

# Colonoscopy

## Clinical Care Standard – Clinician Fact Sheet

The goal of the *Colonoscopy Clinical Care Standard* is to ensure the safe and appropriate use of colonoscopy, and to maximise patients' likelihood of benefit from the procedure while reducing their risk of avoidable harm. Clinicians and health services can use this clinical care standard to support the delivery of high-quality care.

### Under this clinical care standard



#### 1 Initial assessment and referral

When a patient is referred for consideration of colonoscopy, the referral document provides sufficient information for the receiving clinician to assess the appropriateness, risk and urgency of consultation. The patient is allocated an appointment according to their clinical needs.



#### 2 Appropriate and timely colonoscopy

A patient is offered timely colonoscopy when appropriate for screening, surveillance, or the investigation of signs or symptoms of bowel disease, as consistent with national evidence-based guidelines. Decisions are made in the context of the patient's ability to tolerate the bowel preparation and colonoscopy, and their likelihood of benefit. If colonoscopy is not appropriate, the receiving clinician advises the patient and their referring clinician of alternate recommended management.



#### 3 Informed decision making and consent

Before starting bowel preparation, a patient receives comprehensive consumer-appropriate information about bowel preparation, the colonoscopy and sedation or anaesthesia. They have an opportunity to discuss the reason for the colonoscopy, its benefits, risks, financial costs and alternative options before deciding to proceed. Their understanding is assessed, and the information provided and their consent to sedation, colonoscopy and therapeutic intervention is documented.



#### 4 Bowel preparation

A patient booked for colonoscopy receives a bowel preparation product and dosing regimen individualised to their needs, co-morbidities, regular medicines and previous response to bowel preparation. The importance of good bowel preparation for a quality colonoscopy is discussed with the patient. They are provided with consumer-appropriate instructions on how to use the bowel preparation product and their understanding is confirmed.



#### 5 Sedation

Before colonoscopy, a patient is assessed by an appropriately trained clinician to identify any increased risk, including cardiovascular, respiratory or airway compromise. The sedation is planned accordingly. The risks and benefits of sedation are discussed with the patient. Sedation is administered and the patient is monitored throughout the colonoscopy and recovery period in accordance with Australian and New Zealand College of Anaesthetists guidelines.



## 6 Clinicians

A patient's colonoscopy is performed by a credentialed clinician working within their scope of clinical practice, who meets the requirements of an accepted certification and recertification process. Sedation or anaesthesia and clinical support are provided by credentialed clinicians working within their scope of clinical practice.



## 7 Procedure

When a patient is undergoing colonoscopy their entire colon – including the caecum – is examined carefully and systematically. The adequacy of bowel preparation, clinical findings, biopsies, polyps removed, therapeutic interventions and details of any adverse events are documented. All polyps removed are submitted for histological examination.



## 8 Discharge

Following recovery and before discharge, the patient is advised verbally and in writing about the preliminary outcomes of the colonoscopy, the nature of any therapeutic interventions or adverse events, when to resume regular activities and medication, and arrangements for medical follow-up. The patient is discharged into the care of a responsible adult when it is safe to do so.



## 9 Reporting and follow up

The colonoscopist communicates the reason for the colonoscopy, its findings, any histology results and recommendations for follow-up, in writing, to the general practitioner, any other relevant clinician and the patient, and documents this in the facility records. Recommendations for surveillance colonoscopy, if required, are consistent with national evidence-based guidelines. If more immediate treatment or follow-up is needed, appropriate arrangements are made by the colonoscopist.

## More resources

This Clinician Fact Sheet, the *Colonoscopy Clinical Care Standard*, and a Consumer Fact Sheet to provide to patients can be downloaded from [www.safetyandquality.gov.au/ccs](http://www.safetyandquality.gov.au/ccs).

A set of indicators to support local monitoring are described in the *Colonoscopy Clinical Care Standard* and available at [meteor.aihw.gov.au/content/index.phtml/itemId/697168](http://meteor.aihw.gov.au/content/index.phtml/itemId/697168).

Cancer Council Australia guidelines for colorectal cancer are available at [wiki.cancer.org.au/australia/Guidelines:Colorectal\\_cancer](http://wiki.cancer.org.au/australia/Guidelines:Colorectal_cancer).

ANZCA guidelines are available at [www.anzca.edu.au/resources/professional-documents](http://www.anzca.edu.au/resources/professional-documents).

The Australian Commission on Safety and Quality in Health Care has produced this clinical care standard to support the delivery of appropriate care for a defined condition. The clinical care standard is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, when applying information contained within the clinical care standard. Consumers should use the information in the clinical care standard as a guide to inform discussions with their healthcare professional about the applicability of the clinical care standard to their individual condition.