

- Ensure accurate documentation of location of lesion(s)
 - For rectal lesions ensure straight scope and document distance from anal verge on report.
- Tattoo any lesion >2cm in size or with suspicious appearances
- For larger lesions requiring advance polypectomy skills, request repeat procedure with appropriate bowel preparation on one of the following lists. The urgency should remain as 2WW for patients on a 2WW pathway.
- Specify the number of points to be allocated to the procedure based on perceived complexity / number of lesions to be removed:
 - Dr Gee
 - Dr Prab
 - Dr Ahmad
- Request repeat colonoscopy with oral bowel prep at an interval in keeping with BSG Guidance (Appendix 3)