

Colonoscopic surveillance overview

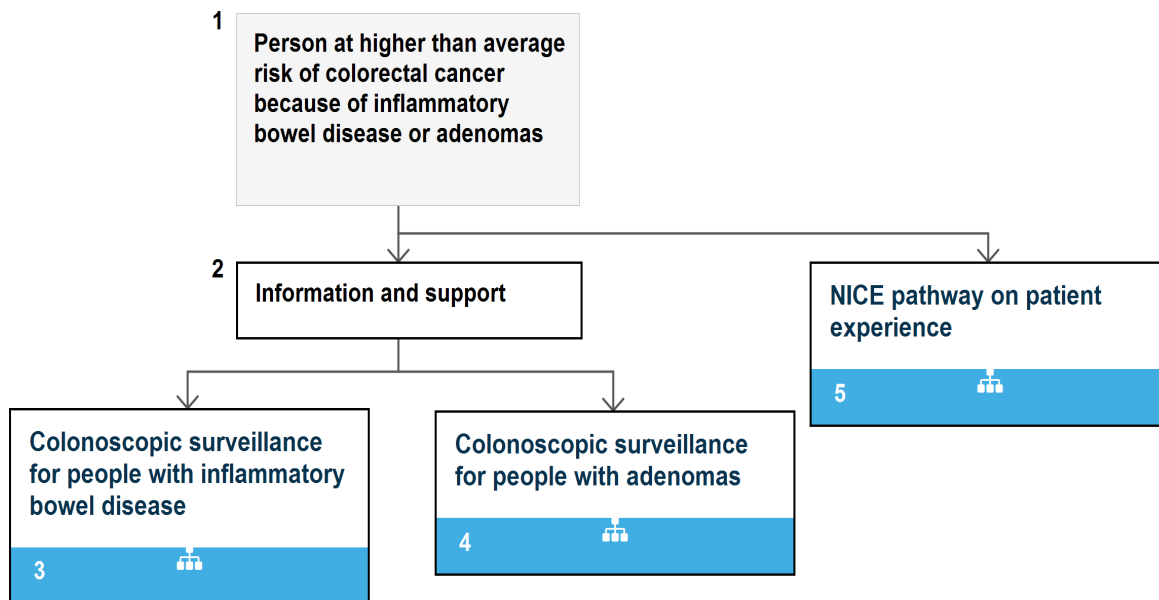
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NICE Pathways are interactive and designed to be used online. They are updated regularly as new NICE guidance is published. To view the latest version of this pathway see:

<http://pathways.nice.org.uk/pathways/colonoscopic-surveillance>

Pathway last updated: 11 November 2016

This document contains a single pathway diagram and uses numbering to link the boxes to the associated recommendations.



1 Person at higher than average risk of colorectal cancer because of inflammatory bowel disease or adenomas

No additional information

2 Information and support

Discuss the potential benefits, limitations and risks with people who are considering colonoscopic surveillance including:

- early detection and prevention of colorectal cancer **and**
- quality of life and psychological outcomes.

Inform people who have been offered colonoscopy, CT colonography, or barium enema about the procedure, including:

- bowel preparation
- impact on everyday activities
- sedation
- potential discomfort
- risk of perforation and bleeding.

After receiving the results of each surveillance test, discuss the potential benefits, limitations and risks of ongoing surveillance. Base a decision to stop surveillance on potential benefits for the person, their preferences and any comorbidities. Make the decision jointly with the person, and if appropriate, their family or carers.

If there are any findings at surveillance that need treatment or referral, discuss the options with the person, and if appropriate, their family or carers.

Throughout the surveillance programme, give the person and their family or carers the opportunity to discuss any issues with a healthcare professional. Information should be provided in a variety of formats tailored to the person's needs and should include illustrations.

NICE has written information for the public explaining its guidance on [colonoscopic surveillance](#).

Colonoscopic surveillance for people with inflammatory bowel disease

[See Colonoscopic surveillance / Colonoscopic surveillance for people with inflammatory bowel disease](#)

4 Colonoscopic surveillance for people with adenomas

[See Colonoscopic surveillance / Colonoscopic surveillance for people with adenomas](#)

5 NICE pathway on patient experience

[See Patient experience in adult NHS services](#)

Inflammatory bowel disease

ulcerative colitis or Crohn's disease

Adenomas

precancerous polyps

Adenoma

precancerous polyp

Sources

Colorectal cancer prevention: colonoscopic surveillance in adults with ulcerative colitis, Crohn's disease or adenomas (2011) NICE guideline CG118

Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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