

CT Colonoscopy

Guidance for referrals from Primary Care

CT colonoscopy (CTC) is a simple, well tolerated examination performed to detect colonic lesions. CTC provides a full study of the colon and is safe and well accepted by patients. It has minimal discomfort and does not require sedation (meaning limited absence from work) and also allows for detection of extra-colonic findings.

Please note that biopsy for histology cannot be obtained with CT colonoscopy. Where there is a high degree of clinical suspicion for malignancy, optical colonoscopy should be obtained in the first instance.

CTC can be useful for patients with symptoms of: (can be funded through Community Radiology)

1. Change in bowel habit
2. Abdominal pain
3. Weight loss
4. Constipation
5. Fe deficiency anaemia

NB: 'Blood in Stools' is no longer an indicator to refer a patient for a CT Colonoscopy. These patients are more likely to have pathology requiring biopsy and optical colonoscopy remains the method of choice.

CTC is good for:

1. Elderly patients, in whom colonoscopy may be high risk or technically difficult with a view to the exclusion of malignancy only.
2. Patients who may have very difficult colonoscopies, a lot of pain (eg. diverticulitis, previous hysterectomy, adhesions)
3. Incomplete colonoscopies.

CTC is also good for screening where a previous colonoscopy has been negative and the patient is logistically difficult (e.g. patients on warfarin for a heart valve).

Please note that no screening investigations can be funded through Community Radiology.

If conventional colonoscopy is the first choice investigation for a condition it should remain so.

Contraindications:

- Inflammatory bowel disease
- Surveillance for colorectal cancer in patients with inflammatory bowel disease

CTC is available at Pacific Radiology and at Capital&Coast Health Radiology Department although CCH has limited capacity to accept Community Radiology referrals for this procedure.

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