

Bowel Cancer Screening Programme Guideline for patients who are planning to fly post BCSP Procedure

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Key Documents Owner:	Emma Duggan	Bowel Cancer & Bowel Scope Screening Manager
Approved by:	Endoscopy Governance Meeting	
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Key Amendments

Date	Amendment	Approved by
September 24	New document	Endoscopy Governance

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Quick Reference Guide

Please see enclosed flow diagram to show expected pathway for patients who are planning to travel abroad or use air travel post procedure.

1. Introduction

This operational guideline refers to Bowel Cancer Screening participants who are identified as planning to fly within 14 days of completing a diagnostic or therapeutic procedure and ensures that the correct protocol is followed for flying post colonoscopy or sigmoidoscopy and ensures that standard practice is followed throughout BCSP.

2. Scope of this document

This policy ensures that the appropriate pathway is followed by administrative staff, SP's, SSP's and Screening Colonoscopists for patients who present for BCSP.

3. Definitions

AMA - Aerospace Medical Association
BSG – British Society of Gastroenterologists
CAA - Civil Aviation Authority.
CTC – Computed tomography colon
SP - Screening Practitioner.
SSP - Specialist Screening Practitioner.

4. Responsibility and Duties

SSPs, BCSP Admin staff, SPs and Screening Colonoscopists working with BCSP patients.

5. Policy Detail

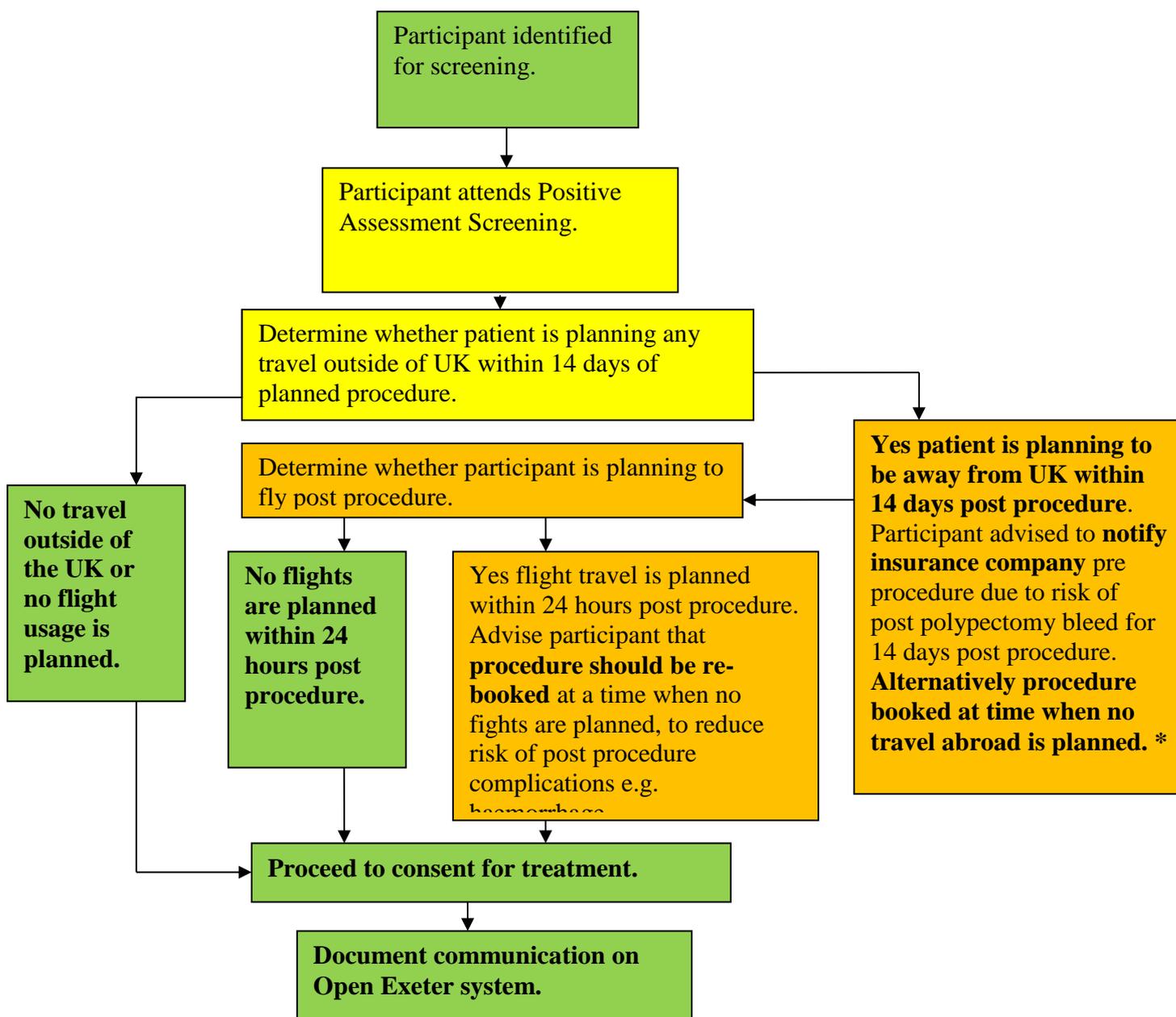
The communication with patients regarding travel away from the UK should be started pre procedure. This discussion should determine firstly if the patient is planning any travel outside of the UK and secondly if the participant is planning to use air travel.

- For patients who have undertaken therapeutic colonoscopy procedures post polypectomy bleed may be immediately apparent at the time of endoscopy, or delayed up to two weeks following the procedure. Patients on antiplatelet therapy or anticoagulant therapy have a higher risk of delayed bleeding post procedure (BSG 2016). If patients still intend to travel abroad, by any means, during these time patients should be advised to contact their travel insurers to inform them. Alternatively, an alternative date can be given for the procedure.
- Air travel following surgical intervention is an important consideration. Intestinal gas has the ability to expand by up to 30% by volume at an altitude of 8000 feet due to changes in the cabin air pressure which can result in stretching of the gastric mucosa which may result in haemorrhage and in extreme cases perforation. Following endoscopic procedures such as colonoscopy the CAA advise medical professionals to advise against air travel for 24 hours post procedure to allow time for endoscopic gases to disperse (CAA 2015). Alternatively an alternative date can be given for the procedure.

Interestingly patients who have had bowel surgery are advised to avoid flying for 10 days post-surgery, due to the expansion of gas within the abdominal cavity coupled with the risk of relative ileus following surgery, as air travel can increase the risk of haemorrhage due to stretching of the intestinal mucosa (CAA 2015).

Documentation of discussions involving the advice given to patients who are intending to travel abroad or use air travel should be fully documented on the Open Exeter system. Including if a patient does not follow the expected pathway.

Diagram 1: Flow diagram to show expected pathway for patients who are planning to travel abroad or use air travel post procedure.



*Patient may be travelling abroad without using air travel; insurers should be contacted for travel outside of UK, as no NHS cover will be available. (BSG 2016 and CAA 2015).

6. Implementation

6.1 Plan for implementation

Discussion at BCSP staff meeting to make BCSP staff aware. Addition to Policies and Procedures folder. New staff members are signposted to key documents on commencement of post.

6.2 Dissemination

Addition of policy circulation through e-mail to stakeholder group. Addition of document to Trust Intranet. BCSP staff on commencement of post will be signposted where they can access policies during their induction period.

6.3 Training and awareness

BCSP staff on commencement of post will be signposted where they can access policies during their induction period.

7. Monitoring and compliance

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:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	Key elements: "Are you travelling abroad within 24 hours of this procedure."	Key parts of the process are monitored: spot-checks, analysis of incident trends, monitoring of training as documented within staff meeting minutes.	AVI monitoring.	Programme manager / Lead Nurse.	Programme Board /	Annual review.

7. References and key documents:

Civil Aviation Authority (2015). Surgical Conditions – Information for Health Professionals on assessing fitness to fly. [Online] Available from: <https://www.caa.co.uk/Passengers/Before-you-fly/Am-I-fit-to-fly/Guidance-for-health-professionals/Surgical-conditions/> [Accessed April 2020].

British Society of Gastroenterologists - Veitch, A. Vanbiervliet, G. Gershlick, A. Boustiere, C. Baglin, T. Smith, L. Radaelli, F. Knight, E. Gralnek, I. Hassan, C. Dumonceau, J.M. (2016). Endoscopy in patients on antiplatelet or anticoagulant therapy, including direct oral anticoagulants: British Society of Gastroenterology (BSG) and European Society of Gastrointestinal Endoscopy (ESGE) guidelines. [Online] Available from: <https://gut.bmj.com/content/65/3/374.full> [Accessed April 2020].

Public Health (England 2019). Service Specification no26 Bowel cancer screening Programme.

8. Background

8.1 Equality requirements

Please refer to supporting document 1.

8.2 Financial risk assessment

Please refer to supporting document 2.

8.3 Consultation

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
BCSP Screening Director
BCSP Programme Manager
BCSP Matron
Specialist Screening Practitioners (SSPs)
Administrative staff

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
BCSP Operational Group

8.4 Approval Process

Approval through BCSP Herefordshire and Worcestershire Programme Board

Supporting Document 1 - Equality Impact Assessment Tool

		Yes/No	Comments
1.	Does the Policy/guidance affect one group less or more favourably than another on the basis of:		
	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.	Is there any evidence that some groups are affected differently?	NA	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	NA	
4.	Is the impact of the Policy/guidance likely to be negative?	NA	
5.	If so can the impact be avoided?	NA	
6.	What alternatives are there to achieving the Policy/guidance without the impact?	NA	
7.	Can we reduce the impact by taking different action?	NA	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of 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 Assistant Manager of Human Resources.

Supporting Document 2 – Financial Impact Assessment

	Title of document:	Yes/No
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:	None

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 before progressing to the relevant committee for approval