

Patient information factsheet

Guidelines on the use of surveillance colonoscopies after your bowel treatment

We have written this factsheet to give you more information about the guidelines on the use of surveillance colonoscopies. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please speak to a member of your healthcare team.

What are surveillance colonoscopies?

A colonoscopy is an examination performed by an endoscopist (a specialist nurse or doctor) using a thin, flexible tube with a camera on the end to look inside the bowel.

'Surveillance' is a term used to describe 'check-up' colonoscopies that a person might receive after they have had bowel polyps (non-cancerous growths of tissue) or a bowel cancer removed.

The purpose of surveillance colonoscopies is to:

- find and remove any new polyps
- reduce the risk of bowel cancer developing in the future

Colonoscopies can also help detect bowel cancer at an early stage, when treatment has the best chance of working.

The type, size and number of polyps, and whether you have any family history of polyps, will determine how often you will need to have a surveillance colonoscopy.

If you were diagnosed with bowel cancer at an early age (younger than 50 years old) or if any of your direct family members have had bowel cancer, you may require more frequent surveillance colonoscopies. If this is the case, please contact us for advice.

What are the guidelines and what do they mean for me?

The British Society of Gastroenterology (BSG) have updated guidelines on the use of surveillance colonoscopies in people aged 18 and over living in the UK. The guidelines take new evidence into account and aim to better weigh up the benefits and risks of having extra colonoscopy procedures.

As a result, many people may not need a surveillance colonoscopy after their treatment or may not need one quite so often.

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We will assess whether you need a surveillance colonoscopy based on the guidelines below:

Type of polyps

There are many different types of polyps. Some polyps have the potential to become cancerous over time (10 years on average). If the polyps we remove show low or no risk of becoming cancerous, you will not need a surveillance colonoscopy.

Colonoscopy risks

As with any medical procedure, there are possible risks. Risks associated with colonoscopy include:

- bleeding
- perforation (making a hole in the bowel)
- damage to your kidneys caused by the bowel cleansing medication

Reducing the number of surveillance colonoscopies you have, when not needed, will minimise these risks.

Occasionally the risks of having a colonoscopy outweigh the benefits of it, for example if you have multiple illnesses or you have a condition which means your system is weakened.

Age

The risks associated with a colonoscopy increase as you get older. If the risk of complications from the procedure is higher than the chance of you developing cancer in your colon, we may not recommend you have any further surveillance colonoscopies.

How will I know if I need surveillance colonoscopies?

If your doctor feels you should have surveillance colonoscopies, we will send you an appointment letter in the post.

Bowel cancer screening programme

If you are between 50 and 75 years old, we strongly recommend that you participate in the national bowel cancer screening programme.

The screening programme uses home tests to detect bowel cancer at an early stage, when treatment has the best chance of working. You will be asked to provide a stool (poo) sample every two years from the age of 50 to 75 years.

If you are in this age range, you should have received a letter in the post to take part in this programme. If you think you should have received a screening invitation or home testing kit and it has not arrived, call the free bowel cancer screening helpline on **0800 707 6060**.

For more information, please visit:

www.nhs.uk/conditions/bowel-cancer-screening

Symptoms of bowel cancer

- Bleeding from your bottom and/or blood in your poo (bright red or dark coloured blood)
- Persistent and unexplained change in your bowel habits (diarrhoea (watery poo), constipation, an increase in the number of times you go to the toilet or feeling like you are not emptying your bowel fully)
- Unexplained weight loss (not eating because you are not feeling well or hungry)
- Extreme tiredness for no reason (bowel cancer can lead to a lack of iron in the body that can cause anaemia (a condition where the number of red blood cells or the amount of haemoglobin in red blood cells is less than normal))
- Pain or a lump in your tummy

Contact your GP immediately if you experience any of these symptoms for more than four weeks.

Most people with these symptoms do not have bowel cancer, as lots of other health problems can cause similar symptoms. However, if you experience one or more of these symptoms, or if things just do not feel right, contact your GP.

Risk factors

Factors that can increase your risk of bowel cancer include:

- smoking
- being overweight
- eating too much processed food and red meat
- having a high alcohol intake

You can reduce your risk of bowel cancer by:

- eating a healthy, balanced diet
- increasing the amount of fibre in your diet
- stopping smoking
- reducing your alcohol intake

Contact us

If you have any questions or would like more information, please contact the pre-assessment team.

Telephone: **07769 364198**

If there is no answer, please leave your name, hospital number and your phone number, and we will contact you as soon as we can.

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Useful links

www.nhs.uk/conditions/bowel-cancer-screening/faqs

www.bowelcanceruk.org.uk

www.bsg.org.uk/clinical-resource/list-of-recommendations

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