When to use Faecal Calprotectin in Primary Care:

**Is it Irritable Bowel Syndrome or inflammatory bowel disease in patients <45?**

If you suspect a patient age <45 years might have IBD then perform a Faecal Calprotectin (FC) as part of your usual work-up investigations

- **Positive**: FC >100 ug/g faeces, referral to Gastroenterology recommended
- **Negative**: FC <50 ug/g faeces, IBD unlikely- consider primary care IBS management.
- **Indeterminate**: FC 50-99 ug/g faeces, Check for NSAID use; if symptoms persist re-test FC after 4-6 weeks.
  - If on re-test FC >50 ug/g faeces referral to Gastroenterology is recommended.

If FC is normal, but CRP is raised without another obvious explanation, then consider referral for suspected IBD

If you remain clinically concerned about a patient despite a negative FC then there is no need to repeat the test. You may refer in the normal way but please include the result in your referral letter and state what features are concerning you and prompting the referral.

Secondary care referral for positive tests: It is preferred that all referrals are made through Choose and Book

- Please select the Positive Calprotectin choose and book option. All patients will be seen in outpatients within 4 weeks. If a patient does not have a positive calprotectin the referral will be returned.
- For more urgent opinions please call one of the Gastroenterologists.

**Please also request:**

- FBC, Ferritin, CRP if not done in the past 6 weeks
- TTG if not previously done.