QUALITY, INSERTION DIFFICULTIES REVIEW OF PATIENT (CO-MORBIDITIES, ANTI-COAGULANTS)	11/7/2017 10:42 PM
6	1. Obtain all records of previous endoscopic procedures (this is relevant for patients referred to expert/therapeutic endoscopists with a complex colon polyp). This should include color images. 2. While not always feasible, it is good practice to evaluate these patients in clinic prior to embarking on endoscopic resection. This clinic evaluation will allow for detailed discussion regarding risks and benefits of the procedure (as outlined above) but also a clear assessment of clinical comorbidities. 3. The above should also include assessment of use of anticoagulants and antiplatelet agents and when these would need to restarted post resection.	11/5/2017 1:21 PM
7	1. Assessment of patient co-morbidities and therefore appropriateness of patient undergoing ER 2. In patients on anti-platelets and anti-coagulants, peri-procedural management plan with appropriate consultation with relevant other health care providers (e.g cardiologist) 3. Determining social factors that may warrant overnight observation following ER 4. With large polyps, especially in the context of identification for evaluation of iron deficiency anaemia, assessment of iron stores and replacement pre-procedure	11/5/2017 3:35 AM
8	1. Details of index colonoscopy including size, location, morphology, pathology and images of the lesion 2. Co-morbidities paying specific attention to anti platelet agents/anticoagulation 3. Bloods if the above indicate that the patient may have other medical related issues 4. Referral to an Anaesthetic/Peri operative Physician may be required for certain patients	11/5/2017 2:14 AM
9	- morbidities - drugs intake (antiplatelet, anticoagulants) - allergies - Explain importance of bowel prep	11/3/2017 1:22 PM
10	patient co-morbidities, drugs, allergies	11/3/2017 11:35 AM
11	ASA classification, cardio-pulmonary condition, medication history including anti-coagulants and anti-platelet drugs, careful history of bleeding tendency, informed consent for (deep) sedation and the procedure.	11/1/2017 10:54 AM
12	PMH, drug history including allergies and particularly anticoagulants and anti platelet therapy. Previous procedures and interventions and any specific problems. ICD device. Discussion of alternative treatments and potential consequences of conservative management	10/31/2017 10:19 PM