

NHSGG&C

ACUTE DIVISION

Revised referral pathway from **Primary Care** for patients presenting with **new** colorectal symptoms

This guideline is intended for patients presenting with **new** lower abdominal symptoms or problems with their bowel habit

GPs are asked to please check qFIT and FBC in patients attending with **new** colorectal symptoms. If both these tests are normal then the likelihood of significant pathology is low, and in particular the likelihood of colorectal cancer is < 1:1000.

Patients who have altered bowel habit, no rectal bleeding and negative qFIT rarely benefit from colonoscopy. Please check qFIT before referring these patients and refer with the result, except where red flag criteria are present.

The GP can use his/her discretion with regard to using a qFIT test prior to referring patients who have rectal bleeding. GPs can refer patients with persistent rectal bleeding without undertaking a qFIT test.

Patients with a positive faecal haemoglobin (qFIT) will be investigated 'direct to test' unless concerns regarding fitness for invasive investigation based on age (>80 years) or fitness. If concerned about fitness to undergo colonoscopy the patient will be seen in clinic to consider alternative investigations.

If no red flags and negative qFIT then reassurance may be sufficient and referral to secondary care may not be needed.

When considering referral to secondary care it is recommended that the GP undertakes;

- ❖ Abdominal examination
- ❖ Rectal examination
- ❖ Blood for Full Blood Count
- ❖ Blood for Urea & Electrolytes
- ❖ Stool for qFIT (as indicated)
- ❖ Consider blood for Coeliac serology (TTG). (If +ve refer to Gastroenterology)

REFERRAL MANAGEMENT- REFER TO RELEVANT SECTOR

RED FLAGS -NO qFIT-	Rectal Mass	USC referral to Colorectal service
	Abdominal Mass	USC referral to Colorectal service
	New iron deficiency anaemia	USC referral to Gastroenterology
	Persistent rectal bleeding >4 weeks	USC referral to Colorectal service with concurrent QFIT
	New multiple episodes daily diarrhoea aged >40 yrs lasting longer than 4 weeks	URGENT referral to Colorectal service with <u>concurrent qFIT</u>

NO RED FLAGS qFIT Strongly recommended Results – Action required	qFIT undetectable	Symptom based triage
	qFIT > 10 ug/g Stool	Urgent referral to the Colorectal service highlighting the qFIT result value. Patient will be triaged direct to colonoscopy at urgent or USC priority depending on level of faecal haemoglobin
Management of patients with no red flags, normal blood tests and –ve qFIT		
	Associated significant involuntary weight loss as an important symptom	USC Gastroenterology Clinic
	Abdominal pain/altered bowel habit	Reassure and manage as IBS. If further advice needed then can be referred at routine priority to Gastroenterology*.
	Recurrent/persistent rectal bleeding	Refer to colorectal clinic at routine priority
	Anorectal/pelvic floor symptoms	Refer to colorectal clinic at routine priority

*If patient awaiting routine appointment and attends with ongoing concerns or deterioration in symptoms then assess again as per initial consultation and repeat qFIT. If qFIT now +ve can be re-referred to facilitate direct to test colonoscopy.