Direct access flexible sigmoidoscopy (DAFS) and colonoscopy (DACS) service

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Dr Eleanor Hitchman
Miss Helen Pardoe
Dr Nora Thoua
Direct Access Flexible Sigmoidoscopy and Colonoscopy

• A diagnostic service for GPs to assist them with the management of patients presenting to primary care with rectal bleeding and change in bowel habit.

• Motives:
  – Reducing unnecessary colorectal / gastro clinic appointments
    • Streamlining colorectal/ gastro clinics
    • Commissioning
    • Patient convenience
    • Straight to test model
Referral criteria

Direct Access Flexible Sigmoidoscopy (DAFS)
- Patients aged 18-55 with rectal bleeding (and no CIBH)
- Treat with conservative measures for 4w (see C&H rectal bleeding pathway 2013)
- Refer if symptoms persist >4w or if patient anxiety

Direct Access Colonoscopy (DACS)
- Aged 40-70
- New alteration in bowel habit (towards diarrhoea) >3w
- Altered bowel habit and rectal bleeding (any duration)
- Rectal bleeding alone if aged >55
- Strong family history of colorectal cancer
Patient presents with GI symptoms

History
Examination
Investigations (if indicated)
- FBC, U&Es, haematins, coeliac serology, TFTs
- Stool culture (if increased frequency)

- Meets 2 week wait referral criteria (see below)
- Rectal bleeding only (no other GI sx, and not meeting 2ww criteria)
- Other GI symptoms (+/- rectal bleeding), not meeting 2 week wait criteria

- Refer under 2 week rule
- Conservative measures
- Referral for Direct Access Colonoscopy (DACS)
- Referral for Direct Access Flexible Sigmoidoscopy (DAFS)

- Age <55
  - Symptom settle
  - Reassure
  - Symptom persist >4w or recur (or patient anxiety)

- Age >55
  - Other symptoms
    - Aged 40-70
    - New alteration in bowel habit (towards diarrhoea) >3w
    - Altered bowel habit and rectal bleeding (any duration)
    - Strong family history of colorectal cancer (see below)

- Consider routine referral to secondary care
2 week wait referral criteria

All ages

- Definite, palpable, right sided, abdominal mass
- Definite, palpable, rectal (not pelvic) mass
- Unexplained iron deficiency anaemia
  - **AND:** Male with a Hb of < 11g/dl
  - Non menstruating female with a Hb of < 10g/dl

Over 40 years

- Rectal bleeding WITH a change of bowel habit towards looser stools &/or increased frequency \( \geq 6 \text{ wks} \)

Over 60 years

- Rectal bleeding persisting \( \geq 6 \text{ wks} \) WITHOUT a change in bowel habit or anal symptoms (e.g. soreness, discomfort, itching, prolapse, pain)
- Change in bowel habit to looser stools &/or more frequent stools persisting \( \geq 6 \text{ wks} \) WITHOUT rectal bleeding
Routine Referral to Secondary Care

- No red flag sx, but other GI symptoms
  - Abdominal pain
  - Weight loss
  - Normocytic anaemia
  - Previous colonic polyps
  - Past history IBD
  - Strong FH CRC (can refer for DACS)

- Age >70yrs (not meeting 2ww criteria)
Referral for DAFS/DACS

- Choose and Book
  - Under GI & Liver (Medicine & Surgery) – Endoscopy [or Diagnostic Endoscopy]
  - Directly bookable appointment
- Appointments available on Tuesday
- Complete referral form and send electronically with CAB
- Give patient information leaflet +/- bowel prep to patient
# Direct Access Flexible Sigmoidoscopy Referral Form

**Section 1: Patient Information (Please complete in BLOCK CAPITALS)**

<table>
<thead>
<tr>
<th>Surname</th>
<th>Date of Birth</th>
<th>NHS Number</th>
<th>UBRN</th>
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<tr>
<th>First Name</th>
<th>Home Tel.</th>
<th>Mobile/Daytime Tel.</th>
<th>Interpreter</th>
<th>Language</th>
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<tbody>
<tr>
<td></td>
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<table>
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<tr>
<th>Miss</th>
<th>Mrs</th>
<th>Mr</th>
<th>Other</th>
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**Section 2: Practice Information (Please use practice stamp if available)**

<table>
<thead>
<tr>
<th>Referring GP</th>
<th>Practice Address</th>
<th>Telephone</th>
<th>Fax</th>
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<th>Post Code</th>
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**Section 3: Clinical Information**

Please endorse print outs of CURRENT medications and PAST MEDICAL HISTORY

Please describe the clinical features and duration of symptoms

<table>
<thead>
<tr>
<th>Past Medical History</th>
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<table>
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<tr>
<th>Examination Findings</th>
<th>Investigations (if done)</th>
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<tr>
<td>PR examination</td>
<td>PSA, FBC, GFR, CRP,</td>
</tr>
<tr>
<td>Abdo examination</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Please attach C&S paperwork.
# Direct Access Colonoscopy (DACS) Referral Form

(Include attach to C&B paperwork)

## Section 1: Patient Information (Please complete in Block Capitals)

<table>
<thead>
<tr>
<th>SURNAME</th>
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<tbody>
<tr>
<td>FIRST NAME</td>
<td>[self-populates]</td>
<td>Date of Birth</td>
<td>[self-populates]</td>
</tr>
<tr>
<td>Miss /Mrs /Ms /Mr</td>
<td>[self-populates]</td>
<td>NHS Number</td>
<td>[self-populates]</td>
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<tr>
<td>Other:</td>
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<td>UBRN</td>
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<td>Address</td>
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## Section 3: Clinical Information

Please enclose printouts of current medications and past medical history.

Tick box (Must be checked):
- Aged 40-70: patients aged outside of this range not suitable for this service
- New alteration in bowel habit (towards diarrhoea) >3w
- Altered bowel habit and rectal bleeding (any duration)
- Rectal bleeding alone if aged >55
- Strong family history of colorectal cancer (colonoscopy recommended at age 50-55 if asymptomatic – see BSG website: Colonoscopy in High Risk Groups for more info)
- CRC in 1 FDR aged <50
- CRC in 2 FDR of any age

Please describe the clinical features and duration of symptoms:

- [Ability to free text history]

### Past Medical History

- [self-populates with problem list]
  - [Ability to free text below]

### Medications

- [self-populates with current medications]
  - [Ability to free text below]

### Examination Findings

- Abdo examination
- PR examination

### Investigations (if done)

- FBC: [self-populates with results & date of test]
- Ferritin: [*]
- CRP: [**]
# Choose and Book listing

## Service Selection

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<thead>
<tr>
<th>Select</th>
<th>Name</th>
<th>Referrer</th>
<th>Direct Bookable</th>
<th>Location</th>
<th>Patient Information</th>
<th>Appointment Type</th>
<th>Indicative Wait Time</th>
<th>Organisation Type</th>
<th>Menu</th>
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<td>🗓️</td>
<td>🗂️</td>
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<td>Diagnostic</td>
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<td>Independent</td>
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<td>Secondary Care</td>
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<td>🗂️</td>
<td>BMI - THE BLACKHEATH HOSPITAL</td>
<td>NHS Choices</td>
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<td>9 Days</td>
<td>Independent</td>
<td>Secondary Care</td>
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<td>9 Days</td>
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<td>15 Days</td>
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GP/Patient Chooses and Books

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<th>Select</th>
<th>Appointment Date/Time</th>
<th>Service Name</th>
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Information for patients/GPs - medications

- **Aspirin**:  
  - Continue  
  - No contraindication to diagnostic procedure +/- biopsies on aspirin

- **Clopidogrel**:  
  - Consider stopping if safe

- **Warfarin**:  
  - Continue for DAFS, GP to check INR 1 week before endoscopy date  
  - If INR within therapeutic range, continue usual daily dose  
  - If INR above therapeutic range but <5, reduce daily dose until INR returns to therapeutic range  
  - Consider stopping if safe for DACS

- **Iron tablets**:  
  - Stop 1 week before procedure
Information for patients – the procedure

- Bowel prep - phosphate enema (DAFS) / moviprep (DACS)
- Escort if colonoscopy and want sedation
- Consent and short history pre-procedure
- Procedure
- Report and discharge summary to patient and GP (electronic discharge sent automatically)
Unsuitable Patients

- Acute anal pain suggestive of anal fissure (procedure unlikely to be tolerated)
- Recent MI or CVA within 8 weeks
- CKD, eGFR < 30
- Obesity (overall weight > 135 kg)
- Mental health problems or dementia
- Poor mobility (need to be able to transfer from chair to bed) – especially for DAFS
- Recent full colonoscopy eg BCSP
Follow-up

• All patients will be discharged back to primary care following this procedure unless diagnosis of serious pathology found:
  – malignancy
  – IBD
  – adenomatous polyps
• The report will include detailed advice on management
• Histology reviewed in paper clinic
DAFS results
October 2012-July 2014

• 459 DAFS referrals
• DNAs/refused procedure: 72 (15.6%)
• 387 procedures performed:
  Clinical results
  – IBD 29 (6.3%)
  – Cancer 3 (0.7%) neuroendocrine tumour 1 (0.25%)
  – Adenomas 28 (7.2%)
  – Hyperplastic polyps 46 (11.8%)
  – Inflammatory polyps 4, leiomyomas 1, (1.29%)
• TOTAL WITH PATHOLOGY = 28.9%
• TOTAL WITH SIGNIFICANT PATHOLOGY = 15.8%
• TOTAL WITH CANCER = 1.0%
• Referred on for colonoscopy = 10.3%
Patient Satisfaction - DAFS

• Questionnaire sent out to 100 patients: 23 returned
  1) Did your GP explain why he felt this test was necessary?
  2) Did your GP explain what you were coming for?
  3) Were you given an information leaflet?
  4) Was this helpful in explaining the procedure and risks?
  5) Was this test done quickly enough after being referred by your GP?
  6) Did you have the chance to discuss the test with the Endoscopist?
  7) Where the risks of the procedure fully explained?
  8) Where you treated with in a polite and courteous way?
  9) In terms of discomfort experienced, how did you find the procedure?
  10) Did you receive an explanation of your results?
  11) Was it helpful to you to be able to have this test on one visit to hospital?
  12) Overall please state how satisfied you were with the Direct Access
Comment/ Suggestions
Patient Satisfaction - DAFS

• Procedure done quickly enough:
  – 78% yes, 22% no

• Helpful to have test on one visit to hospital:
  – 87% - yes, prefer one visit
  – 4% - no, prefer to see dr in OPD first  (9% don’t mind)

• Overall satisfaction:
  – Very satisfied 61%, Satisfied 13%, Neutral 9%,
    Dissatisfied 9%, Very dissatisfied 9%
DACS results 6/5/14 - 2/12/14

- 66 procedures performed:
  - IBD 3 - 2 (proctitis), 1 ileitis
  - Cancer 1 (1.5%)
  - Adenomas 17 (27%), 15 need surveillance (23%)
  - Diverticulosis 5
  - Haemorrhoids 1
  - Normal 39 (59%)
The Primary Care Dilemma

Likely to be this

Always worried if we miss this
New 2 week wait referral criteria

- Rectal bleeding with change of bowel habit* of ≥ 3 weeks duration (age 40 and over)
- Rectal bleeding without change in bowel habit with no obvious cause ≥ 3 weeks duration (age 50 years and over)
- Change of bowel habit with tendency towards looser stools persisting for 3 weeks or more without bleeding (age 50 years and over)
- Abdominal mass thought to be large bowel cancer (any age)
- Palpable rectal mass (any age)
- Males of any age with Hb ≤ 11g/100ml; Ferritin ≤30 mg/dL; MCV ≤ 79 iron deficiency picture
- Non menstruating female with Hb ≤ 10g/100ml; Ferritin ≤30 mg/dL; MCV ≤ 79 iron deficiency picture
- Other high clinical suspicion of colorectal cancer