

# Frequently Asked Questions: Direct Referral for Colonoscopy

**Q: Why is colonoscopy NYC's preferred screening test for colorectal cancer?**

**A:** While other methods have been shown to reduce mortality, colonoscopy is the most sensitive and specific screening tool, and is the only one that can actually prevent cancer. Colonoscopy allows visualization of the entire colon and rectum, enabling clinicians to identify and remove precancerous polyps in a single examination, thereby preventing cancer.

**Q: Why should I directly refer my patient for colonoscopy? What is the benefit?**

**A:** For patients with no contraindications, direct referral for colonoscopy is a way to save both the patient and the Gastroenterologist time by avoiding a GI consultation before the procedure. A referral that takes only one visit instead of two is more likely to result in the patient following through with the colonoscopy. Primary care physicians, who are the most familiar with each patient's medical history, should identify those who are eligible for colonoscopy and decide whether they are well enough to be sent directly for the procedure. The "Direct Referral for Colonoscopy Procedure" form was developed to facilitate the referral process.

**Q: What is the difference between the three bowel preparations listed on the "Direct Referral for Colonoscopy Procedure" form? When should I use one bowel preparation over the others?**

**A:** The simplest preparation, and the medication that is most likely to be reimbursed by prescription plans, is the four liter PEG-ELS solution. It is available as a generic. The two alternatives provide improved tolerability at the expense of complexity and cost. The two liter PEG allows for a lower volume but also requires bisacodyl tablets (which may cause cramps). Constructing this prep entirely out of generics requires using only half the volume of a four liter PEG-ELS bottle. The Miralax/Glycolax option is almost tasteless for those who can't tolerate the taste of liquid PEG-ELS. This is an off-label use. Some Gastroenterologists may prefer a particular prep. It may be useful to contact the GI's office to whom you are referring regarding which prep to prescribe.

**Q: Why should I not use phosphate-based bowel preparations for direct referrals?**

**A:** Cases of sodium phosphate (NaP) induced renal failure have occurred in individuals without known risk factors for renal disease, although it's more common in those with underlying risk factors. In addition, NaP based preps can cause dangerous fluid and electrolyte shifts in susceptible patients (i.e. Congestive Heart Failure, Chronic Kidney Disease). Therefore, they are not well suited for use in a direct referral program. Potential candidates for NaP based preps require careful risk assessment by a provider familiar with these preps.

**Q: What are the key things I should tell my patient about the preparation for colonoscopy screening?**

**A:** It is important to give each patient explicit instructions on how to 1) take the bowel preparation, 2) consume a liquid diet the day before the procedure, and 3) how to adjust their normal medication regimen prior to the procedure. Patients should also be instructed to bring an adult with them on the day of the procedure to escort them home. Your office staff may be able to provide these explanations.

**Q: What are the key things I should tell my patient about the safety of colonoscopy?**

**A:** Colonoscopy is safe; however, there are some uncommon risks. Sometimes people have an unwanted reaction to the medicine they are given before the test. Bleeding can happen when a growth is removed. This bleeding usually stops on its own or can be cauterized by the endoscopist, but very rarely, a blood transfusion may be required. In rare cases, the test can cause a tear (perforation) in the wall of the colon or rectum. This can cause pain and patients may need surgery to fix it.

**Q: Shouldn't a GI review each patient's medical history prior to the procedure? What about pre-procedural laboratory testing?**

**A:** Gastroenterologists rely on the judgment of the primary care physician (who knows the patient's medical history best) to decide whether the patient is medically optimized. The "Direct Referral for Colonoscopy Procedure" form helps them identify those elements of their patient's medical record that need to be assessed in order to identify those who are good candidates for direct referral.

**Q: Why are diabetic patients candidates for direct referral?**

**A:** Patients with diabetes can safely be referred directly for colonoscopy. It is important to give explicit instructions to patients with diabetes on how to adjust their oral medications, insulin or Exenatide (Byetta) while they are on a clear liquid diet for bowel preparation, and on the morning of the colonoscopy. It is also preferable for patients with diabetes to be scheduled in the morning, if possible, to minimize the time they are on a restricted diet.

**Q: Patients age 75 and older are excluded from direct referral on the "Direct Referral for Colonoscopy Procedure" form. Why? Should patients age 75 and older undergo screening colonoscopy?**

**A:** The 2008 U.S. Preventive Services Task Force guidelines indicate that the benefits for performing colonoscopy in patients between age 75-85 is controversial and should therefore be individualized. Instead of directly referring these patients for colonoscopy, you may wish to refer them for initial GI consultation to assess their appropriateness for the procedure.