

Bowel Cancer Screening Programme Guideline for Patients with Liver Disease

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| Key Document code: | WAHT-KD-021 | |
| Key Documents Owner: | Emma Duggan | Bowel Cancer & Bowel Scope Screening Manager |
| Approved by: | Endoscopy Governance Meeting | |
| Date of Approval: | 4 th September 2024 | |
| Date of review: | 4 th September 2027 | |

Key Amendments

| Date | Amendment | Approved by |
|--------------|--------------|----------------------|
| September 24 | New document | Endoscopy Governance |

INTRODUCTION

This operational guideline refers to all bowel cancer screening patients who have known Liver Disease

THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS :

This guideline applies to all staff working within the Herefordshire & Worcestershire BCSP team.

Introduction

The aim of this guideline is to ensure the safety of patients with known Liver Disease who require a colonoscopy procedure.

Details Of Guideline

Prior to Procedure:

- Complete colonoscopy assessment using the Bowel Cancer Screening System.
- Establish patient has Liver Disease and if the patient is under a Gastroenterologist or Hepatologist.
- If the patient is under a Gastroenterologist or Hepatologist obtain name and hospital.
- Ensure patient has an up to date Liver Function Blood Test (LFT) carried out at their General Practice Surgery (GP) or Hospital.
- In addition, INR or Prothrombin Time (PT) should be undertaken as denotes decompensation in cirrhosis and also increases the risk of procedure related bleeding.
- Review patient and results if significantly abnormal with Gastroenterologist or Hepatologist prior to proceeding with a Colonoscopy and taking Bowel Preparation.
- BCSP patients should not only be assessed for fitness to undergo the bowel preparation and colonoscopy but should also be assessed for fitness to correct complications should they arise i.e. laparotomy.
- Any concerns raised, discuss with Colonoscopist provisionally scheduled to do list.
- If the patient is not under a Gastroenterologist or Hepatologist and it is managed by GP – no further action required.
- If the patient has high alcohol intake/alcoholism – no LFT's required.

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: |
|--|---------------|--|--|---|--|-------------------------|
| | WHAT? | HOW? | WHEN? | WHO? | WHERE? | WHEN? |
| | BCSS database | Review patient data on BCSS to ensure Liver disease accurately recorded. | Post clinic review, pre-procedure | SSP | Appropriate SSP | Not discussed |

Contribution List

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

| Designation |
|-------------------------|
| BCSP Screening Director |
| BCSP Matron |
| Lead SSP |
| SSPs |
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This key document has been circulated to the chair(s) of the following committee's / groups for comments;

| Committee |
|-------------------------------|
| BCSP Operational Group |
| Endoscopy Directorate Meeting |
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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. | 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? | No | |
| 3. | If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable? | N/A | |
| 4. | Is the impact of the policy/guidance likely to be negative? | No | |
| 5. | If so can the impact be avoided? | N/A | |
| 6. | What alternatives are there to achieving the policy/guidance without the impact? | None | |
| 7. | Can we reduce the impact by taking different action? | No | |

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

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.

| | 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.