

# ENDOSCOPY REFERRAL



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Patient Name  D.O.B

Address

Phone  NHI

Referring Doctor  Date

To  Ross Roberts

## COLONOSCOPY

### INDICATIONS

- Screening for Colon Cancer (*see guidelines PTO*)
- Rectal Bleeding
- Follow up Polyp/Colon Cancer
- Altered Bowel Habit
- Inflammatory Bowel Disease
- Anaemia
- Abnormal Radiology Study
- Other
- PLEASE SEE FOR PRE-ENDOSCOPY CONSULTATION:

PLEASE PROCEED WITH MANAGEMENT AS NECESSARY  Yes  No

### CLINICAL INFORMATION

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## GASTROSCOPY

### INDICATIONS

- Epigastric pain/Dyspepsia
- Heartburn/Reflux
- Cough/Chest pain
- Anaemia
- Dysphagia
- Haematemesis/Melaena
- Follow up eg: Barrett's
- Other

Please supply another Endoscopy Referral Pad or individual sheets can be downloaded from [www.endoscopyclinic.co.nz](http://www.endoscopyclinic.co.nz)

## OTHER CONDITIONS

- Haemorrhoids
- Hernia
- Gallstones
- Other \_\_\_\_\_

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PRACTICE STAMP

# SCREENING COLONOSCOPY GUIDELINES

Based on Number of Relatives affected by  
Colorectal Carcinoma (CRC) or Adenomatous Polyps

Lifetime Risk Level	Number relative	Age at Diagnosis	Age to begin Screening	Interval
<b>Average: (1 in 18 people)</b>	None	N/A	<b>50 years</b>	10 years
<b>Moderate: (2 times normal)</b>	1 first degree or 2 second degree	Over 55	<b>40 years</b>	10 years
<b>Moderate: (3-6 times normal)</b>	1 first degree or 2 second degree	Under 55	<b>40 or 10 years younger than affected relative (whichever is earlier)</b>	5 years
<b>Higher: (if meet HNPCC criteria see below)</b>	2 or more first degree Relatives	Any age	<b>40 or 10 years younger than affected relative (whichever is earlier)</b>	5 years

FIRST DEGREE RELATIVE = PARENT, BROTHER, SISTER, CHILD

SECOND DEGREE RELATIVE = AUNT, UNCLE, COUSIN

FAECAL OCCULT BLOOD SCREENING CAN BE PERFORMED ANNUALLY IN THE INTERVALS BETWEEN COLONOSCOPIES FOR FURTHER SECURITY ALTHOUGH THE ACCURACY OF THIS TEST IS POOR.

## SURVEILLANCE GUIDELINES

Diagnosis	Surveillance Recommendation
<b>History of colorectal adenomas</b>	Colonoscopy every 3-5 years depending on findings
<b>Previous CRC</b>	Initial colonoscopy 6 to 12 months after surgery. Then every 3 – 5 years depending on findings
<b>Inflammatory bowel disease (Ulcerative Colitis or Crohn's Disease)</b>	Annual Colonoscopy beginning 8 to 10 years following diagnosis

Families with diagnosis of Hereditary Non-Polyposis Colorectal syndrome (HNPCC) - also known as Lynch syndromes - require closer surveillance: Genetic testing and counselling advised plus screening for gynaecological and urinary malignancy.

### HNPCC Indicators:

One first degree relative plus 2 or more first or second degree relatives all on the same side of the family with a diagnosis of CRC and one such relative was diagnosed under age 55 years, or developed multiple bowel cancers, or developed extra-colonic tumours of endometrium, ovary, stomach, small bowel, upper urinary tract, pancreas or brain. At least one first or second degree relative was diagnosed with CRC in association with multiple bowel polyps. A personal history or one first degree relative with CRC diagnosed under the age of 50 particularly if loss of expression of one of the mismatch repair genes, (microsatellite instability) Adenomas in patients with HNPCC can transform into cancer in as little as 2 – 3 years. Frequent colonoscopy is therefore required and should begin at age 20.