

# Echuca Regional Health

## COLONOSCOPY REFERRAL

SURNAME: \_\_\_\_\_ UR NO: \_\_\_\_\_  
 GIVEN NAME: \_\_\_\_\_  
 DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ WARD: \_\_\_\_\_  
 DOCTOR: \_\_\_\_\_  
 USE LABEL IF AVAILABLE

Please complete this form in full. Incomplete forms will be returned to the requesting clinician.

REFERRAL INFORMATION	PATIENT'S DETAILS
Referring Clinic: _____ Referring Doctor (print): _____ Email: _____ Phone/Pager: _____ Signature: _____ Consultant: _____	Name: _____ Address: _____ Email: _____ Phone (W): _____ Phone (H/M): _____
Interpreter required (please tick): <input type="checkbox"/> Yes <input type="checkbox"/> No	Language (specify): _____

Colonoscopy  Flexi-sigmoidoscopy

**INDICATION A: Symptoms and investigations\*** (circle main indication, tick all others and provide a copy of results)

<input type="checkbox"/> Positive iFOBT	<input type="checkbox"/> NBCSP	<input type="checkbox"/> Not NBCSP	<input type="checkbox"/> Abnormal imaging
<input type="checkbox"/> Anaemia: (provide results below)*			<input type="checkbox"/> Likely CRC
<input type="checkbox"/> Rectal bleeding, duration _____ months			<input type="checkbox"/> Hb
<input type="checkbox"/> Age ≥ 60 years			<input type="checkbox"/> MCV
<input type="checkbox"/> Change in usual bowel habit, duration _____ months			<input type="checkbox"/> MCH
<input type="checkbox"/> Constipation, duration _____ months			<input type="checkbox"/> Ferritin
<input type="checkbox"/> Diarrhoea, duration _____ months			<input type="checkbox"/> Calprotectin
<input type="checkbox"/> Unexplained abdominal pain, duration _____ months			<input type="checkbox"/> CRP
<input type="checkbox"/> Unexplained weight loss			<input type="checkbox"/> ESR
<input type="checkbox"/> Palpable mass (or on sigmoidoscopy) <input type="checkbox"/> Abdominal <input type="checkbox"/> Rectal			<input type="checkbox"/> Other
<input type="checkbox"/> Possible IBD			
<input type="checkbox"/> Primary of unknown origin			

Family history colorectal cancer (please tick)  Yes  No (State details. See details over page for screening.)

**Clinical Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**INDICATION B: Surveillance** (see details over page for groups) Date of last colonoscopy \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Provide a copy of results

<input type="checkbox"/> Adenoma surveillance group:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
<input type="checkbox"/> IBD surveillance group:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Date of IBD diagnosis _____ / _____ / _____
	Date of primary sclerosing cholangitis diagnosis _____ / _____ / _____
<input type="checkbox"/> Family history risk category:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Syndrome _____
<input type="checkbox"/> Colorectal cancer	Date of diagnosis _____ / _____ / _____

**Clinical Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**INDICATION C: Therapeutic**

Haemorrhoid banding  Polyp ≥ 2 cm  Polyp < 2 cm  EMR  Enteral stenting  Dilation  Other (state)

**Clinical Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>NHMRC (2011) GUIDELINES: Colonoscopic surveillance intervals – adenomas</b>			
<b>Low risk</b> 1–2 adenomas and All < 10 mm No villous features No high-grade dysplasia	<b>High risk</b> 3–4 adenomas or Any adenoma ≥ 10 mm Villous features High-grade dysplasia	<b>Multiple</b> > 5 adenomas	Possible incomplete or piecemeal excision of large or sessile adenoma
<b>GROUP A</b>	<b>GROUP B</b>	<b>GROUP C</b>	<b>GROUP D</b>
Colonoscopy at 5 years	Colonoscopy at 3 years	5–9: colonoscopy at 1 year ≥ 10: colonoscopy at < 1 year, consider referral to a genetics service	Colonoscopy at 3–6 months
<b>Findings at first follow-up</b> No adenomas: colonoscopy at 10 years <b>or</b> FOBT every 1–2 years Low risk – as for A High risk – as for B Multiple – as for C	Repeat colonoscopy at 3-yearly intervals. If the second followup colonoscopy is normal or shows low-risk features, consider increasing the interval on an individualised basis	<b>Findings at first follow-up</b> No clear guidelines. Suggested: Multiple: as for C If normal, low or high risk: as for B	<b>Findings at first follow-up</b> No residual adenoma: 12 months Residual adenoma: as for D <b>Findings at second follow-up</b> Normal or low risk: as for A High risk: as for B Multiple: as for C Recurrent adenoma: as for D, and consider other options if relevant such as surgical referral

<b>NHMRC (2011) GUIDELINES: Colonoscopic surveillance intervals – inflammatory bowel disease</b>		
<b>GROUP 1</b>	<b>GROUP 2</b>	<b>GROUP 3</b>
One or more of: • active disease • primary sclerosing cholangitis • stricture, multiple inflammatory polyps or shortened colon • previous dysplasia	<ul style="list-style-type: none"> <li>Inactive ulcerative colitis with no high-risk features; or</li> <li>Crohn's disease with no high-risk features and</li> <li>No first-degree relative with colorectal cancer at age &lt; 50 years</li> </ul>	Recommended for Group 2 when two previous colonoscopies are macroscopically and histologically normal
<b>1-yearly colonoscopy</b>	<b>3-yearly colonoscopy</b>	<b>5-yearly colonoscopy</b>

<b>NHMRC (2005) GUIDELINES: Colorectal cancer screening – family history</b>		
<b>Category 1</b> Slightly above average risk (relative risk × 1–2)	<b>Category 2</b> Moderately increased risk (relative risk × 3–6)	<b>Category 3</b> High risk
1 first- (FDR) or second-degree relative (SDR) age ≥ 55 years at diagnosis	1 FDR or SDR age ≤ 55 years at diagnosis; or 2 FDR or 1 FDR and 1 SDR on the same side of the family, any age at diagnosis	Known or suspected familial syndrome
<b>FOBT every 1–2 years and consider sigmoidoscopy (preferably flexible) every 5 years from age 50 years</b> <b>Routine colonoscopy not recommended</b>	<b>5-yearly colonoscopy from age 50 years, or 10 years younger than the age of first diagnosis of colorectal cancer in the family, whichever comes first</b>	<b>Known familial adenomatous polyposis (FAP) or Lynch syndrome (HNPCC): Specialist referral, as per NHMRC guidelines</b> <b>Suspected Lynch syndrome: Every 1–2 years from age 25 years or 5 years younger than the youngest affected family member (whichever comes first)</b> <b>Suspected FAP or other syndromes: refer to guidelines</b>

<b>NHMRC (2011) GUIDELINES: Colonoscopic surveillance intervals – following surgery for colorectal cancer</b>		
<b>Is surveillance colonoscopy appropriate?</b> Surveillance colonoscopy should be offered to those who have undergone curative treatment and are fit for further treatment if disease is detected		
<b>YES</b>		<b>NO</b>
Was the colon cleared of adenomas and synchronous cancers pre-operatively?		No colonoscopy Ensure detailed discussion and complete documentation
<b>YES</b>	<b>NO</b>	
Colonoscopy at 1 year post-op	Colonoscopy at 3–6 months post-op	
<b>Subsequent colonoscopic interval dependent on findings at follow-up:</b> Normal – repeat 5-yearly Adenomas – repeat as per adenoma chart Cancer – refer for surgery or other as appropriate		