Luton and Dunstable University Hospital NHS Foundation Trust

Standard Operating Policy/Procedure	**Standard Operating Procedure Department of Endoscopy**

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General Manager/Service Lead	**Georgina Coupe**
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Target Audience:	**All Endoscopy Staff at Luton & Dunstable Hospital** **GP's**
Key Words:	**Endoscopy, Open access**
Associated Trust Documents:	**Endoscopy Operational Policy**
Reason for current amendments:	**Update**

Service
The GP Open (Direct) Access Endoscopy pathway to Luton & Dunstable University Hospital NHS Foundation Trust allows GPs to refer patients directly for an endoscopic procedure (either gastroscopy and/or flexible sigmoidoscopy) without a preliminary consultation with the Consultant/Endoscopist.

Patients requiring other endoscopic procedures must be referred to the respective speciality via outpatients.

Referral
GP Open (Direct) Access referrals are received from GP surgeries within the local healthcare community. The GP should complete the referral proforma with the relevant demographic and clinical details in accordance with the GP Open Access pathway. The referrals are triaged by a Consultant within 72 hours. Inappropriate referrals that do not meet the British Society of Gastroenterology criteria are rejected on the system with comments; it is the responsibility of the referring clinician to check the referral has been accepted.

OPEN ACCESS GASTROSCOPYSERVICE

- Open access gastroscopy will only be performed in patients without alarm symptoms who require gastroscopy according to the agreed dyspepsia pathway (see appendix A and B). All patients will be told they must stop any PPI or H2 blocker 2 weeks before their OGD.
- For patients that may require gastroscopy, but who do not fulfil these guidelines, please refer to Gastroenterology by letter with a full explanation of the problem.
- Patients who have already been investigated by gastroscopy for similar symptoms do not require further gastroscopy unless their symptoms have changed **significantly.**
- Patients with **alarm symptoms** should be referred directly to one of the Gastroenterology consultants under the 2 week rule using the proforma for suspected upper GI cancers.

OPEN ACCESS FLEXIBLE SIGMOIDOSCOPY SERVICE

Referral guidelines for open access Flexible Sigmoidoscopy

- Rectal bleeding (without associated anal symptoms)
- Age < 70 years
- ASA grade 1 or 2
- Patient is able and willing to administer an enema at home before coming up for their appointment
- Patient is able and willing to undergo the procedure without sedation (but with Entonox if required)
- Patient is able to give informed consent for the procedure
- Patient does not fit the criteria for a suspected cancer referral
- There is or has been no clinical suspicion of acute diverticulitis within the last 10 weeks (Flexible Sigmoidoscopy is contraindicated in acute diverticulitis)

Organisation of the open access Flexible Sigmoidoscopy service

- Referrals will be made on ICE (GPs will be able to access information about the procedure and self-administration of the enema to print off and give to the patients whilst making the request)
- Most procedures will be performed by the colorectal nurse specialist, although patients may also be accommodated on other lists according to demand
- Referral for an open access Flexible Sigmoidoscopy is for the investigation and not for an opinion and the GP retains the responsibility for on-going management and making further referrals as appropriate
- The hospital will be responsible for making appropriate arrangements under the following circumstances to ensure rapid access to treatment:
    - If the patient is found to have a cancer, staging investigations will be requested and the patient referred to the colorectal team
    - If the patient is found to have Inflammatory Bowel Disease they will be given information about this and if possible seen by the IBD nurse for a more detailed explanation about the diagnosis. Patients will be started on appropriate treatment and referred to the Gastroenterology IBD clinic for assessment on on-going treatment (aiming for self-management in the longer term whenever appropriate)
    - If the patient is found to have polyps, a full colonoscopy will be organised and then follow up as required depending on histology

Booking of Appointment

'Routine' category patients will receive an appointment letter and information by post.

Patients should **NOT** be encouraged to contact the Endoscopy Booking Office unless they are unable to attend the appointment.

Procedure

The procedure will take place in the Endoscopy Unit situated on the ground floor of the main building, next to Paediatric Outpatients. The access is via the hospital service road.

Post Procedure

Following the endoscopic procedure and consultation, a copy of the endoscopy report will be given to the patient and a copy sent directly to the GP.

If no histology is taken no further action is required by the Endoscopy Department.

If histology is taken the Consultant/Endoscopist will review the histology report and either

- If urgent ie sinister pathology, Endoscopist to organise further investigations and/or outpatient appointment as appropriate and the GP and patient will be informed by letter.

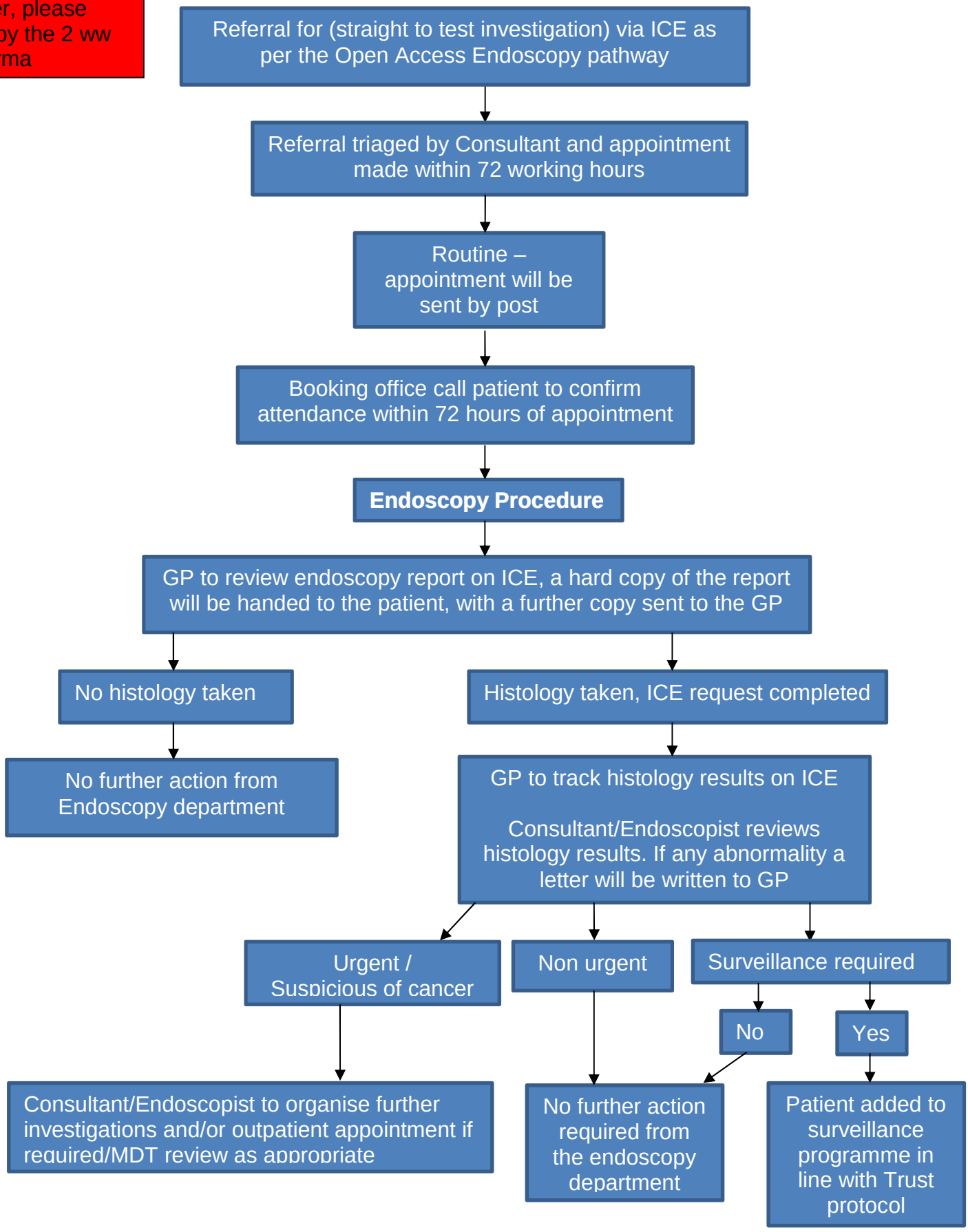
- If non urgent, the GP will be responsible for on-going management with referral to appropriate outpatient clinic if necessary. No letter will be sent if histology is normal, and the GP will be responsible for informing the patient

- If it is identified that a future surveillance procedure is required, the patient will be added to the Endoscopy Surveillance Programme, in line with Trust protocol.

Treatment is usually initiated post procedure (eg Helicobacter pylori eradication) although there may be some instances where the patient will be required to be reviewed by the GP for further management and referral.

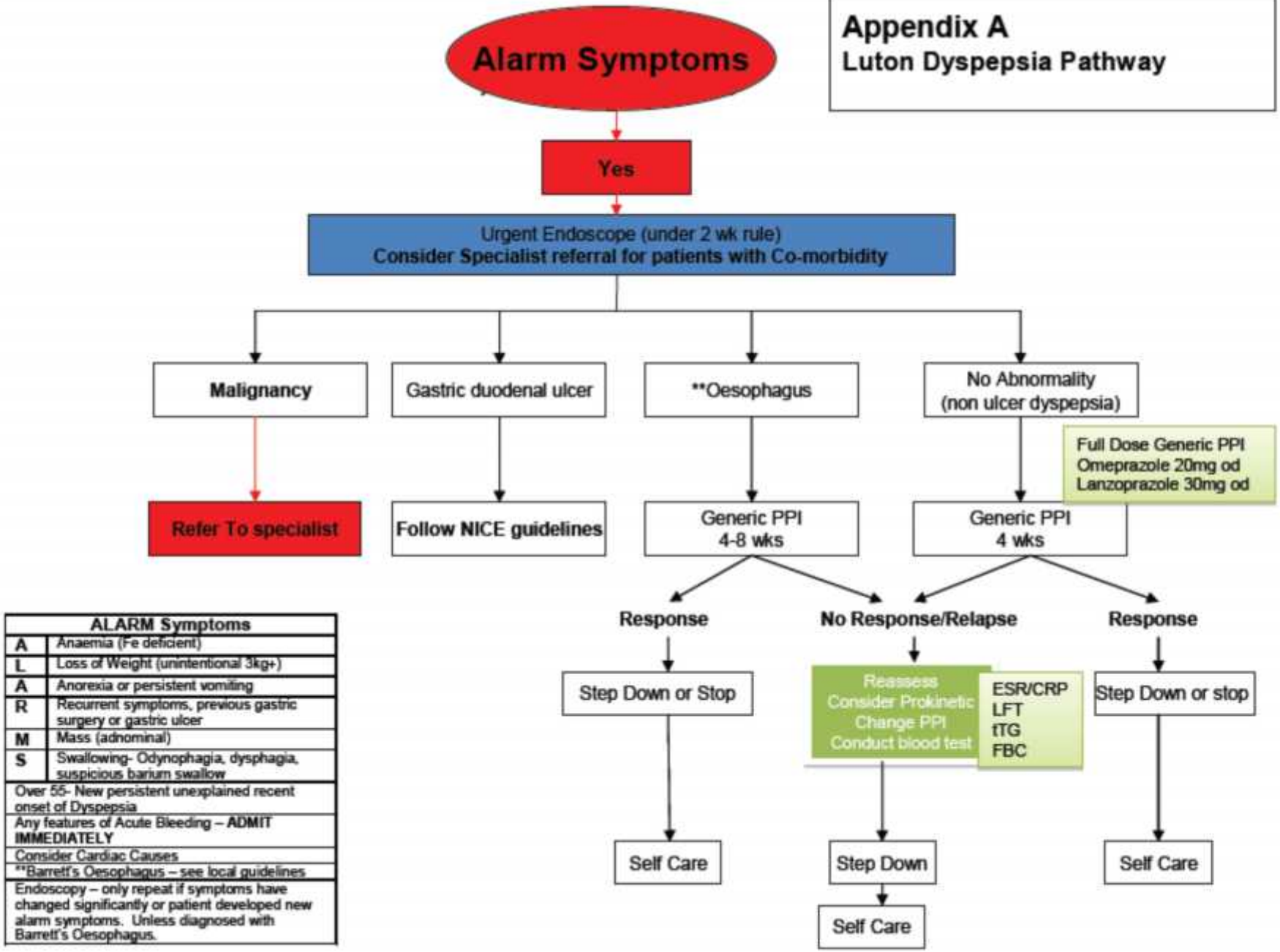
For those patients where there is a suspicion of cancer, please refer by the 2 ww proforma

Pathway for Open Access Endoscopy referrals

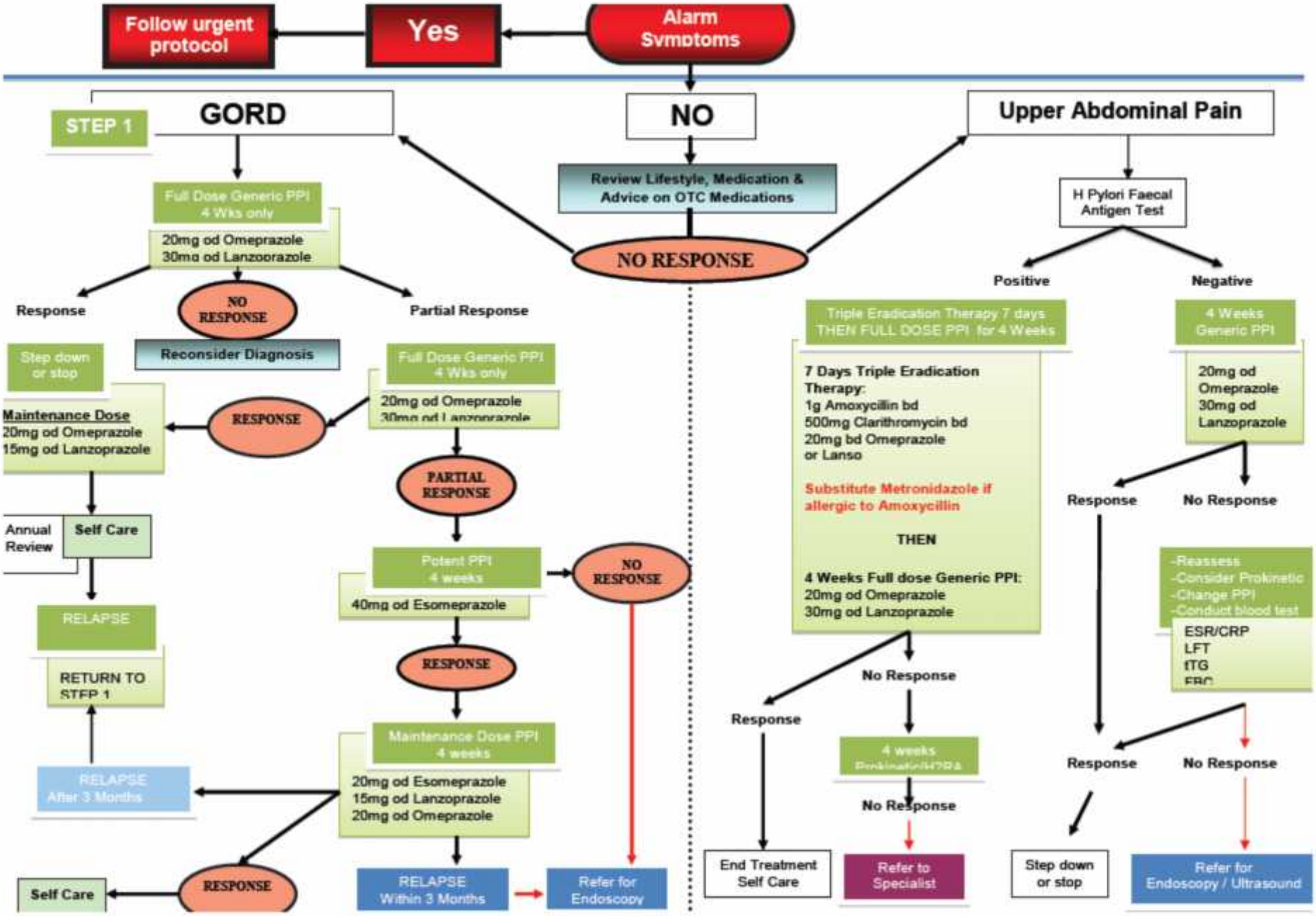


Please ensure that patients have capacity to consent for this procedure. If not, an MCA +/- consent form 4 will need to be completed before referring

Appendix A
Luton Dyspepsia Pathway



ALARM Symptoms	
A	Anaemia (Fe deficient)
L	Loss of Weight (unintentional 3kg+)
A	Anorexia or persistent vomiting
R	Recurrent symptoms, previous gastric surgery or gastric ulcer
M	Mass (adnominal)
S	Swallowing- Odynophagia, dysphagia, suspicious barium swallow
Over 55- New persistent unexplained recent onset of Dyspepsia	
Any features of Acute Bleeding – **ADMIT IMMEDIATELY**	
Consider Cardiac Causes	
**Barrett's Oesophagus – see local guidelines	
Endoscopy – only repeat if symptoms have changed significantly or patient developed new alarm symptoms. Unless diagnosed with Barrett's Oesophagus.	


Alarm Symptoms
Yes
Follow urgent protocol
NO
Review Lifestyle, Medication & Advice on OTC Medications
NO RESPONSE
GORD
STEP 1
Full Dose Generic PPI 4 Wks only
20mg od Omeprazole
30mg od Lanzoprazole
Response
NO RESPONSE
Partial Response
Reconsider Diagnosis
Step down or stop
Maintenance Dose
20mg od Omeprazole
15mg od Lanzoprazole
RESPONSE
Full Dose Generic PPI 4 Wks only
20mg od Omeprazole
PARTIAL RESPONSE
Annual Review
Self Care
Potent PPI 4 weeks
40mg od Esomeprazole
NO RESPONSE
RELAPSE
RETURN TO STEP 1
RESPONSE
Maintenance Dose PPI 4 weeks
RELAPSE After 3 Months
20mg od Esomeprazole
15mg od Lanzoprazole
20mg od Omeprazole
Self Care
RESPONSE
RELAPSE Within 3 Months
Refer for Endoscopy
Upper Abdominal Pain
H Pylori Faecal Antigen Test
Positive
Negative
Triple Eradication Therapy 7 days THEN FULL DOSE PPI for 4 Weeks
7 Days Triple Eradication Therapy:
1g Amoxycillin bd
500mg Clarithromycin bd
20mg bd Omeprazole
or Lanso
Substitute Metronidazole if allergic to Amoxycillin
THEN
4 Weeks Full dose Generic PPI:
20mg od Omeprazole
30mg od Lanzoprazole
Response
No Response
End Treatment Self Care
4 weeks
No Response
Refer to Specialist
4 Weeks Generic PPI
20mg od Omeprazole
30mg od Lanzoprazole
Response
No Response
-Reassess
-Consider Prokinetic
-Change PPI
-Conduct blood test
ESR/CRP
LFT
tTG
Response
No Response
Step down or stop
Refer for Endoscopy / Ultrasound