# Endoscopy – indications

## *Executive summary*

## Introduction

We are able to provide both upper and lower GI endoscopy. Referral for this service is to made through the EMRS system and according to this guidance. Note that you will have to give details about your patient’s fitness for the procedure when booking it using the ASA score.

If you have any patient you believe may benefit from endoscopy who falls outside these guidelines please discuss with the endoscopist.

## Target users

* Doctors
* Nurses

## Target area of use

* Outpatients
* Ward

## Key areas of focus / New additions / Changes

This document outlines the indications for endoscopy in our service.

## Limitations

None

## Upper GI endoscopy

### Urgent referrals

Refer the following patients for urgent endoscopy:

* Anyone with dysphagia
* Anyone with an upper abdominal mass consistent with stomach cancer (after doing an US).
* Patients aged 55 years and older who have weight loss and one of upper abdominal pain, reflux or dyspepsia.
* Anyone with findings suggestive of upper GI malignancy on barium study, CT or US.
* Patients with haematemesis

When patients are admitted with active GI bleeding and haemodynamic instability, resuscitate the patient and urgently contact the endoscopist for review and possible emergency endoscopy.

### Routine referrals

Refer the following patients for routine endoscopy:

* Patients aged 55 years and older who have:
  + treatment resistant dyspepsia
  + upper abdominal pain and low Hb
  + raised platelet count and nausea, vomiting, weight loss, reflux, dyspepsia or upper abdominal pain
  + nausea or vomiting and weight loss, reflux, dyspepsia or upper abdominal pain.
* Patients with an established diagnosis of cirrhosis.
* Patients with persistent microcytic anaemia which is unexplained and unresponsive to 3 months’ treatment with iron therapy and a course of anti-helminths.

Patients aged under 55 with the symptoms listed both under urgent and routine referrals are more likely to have another explanation for their symptoms. If no diagnosis can be found and you are concerned, make a request via EMRS and discuss with the endoscopist.

## Flexible sigmoidoscopy

Refer the following patients for flexible sigmoidoscopy:

* Diarrhoea which doesn’t respond to treatment or persistent diarrhoea in an HIV negative patient.
* Rectal bleeding in patients aged over 40 years with no change in bowel habit.
* Rectal bleeding in patients aged under 40 years where it is not typical of haemorrhoids.

## Colonoscopy

Refer the following patients for colonoscopy:

* Patients 40 years and older with rectal bleeding and an increase in stool frequency or looseness for more than 6 weeks.
* Patients 60 years an older with either rectal bleeding for more than 6 weeks or an increase in stool frequency or looseness for more than 6 weeks.
* Anyone with altered blood or blood mixed in the stool.
* Patients with persistent microcytic anaemia which is unexplained and unresponsive to 3 months’ treatment with iron therapy and a course of anti-helminths.

## ASA score

The American Society of Anesthesiologists score is a subjective assessment of a patient’s overall health that has been shown to be related to outcome from surgical and other procedures and which can be used to estimate the risk of the procedure and the level of support the patient may require.

The categories are outlined below. Please indicate which category your patient falls into when completing the request form on EMRS.

|  |  |
| --- | --- |
| **ASA score** | **Definition** |
| I | Patient is a completely healthy fit patient. |
| II | Patient has mild systemic disease. |
| III | Patient has severe systemic disease that is not incapacitating. |
| IV | Patient has incapacitating disease that is a constant threat to life. |
| V | A moribund patient who is not expected to live 24 hours with or without surgery or intervention. |

## References

BSG, AUGIS, ACPGBI Position statement. Guidance on the indications for diagnostic upper GI endoscopy, flexible sigmoidoscopy and colonoscopy. 2011.

|  |  |  |
| --- | --- | --- |
| **Written by:** | Name: Karen Forrest | Date: 01 November 2019 |
| **Reviewed by:** | Name: Will Taylor | Date: 04 November 2019 |
| **Version:** | **Change history:** | **Review due date:** |
| 1.0 | New document | 04 November 2021 |
| Review Comments (*if applicable)* |  |  |