THE ROLE OF THE IBD CNS/ TELEPHONE ADVICE LINE

ROLE OF THE IBD CNS

- WEEKLY RADIOLOGY MDT – GASTRO & COLORECTAL ATTEND
- FORTNIGHTLY IBD MDT – GASTRO CONSULTANTS, SPECIALIST PHARMACIST, RESEARCH NURSES
- VISIT WARD PATIENTS TO REVIEW / RECOMMEND TREATMENT / INVOLVE SURGICAL TEAM IF REQUIRED
- ATTEND ENDOSCOPY TO REVIEW PATIENTS / MAKE RECOMMENDATIONS
- ACTION HOMECARE PRESCRIPTIONS FOR SUBCUTANEOUS ANTI-TNF TREATMENTS

- AUDIT
- IBD REGISTRY – >700 PATIENTS CURRENTLY ON SYSTEM
- INVOLVED IN RESEARCH / P.I

FUTURE DEVELOPMENTS

- GENERATION OF LETTERS FROM IBD REGISTRY
- VIRTUAL CLINICS & SKYPE
- SUPPORT GROUP
- PATIENT PANEL
- IBDoc & SELF REFERRAL
- FAECAL CALPROTECTIN HOME TESTING

VIRTUAL CLINICS

BY DEBBIE WEST & RACHEL GRAY

VIRTUAL CLINICS

VIRTUAL CLINICS
FUTURE DEVELOPMENT

Pros of virtual clinic

- IBD patients age between 17 to 45.
- Either in full time work or at university.
- Struggle to get time off for appointments.
- Patients on biologics or immunomodulation therapy need to be seen and assessed at regular intervals.
- Appointment time more suitable

VIRTUAL CLINICS
FUTURE DEVELOPMENT

Cons of virtual clinic

- Not face to face, can be difficult to assess some patients.
- Older patients may have hearing problems so may prefer face to face clinic appointment

VIRTUAL CLINICS

- Tariff £27 per appointment
- Suitable for stable/ compliant patients
- Younger generation
- 2 virtual clinics per week

VIRTUAL CLINICS
FUTURE DEVELOPMENT

- Evening clinic between 6pm and 8pm
- 15 minute appointment slot
- Blood form sent prior with appointment time
- If stable then further virtual clinic arranged
- If symptomatic then arrange face to face appointment/ investigations
- Skype assessment

ANY QUESTIONS
?

Management of severe ulcerative colitis

Debbie West& Rachel Gray IBDCNS/

Lower GI Nurse specialist

Acute severe colitis:

- Truelove and Witt's scoring system (1955)
- Diarrhoea >6/day with blood
- Fever (>37.5 C)
- Tachycardia (Pulse more than 90/min)
- Anaemia (<10 g/L)
- Raised ESR (>35)
- Raised CRP
- Low serum albumin (<35g/L)

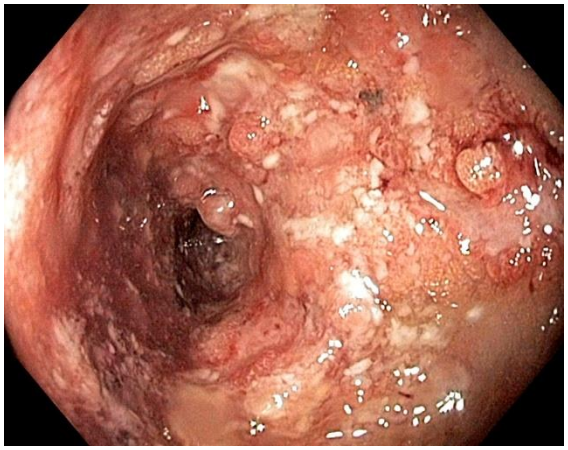
The basics:

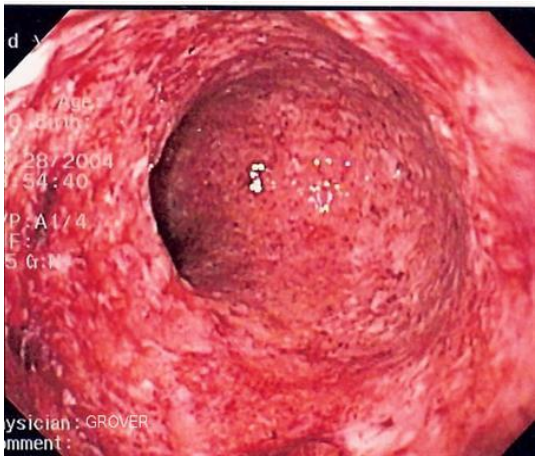
- Admit patients
- Stool cultures and C diff toxin testing
- Blood tests FBC, U+E's, LFT, ESR, CRP
- Accurate stool chart for patient to fill themselves
- Contact Gastro team/IBD nurse specialist

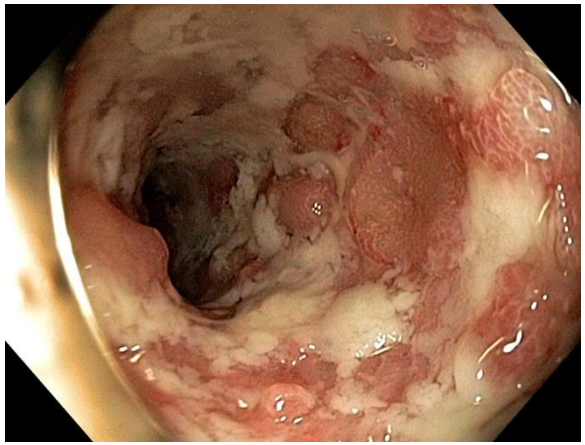
Other investigations:

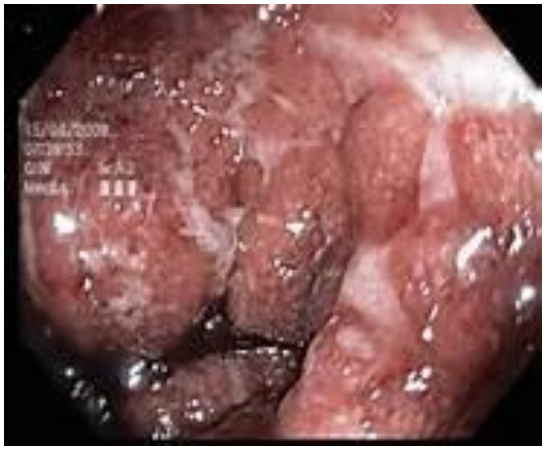
- Abdominal X-ray
- Unprepared flexible sigmoidoscopy (recommended within 48 hours)
- Rule out CMV.

Flexible endoscopy



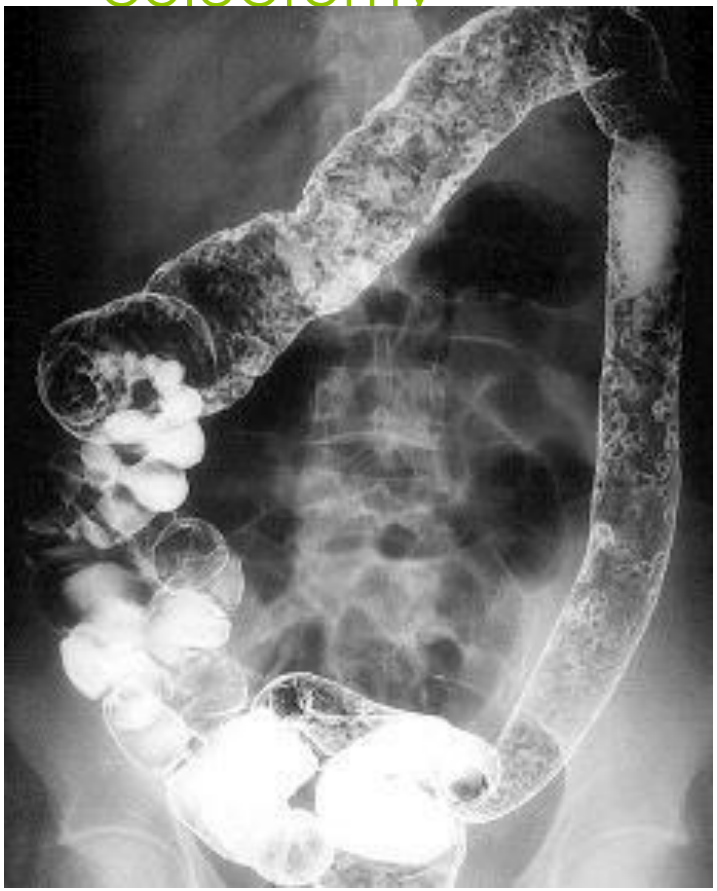


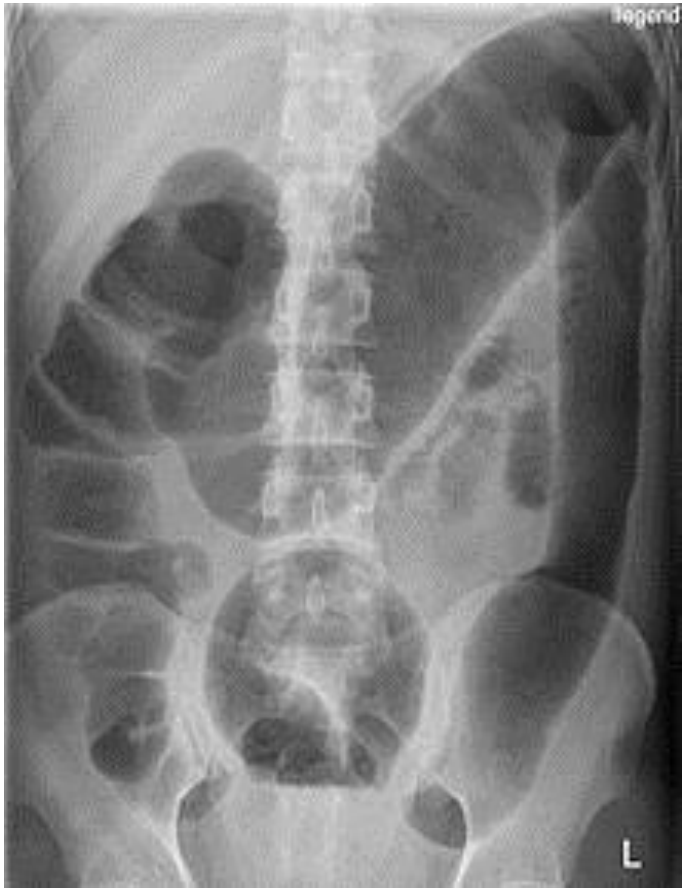




Abdominal x-ray

Toxic mega colon in a patient with ulcerative colitis: The patient subsequently underwent a colectomy





Initial treatment:

- Commence steroids- IV Hydrocortisone 100mg QDS
- Daltaparin for all patients
- Iron transfusion for patients with Hb<10g/L
- Broad-spectrum antibiotics (if systemically unwell-fever/positive stool culture)

Specialist nurse involvement:

- Support to patient and ward-based nursing staff
- Input from IBD nurse specialist, colorectal nurses
- Discuss possible outcomes including surgery

Re-assessment:

- Daily clinical examination
- Daily bloods including CRP/ESR
- Day 3 assessment for severity
  -If stools>8 or,
  -If stools 5-8 with CRP>45
  -Dropping albumin despite treatment

If still severe on day 3

Rescue therapy

- Infliximab (Biosimilar)
- Surgery

Conclusions:

Acute severe ulcerative colitis

- Is a potentially life threatening condition
- Stool cultures are essential
- Rule out CMV
- Stool frequency-very important in determining outcomes

Management in the community

- Mild symptoms – double mesalsine for 8 weeks – check U&Es and advise patient to contact IBD helpline if symptoms not settling.
- If distal disease consider topical therapy i.e. mesalsine foam enemas 1gm Nocte or mesalsine suppositories 1gm Nocte.
- If symptoms severe check bloods including CRP, stool cultures and refer to IBD CNS on 01226 436371.

Management in the community

- IBD CNS will contact the patient and assess symptoms.
- Arrange urgent un prepped Flexible sigmoidoscopy on IBD CNS / Medical consultant list.

References

- **Guidelines for management of IBD in Adults Gut 2011;60:571-601**
- **Recent advances in clinical practice: Management of acute severe ulcerative colitis**

  Gert Van Assche,Séverine Vermeire, Paul Rutgeerts Gut 2011; 60:130-133
- **Predicting the need for colectomy in severe ulcerative colitis: a critical appraisal of clinical parameters and currently available biomarkers. Simon Travis, Jack Satsangi, Marc Lémann. Gut 2011;60:3-9** .

Thank you

Any questions