Repeat Colonoscopy of the lower intestine

Please refer to National Guidance for full details, complete the checklist and file for future compliance audit.

Evidence Based Interventions Phase II policy confirms this investigation/procedures will only be funded when the following criteria are met:

Surveillance colonoscopy is not always recommended following surgical resection of colorectal lesions. Surveillance colonoscopy should be offered only as recommended by the British Society for Gastroenterology which is incorporated in this guidance. Instead, risk stratification is recommended to identify patients who require follow up colonoscopy.

The relevant BSG colonoscopy surveillance guidelines should be followed

Follow the British Society of Gastroenterology surveillance guidelines for post-polypectomy and post-colorectal cancer resection:
https://www.bsg.org.uk/resource/bsg-acpgbi-phe-post-polypectomy-and-post-colorectalcancer-resection-surveillance-guidelines.html

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Risk Surveillance Criteria for Colonoscopy	**Yes**	**No**
Either of the following put individuals at high-risk for future colorectal cancer following polypectomy: — 2 or more premalignant polyps including at least one advanced colorectal polyp (defined as a serrated polyp of at least 10mm in size **OR** containing any grade of dysplasia, or an adenoma of at least 10mm in size or containing high-grade dysplasia); **OR** — 5 or more premalignant polyps.	**Yes**	**No**
Surveillance colonoscopy after polypectomy **For individuals at high-risk and under the age of 75 and whose life expectancy is greater than 10 years:** — Offer one-off surveillance colonoscopy at 3 years.	Yes	No
For individuals with no high-risk findings: — No colonoscopic surveillance should be undertaken — Individuals should be strongly encouraged to participate in their national bowl screening programme when invited. **For individuals not at high-risk who are more than 10 years younger than the national bowel screening programme lower age-limit, consider for surveillance colonoscopy after 5 or 10 years, individual to age and other risk factors.**	Yes	No
Surveillance colonoscopy after potentially curative CRC resection:	Yes	No

— Offer a clearance colonoscopy within a year after initial surgical resection — Then offer a surveillance colonoscopy after a further 3 years — Further surveillance colonoscopy to be determined in accordance with the post-polypectomy high-risk criteria.		
Surveillance after pathologically en bloc R0 EMR or ESD of LNPCPs or early polyp cancers: — No site-checks are required — Offer surveillance colonoscopy after 3 years — Further surveillance colonoscopy to be determined in accordance with the post-polypectomy high-risk criteria.	Yes	No
Surveillance after piecemeal EMR or ESD of LNPCPs (large nonpedunculated colorectal polyps of at least 20mm in size): — Site-checks at 2-6 months and 18 months from the original resection. Once no recurrence is confirmed, patients should undergo post-polypectomy surveillance after 3 years — Further surveillance colonoscopy to be determined in accordance with the post-polypectomy high-risk criteria.	Yes	No
Surveillance where histological completeness of excision cannot be determined in patients with: (i) a non-pedunculated polyps of 10-19mm in size, or (ii) an adenoma containing high-grade dysplasia, or (iii) a serrated polyp containing any dysplasia: — Site-check should be considered within 2-6 months — Further surveillance colonoscopy to be determined in accordance with the post-polypectomy high-risk criteria	Yes	No
Ongoing colonoscopic surveillance: — To be determined by the findings at each surveillance procedure, using the high-risk criteria to stratify risk — Where there are no high-risk findings, colonoscopic surveillance should cease but individuals should be encouraged to participate in the national bowel screening programme when invited.	**Yes**	**No**

**If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the SY ICB's Individual Funding Request policy for further information.*