

Bowel Cancer Screening Programme
 Standard Operating Procedure

Referral and failsafe of patients referred for BCSP CT Cologram

Key Document code:	WAHT-KD-021	
Key Documents Owner:	Emma Duggan/Felicity Eykyn	Bowel Cancer & Bowel Scope Screening Manager/Bowel Cancer Lead Nurse Specialist Screening Practitioner
Approved by:	Bowel Screening Operational Meeting	
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Date of review:	11 th February 2022	

Key Amendments

Date	Amendment	Approved by
19 th June 2019	Documents extended for 6 months whilst reviewed	Emma Duggan
11 th Feb 2020	Documents extended for 6 months whilst review and approval is processed	Emma Duggan
27 th July 2020	Documents extended for 6 months during COVID-19 period	QGC/Gold Meeting
1 st March 2021	Document extended for 6 months as per Trust agreement 11/02/2021	
16 th July 2021	Documents extended for 6 months whilst review and approval is processed	Emma Duggan/ Mr Stephen Lake

Introduction

The aim of this guideline is to describe the procedure for referral and failsafe of all patients referred for BCSP CT Cologram. Examples of patients who may require CT Cologram may include;

- patients who are unable to take bowel preparation
- patients with significant co-morbidities which contra-indicate colonoscopy
- patients in whom previous colonoscopy has failed

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

Method

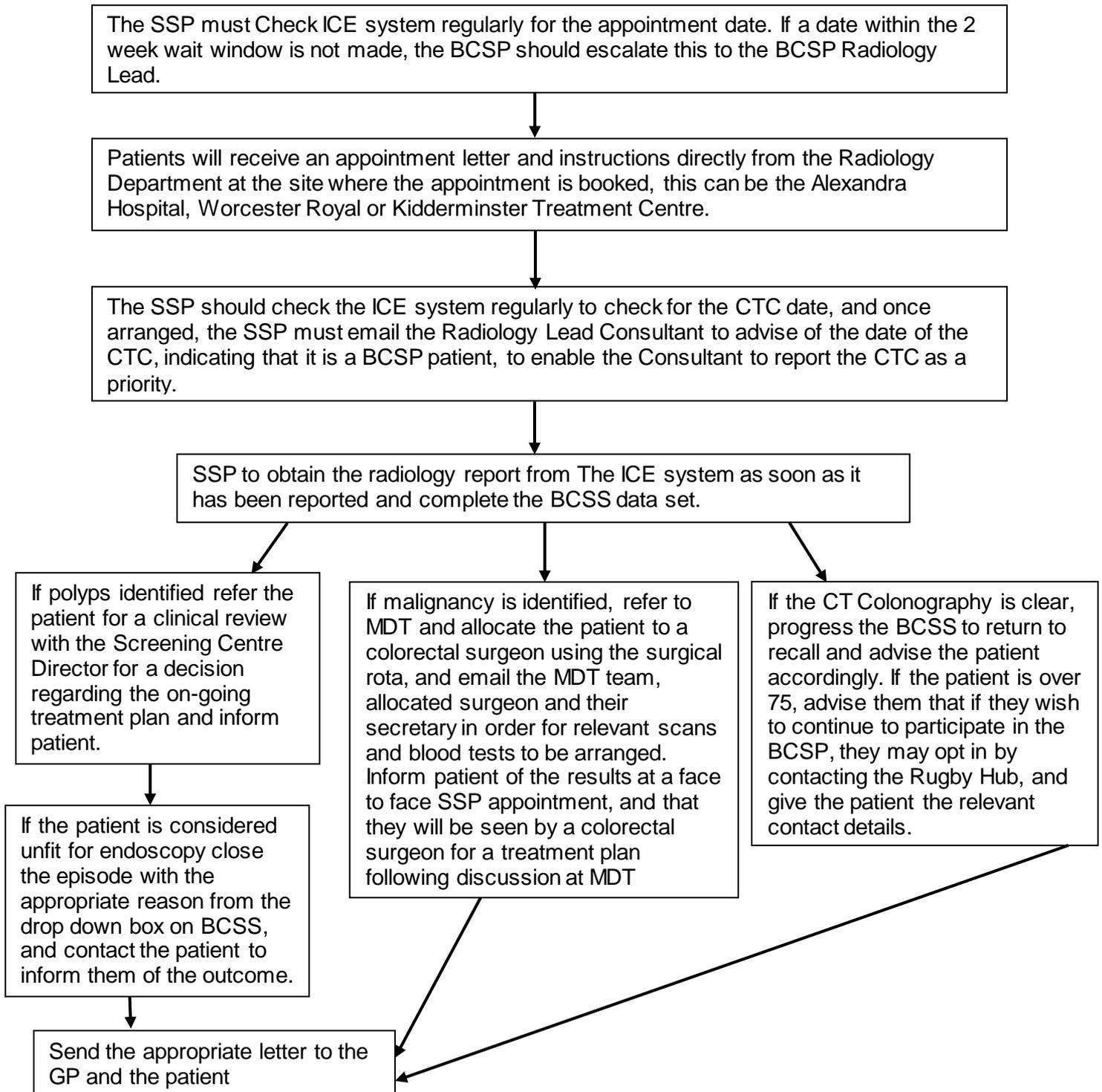
Following consideration of the information gathered at either SSP clinic or by telephone assessment in conjunction with the health check form for surveillance patients, the SSP assesses whether the patient is fit for colonoscopy or not. If the patient is unfit for colonoscopy, consideration of suitability for CTC should be given.

The SSP should document this on BCSS and a Clinical Review proforma be completed with a brief summary of the individual's medical history, that the patient is unfit for screening colonoscopy and requires consideration for alternative investigation.

The patient pack, with a completed clinical review proforma should be placed in the clinical review folder.

The Screening Centre Director reviews clinical review patients on a weekly basis. The Screening Centre Director will assess the information provided and if deemed appropriate, complete the electronic radiology request form for CT Cologram, indicating that the patient is a BCSP patient, for a 2 week wait appointment, the surveillance due date should be included in the referral.

Once this is done, the patient pack is returned to the responsible SSP. It is the responsibility of the SSP to document the request on BCSS and check the details of the CTC request on the ICE system. This is to ensure that all the details are correct and that the patient has been identified as a BCSP patient for 2 surveillance date, and to make sure the patient receives Gastrografin and low residue diet alone. If the patient has known constipation problems, consider discussion with the BCSP Consultant Radiologist regarding the use of Piccolax.



N.B. All CT colograms are currently provided by Worcestershire Acute NHS Trust.

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