

### Failed Colonoscopy

<b>Key Document code:</b>	WAHT-KD-021	
<b>Key Documents Owner:</b>	Emma Duggan	Bowel Cancer & Bowel Scope Screening Manager
<b>Approved by:</b>	Bowel Screening Operational Meeting	
<b>Date of Approval:</b>	4 <sup>th</sup> September 2024	
<b>Date of review:</b>	4 <sup>th</sup> September 2027	

### Key Amendments

Date	Amendment	Approved by
19 <sup>th</sup> June 2019	Documents extended for 6 months whilst reviewed	Emma Duggan
11 <sup>th</sup> Feb 2020	Documents extended for 6 months whilst review and approval is processed	Emma Duggan
June 2018	Document reviewed- pathway for failed colonoscopy amended.	Gill Round
April 2020	Document reviewed- pathway for failed colonoscopy amended.	Gill Round
27 <sup>th</sup> July 2020	Documents extended for 6 months during COVID-19 period	QGC/Gold Meeting
1 <sup>st</sup> March 2021	Document extended for 6 months as per Trust agreement 11/02/2021	
16 <sup>th</sup> July 2021	Documents extended for 6 months whilst review and approval is processed	Emma Duggan/ Mr Stephen Lake
30 <sup>th</sup> Nov 2022	Document approved with no changes	SCSD Governance Meeting
August 2024	Minor amendment to include Lynch Syndrome and failed colonoscopy – page 3	Avril Turley

### Introduction

There are a small number of patients in whom colonoscopy cannot be completed. This can be for a variety of reasons including benign or malignant stricturing lesions, tortuous colon and pain and discomfort etc. Further diagnostic investigation of the non-visualised bowel is required.

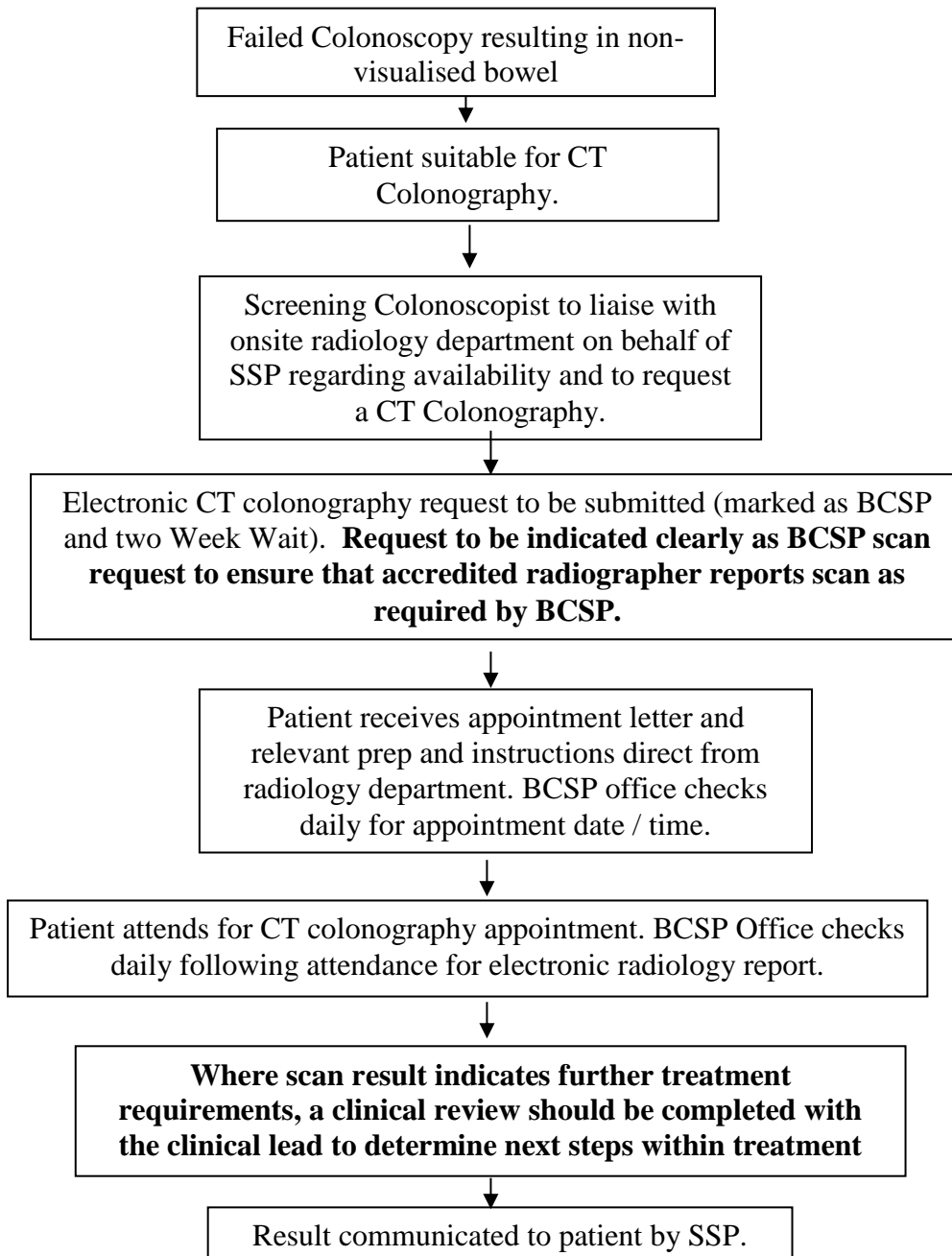
The purpose of this guideline is to ensure that, where appropriate, patients are offered a CT colonography (Non contrast) following an incomplete colonoscopy.

### Scope of This Document

This document applies to BCSP Screening Colonoscopists, Specialist Screening Practitioners (SSPs), Endoscopy Staff, Radiologists and administrative staff working within the Herefordshire & Worcestershire Bowel Cancer Screening Programme.

### Implementation

This guideline will need to be implemented in the event of a patient in whom colonoscopy is incomplete. All BCSP and radiology staff will be notified of this documents existence and it will form part of the induction plan for new staff.



**NB.**

- For Lynch Syndrome Patients Endoscopist to consider arranging a repeat procedure with an expert colonoscopist or a repeat procedure under deep sedation/general anaesthesia. If this fails CTC is an option although CTC should be avoided where possible due to the risk of radiation induced cancers and lack of validation of CTC in this population.

- If colonoscopy failed due to stricturing tumour (i.e.suspected malignancy) CT chest should be requested in addition to CT colonography and MRI if appropriate (Rectal tumours).
- Hereford County Hospital does not currently have provision to offer CT colonography however; patients should be offered opportunity to travel to Worcester. In this instance a same day procedure would not be possible. In the event that patient declines to travel, discussions should be held with the radiology department for the most appropriate test to be offered.
- It should be noted that Interim Guidance Update number 007 advises that CT colonography rather than Barium Enema should be offered where local expertise and circumstances permit.
- Consultants should indicate on CTC referral any co morbidities which could contraindicate use of Buscopan (Intravenous).

### References

- Burling, D. and Patnick, J. (2010) *Guidelines for the Use of Imaging in the NHS Bowel Cancer Screening Programme*. Sheffield, NHS Cancer Screening Programmes
- Hill, C. and Rashbass, J. (2010) *Quality Assurance Arrangements for the NHS Bowel Cancer Screening Programme*. Sheffield, NHS Cancer Screening Programmes
- BCSP National Office (2010) *IGU 007: Use of barium enema*. Sheffield, NHS Cancer Screening Programmes

**Monitoring Tool**

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	<b>WHAT?</b>	<b>HOW?</b>	<b>WHEN?</b>	<b>WHO?</b>	<b>WHERE?</b>	<b>WHEN?</b>
	During Colonoscopy the SSP and BCSP colonoscopist assesses and agrees on a failed colonoscopy outcome.	SSP & Screening Colonoscopist liaise with the Radiological Dept to arrange a CT Colonography.	This is arranged either on the same day or if no appointment available to arrange first available appointment within BCSP pathway.	SSP's and the Screening Colonoscopists, contact Radiological Booking Dept to check CT Colonography is arranged.	Radiological Department.	After Failed Colonoscopy – once.

## Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
2.	<b>Is there any evidence that some groups are affected differently?</b>	No	
3.	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	N/A	
4.	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
5.	<b>If so can the impact be avoided?</b>	N/A	
6.	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>	None	
7.	<b>Can we reduce the impact by taking different action?</b>	N/A	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

## Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	N/A

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director