

Patients with a Pacemaker/Implanted Cardiac Defibrillator

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Key Documents Owner:	Emma Duggan	Bowel Cancer & Bowel Scope Screening Manager
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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
November 2022	Document approved without amendments	SCSD Governance Meeting
March 2024	Minor amendment to time frame to check devices prior to procedure– approved by Clinical Director	Avril Turley/ Mr Stephen Lake

Table of abbreviations

AH	Alexandra Hospital
WRH	Worcestershire Royal Hospital
HCH	Hereford County Hospital
QE	Queen Elizabeth Hospital

Introduction

The aim of this guideline is to ensure the safety of patients with either a pacemaker or implanted cardiac defibrillator who require a colonoscopy procedure.

Details Of Guideline

Prior to Procedure:

- Complete colonoscopy assessment using the Bowel Cancer Screening System.
- Establish type of cardiac device and the name of the patient’s cardiologist. The patient may carry an information card regarding their device or it may be necessary to obtain information about the device from the hospital in which it was inserted.

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- Ensure that the device has been recently checked in line with local Cardiology recommendations, prior to the colonoscopy procedure, by the Cardiology department responsible for monitoring the patient.

Contact the Cardiology Technicians based at relevant colonoscopy site for advice regarding specific devices. (Advise date, time and venue of screening colonoscopy procedure). The SSP should pass on details of the appointment onto the cardiology technicians via their admin who will arrange to attend endoscopy on the day of the procedure. Telephone contacts for cardiology technicians: AH 01527 507993, WRH: 01905 768999 email wah-tr.crmteam@nhs.net, HCH: 01432 364109, QE: 0121 3712545.

- Arrange a device check if necessary.

WRH - For pacemakers with no defibrillator function ensure a device check within 6 months.

HCH – For pacemakers with no defibrillator function ensure a device check within 6 months unless the pacing team are happy that it was done 6-12 months ago with no issues

WRH and HCH – For defibrillators ensure a device check within 6 months

- Inform the relevant endoscopy unit that the patient has a pacemaker in order that they may record the information on the relevant patient system e.g Oasis the Department should be made aware that a Scope Guide should not be used during the planned procedure.
- The SSP who is managing the participant should ensure that the Section 1 of the Pacemaker Checklist document has been completed prior to planned procedure.

Day of Procedure:

- Ensure cardiac monitoring is available during the procedure, this should be via an ECG monitor by the head end nurse and endoscopist. This must be arranged by the SSP with the endoscopy unit where the colonoscopy is taking place.
- If the patient has an Implanted Cardiac Defibrillator, arrange for a cardiac technician to be present during the colonoscopy, as the device requires de-activating immediately prior to the procedure and re-activating at the end of the procedure. Post procedure confirm that the cardiac technicians consider the patient fit for discharge.
- If the patient has either a pacemaker or an implanted cardiac defibrillator, the Magnetic Positional Imager ('scope guide) cannot be used during colonoscopy,
- Ensure resuscitation equipment is available in the room during the procedure.
- Diathermy should only be used in short bursts, but if used extensively, the cardiac device should be checked post-procedure. Ensure that the diathermy plate is positioned away from the device.
- Diathermy should be stopped if cardiac arrhythmias occur (monitored via the ECG) and alternative means of haemostasis considered. E.G loop and/or staples.
- Ensure that the patients' pathway and all correspondence are clearly documented in the BCSS episode notes.

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- The SSP who is managing the participant should ensure that the Section 2 of the Pacemaker Checklist document has been completed prior to planned procedure.

References

MHRA (2006) Guidelines for peri-operative management of patients with implantable pacemakers or implantable cardioverter defibrillators, where the use of surgical diathermy / electrocautery is anticipated.