

Colonoscopy

I. Consent

- Discusses indications for the procedure, including potential findings, alternatives and possible outcomes
- Discusses possible risks and complications of the procedure, such as perforation, bleeding from biopsy or polypectomy site, reaction to anaesthetic/sedation, missed lesion etc.

II. Pre operation planning

- Reviews referral data (patient history, comorbidities, medications, relevant results) and assesses the clinical indication for the procedure.
- Assesses the patient to identify significant comorbidities and foresee risks or contraindications.
- Identifies and ensures appropriate management of anticoagulation pre-procedure, where required.

III. Pre operative preparation

- Ensures appropriate monitoring is in place, and is able to describe the principles of monitoring.
- Ensures all equipment and the endoscopy room are set up correctly.
- Checks endoscope function, identifies and corrects problems prior to procedure

IV. Exposure and closure

- Administers (or supervises) appropriate sedation and is able to demonstrate understanding of the principles of safe sedation and potential risks.
- Positions patient in the left lateral position, with the bed positioned at a comfortable height.
- Monitors and maintains patient dignity and comfort throughout the procedure

V. Intra operative technique: global (G) and task-specific items (T)

- Performs rectal examination and notes the findings
- Demonstrates appropriate insertion technique, maintaining luminal views
- Demonstrates good tip control, able to deliberately and reliably direct view of the scope using the control wheels and torque.
- Negotiates the sigmoid safely using torque steering.
- Identifies and manages loops, works to prevent loop formation and reducing them when they occur.
- Appropriately uses insufflation, irrigation/flushing, suction and lens washing (luminal adjunct skills).
- Appropriately uses abdominal pressure, position change, and scope stiffener (external adjunct skills)
- Withdrawal technique is thorough and effective to adequately visualise the mucosa and correctly identify pathology.
- Inspects the mucosa and photo-documents the pathology encountered plus important landmarks (e.g. TI, appendix orifice, IC valve, retroflexion in rectum).
- Pathology encountered is correctly identified and managed.
- Intervention techniques (including biopsies and polypectomy) are appropriate and competently performed.
- Optimises technique to maintain comfort, with additional reassurance, analgesia and sedation given when required.

VI. Post operative management

- Completes an accurate and appropriately detailed report in a timely manner, including comfort score and bowel preparation score
- Arranges appropriate follow-up based on patient presentation, endoscopic findings and local protocols.
- Ensures an appropriate post-procedure anticoagulation management plan is made and documented in the report, where required.
- Discusses the report and findings with patient, or delegates this appropriately.
- Demonstrates an understanding of the principles of identifying and managing complications, and performs this where required.
- Discusses the management of common histological findings that may be relevant to the patient.