

Surveillance colonoscopy for patients with long-standing IBD

This leaflet explains more about surveillance colonoscopy for patients with long-standing inflammatory bowel disease (IBD). If you have any further questions or concerns, please speak to a doctor or nurse caring for you.

What is surveillance colonoscopy?

Surveillance colonoscopy is the most important measure for preventing colorectal cancer in patients with IBD. These consist of regular colonoscopies which allow specialists to look for early changes in the colon before cancer develops. Surveillance colonoscopy is performed every one year, three yearly or five yearly, depending on the severity and extent of the IBD and presence of any other risk factors.

Why have I been referred for surveillance colonoscopy?

You have been diagnosed with ulcerative colitis (UC) or Crohn's disease (CD) collectively known as inflammatory bowel disease (IBD). It is known that patients with IBD have a slightly increased risk of developing colorectal cancer compared with the general population.

What are the benefits of being screened?

The main benefits of screening are detection of changes at a very early stage when they are more likely to be cured.

How does bowel cancer develop?

In most cases there are changes in the bowel lining before a cancer develops which can be detected with biopsy samples. These are precancerous changes named polyps. These polyps can develop abnormal cells (dysplasia). Once polyps or dysplasia occurs they can progress to cancer over a number of years.

What are the risks of developing bowel cancer for patients with IBD?

The risk of developing bowel cancer depends on the extent and duration of IBD. There are also additional risk factors such as family history of bowel cancer, severity of inflammation and presence of a liver disease named primary sclerosing cholangitis (PSC).

How can I reduce the risk of bowel cancer?

The risk for developing bowel cancer can be reduced in several ways. Most importantly, you need to take the medication prescribed by your gastroenterologist, as this helps reduce inflammation in the bowel and subsequent cancer risk.

It is also important to see your doctor for regular check-ups at least once a year, even when your IBD is in remission, this ensures that you remain on the most appropriate treatment. If you have any changes in symptoms at any time, it is best to speak to your doctor immediately.

Who can attend / receive the service?

We recommend that all patients with IBD affecting more than one third of the large bowel (colon) should be under the surveillance colonoscopy programme for colorectal cancer. We advise that they should have their first screening colonoscopy 10 years after diagnosis of their disease.

How can I prepare for a colonoscopy?

You will receive information about having a colonoscopy, which explains the procedure and potential risks in detail. Your colon needs to be completely clean for the colonoscopy so that the specialist can get a clear view of the lining of your bowel. It is important that you follow our recommendations for diet prior to the procedure and take the bowel prep as instructed. The leaflet '**Diet advice and bowel preparation (bowel prep) for your colonoscopy**' has more information. Please ask a member of staff for a copy.

What are the options if precancerous or cancerous cells are found in my colonoscopy?

If polyps or dysplasia is detected during your colonoscopy we usually try to remove them through an endoscopy procedure to prevent progression to colorectal cancer. In rare cases where endoscopic removal is not possible, we may recommend surgical removal of your large bowel and removal of all the tissue where cancer might develop in the future.

Where can I get further information?

Your doctor and the nurses will explain the procedure in detail when you attend the endoscopy department or at your clinic appointment.

Useful sources of information

Crohn's and Colitis UK

w: www.crohnsandcolitis.org.uk

Beating bowel cancer

w: www.beatingbowelcancer.org

Contact us

If you have any questions or concerns about surveillance colonoscopy, please contact the endoscopy unit on **0207 185 4059** (Monday to Friday, 9am to 5pm). Out of hours, please contact the switchboard on **0207 188 7188** and ask for the Gastroenterology Registrar.

Department of Gastroenterology
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Westminster Bridge Road
London SE1 7EH

IBD Advice Line
Tel: 02071882487
Fax: 02071882484
Email: ibdhelpline@gstt.nhs.uk

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch:

t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

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