Yukon-Kuskokwim HEALTH CORPORATION

Clinical Guideline
Colorectal Cancer Screening

Looking for guideline for pre-op management? Go to page 3.

Alaska Native adult age > 40 years
All other adults age > 45 years

Perform a colorectal cancer risk assessment

Higher Risk for Colorectal Cancer

- Personal or first degree relative history of colorectal cancer.
- Patients with positive result from another CRC screening method within last 6 months.
- Patients with inflammatory bowel disease, ulcerative colitis, Crohn's disease, familial adenomatous polyposis.

Cologuard® Criteria

- Age ≥ 45.
- No personal hx polyps.
- No family hx of colorectal cancer.
- Can give sample in Bethel.

Does the patient meet one or more higher risk criteria?

Yes → Colonoscopy indicated.

Review procedures tab for date & result of last colonoscopy

No → Shared decision making re: colonoscopy vs Cologuard® vs IFOB.

IFOB/Cologuard® strategy →
- Collect IFOB annually.
- Collect Cologuard® every 3 years.

Positive test? Yes → Patient needs colonoscopy.

Positive test? No → Due for colonoscopy?

Colonoscopy strategy → Patient needs colonoscopy.

Due for colonoscopy? Yes → Patient needs colonoscopy.

Due for colonoscopy? No → If due within 3 years, place future order. If not, document date due in note.

Review if order already in place. Do not place duplicate order.

Does patient meet criteria for anesthesia at YKHC?

No →
- Refer to ANMC. Place order for "Refer Adult Surgery external (CS/EGD only)."
- If patient has other indications for EGD/colonoscopy besides cancer screening, see next page.

Yes →
- Place order for "Refer Adult Surgery internal (YK Colonoscopy)".
- Pay attention to menu of reasons for colonoscopy (screening vs surveillance vs diagnostic).

- Surgeon and/or Case Manager reviews results and notifies patient.
- Update problem list with timeframe for next scope.

Criteria for Anesthesia at YKHC

The patient must NOT have any of these:

- Age > 75 years.
- BMI > 50. BMI 45-49 needs clearance by anesthesia.
- Uncontrolled HTN (ambulatory SBP > 170 or DBP > 110).
- Congestive heart failure with EF < 40% and/or need for active management in the last year (i.e., diuretics, ER visits).
- Diabetes with A1c > 8 or need for insulin perioperatively.
- Suspected obstructed sleep apnea without sleep study/ evaluation completed. (Patients with diagnosed OSA using CPAP are okay.)
- Asthma or COPD classified as severe (based on spirometry) or uncontrolled (based on symptom questionnaire or need for exacerbation treatment within 3 months).
- History of MI or CVA within the last 6 months or PCI within the last 12 months.
- Chronic or paroxysmal arrhythmia (including atrial fibrillation).
- Use of anticoagulant medication (not antiplatelet monotherapy).
- Implanted cardioverter-defibrillator or pacemaker.
- Decompensated cirrhosis.
- ESRD on dialysis.
- Poorly controlled seizures or new seizure diagnosis within 6 months.
- Active pulmonary TB.
- Functional status < 4 METs (unable to climb flight of stairs due to cardiorespiratory symptoms).
- URI, including strep pharyngitis or sinusitis, within 4 weeks; or, pneumonia within 8 weeks. (Time is from resolution of symptoms.)
- New cardiorespiratory symptoms such as chest pain, dyspnea, palpitations, syncope. These must be evaluated appropriately (e.g. Holter, stress test, etc) prior to clearance. Evaluation can be done by YKHC outpatient provider with specialty referral as indicated.

Please review the YKHC Low Risk Endoscopy Criteria for questions about the above. If you have further questions related to if patient qualifies or not, Tiger Text or call CRNA on call.

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Approved by Clinical Guideline Committee 7/23/25.
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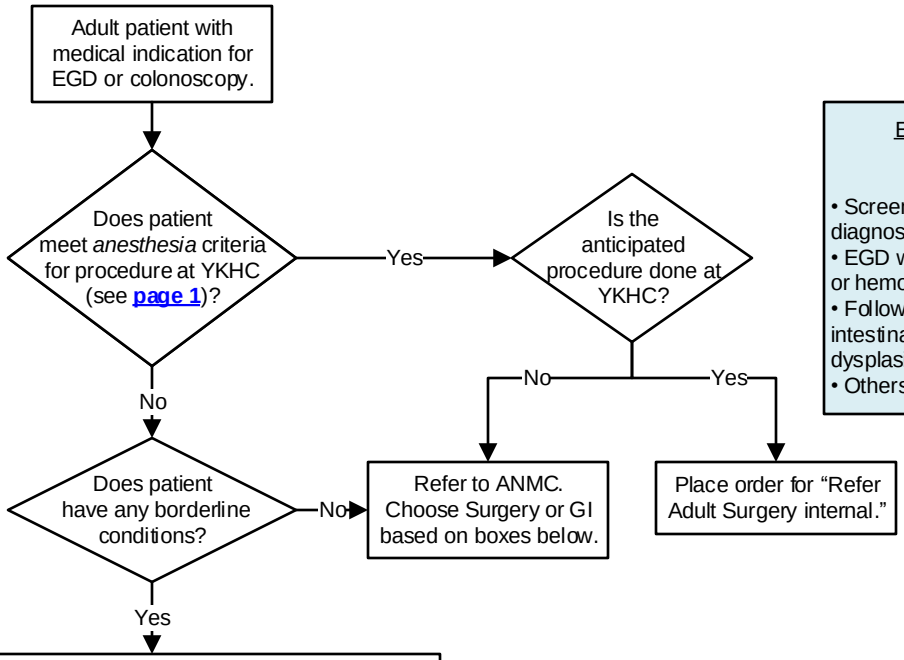
Clinical Guideline

Endoscopy Referral Guideline

If the indication for EGD/ colonoscopy is urgent, mark referral urgent and still send to appropriate location.

As of May 2025, ANMC is not scheduling endoscopy sooner than YKHC.



Endoscopy Procedures Performed at YKHC

- Screening, surveillance, and diagnostic colonoscopy with biopsy.
- EGD with biopsy but not for dilation or hemorrhage control.
- Follow up of Barrett's or gastric intestinal metaplasia without dysplasia.
- Others at discretion of endoscopist.

Borderline Conditions

- BP > 170/110
- A1c > 10
- MI, CVA, PE, or stent in last 12 months
- Taking anticoagulation

Don't send referral yet.

- Uncontrolled HTN and DM must be managed to above goals before clearing for scope.
- Patient must be >12 months out from MI/CVA/PE/stent.
- Patient may potentially clear if anticoagulated but will need clear plan for bridging of anticoagulation which may require additional referrals.

Indications for "Refer to Adult Surgery External (only EGD/CS)"

- Rectal bleeding without diarrhea: must have notes addressing exam for hemorrhoids; if hemorrhoids are present, must have documentation of failed conservative treatment.
- Colorectal cancer
- Diverticulitis
- Ano-rectal disease
- Consideration of surgical correction of GERD
- Barrett's follow up
- Hemorrhoid Banding (not performed at YKHC)
- Dilation (not performed at YKHC)

Indications for "Refer to GI External"

- Laboratory confirmed Iron Deficiency anemia (must have labs with Iron studies included that confirm this dx)
- Dysphagia
- Chronic GERD (must have documentation of failed conservative treatment such as failed PPI trial x8 weeks)
- Chronic Nausea/Vomiting
- Chronic abdominal pain (> 3 months) without surgical cause on work up
- Rectal bleeding with diarrhea
- Diarrhea
- Inflammatory bowel disease
- Unintended weight loss (weight loss must be documented in chart)
- Colitis on imaging (not diverticulitis)
- Follow up of gastric intestinal metaplasia
- Barrett's follow up
- Dyspepsia

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Clinical Guideline

Pre-YKHC Surgery Management

Patient seen for pre-op before planned EGD/ colonoscopy at YKHC.

Is the procedure indicated?

Yes

No or not sure → Stop and contact endoscopist and CRNA on call.

Does the patient meet anesthesia criteria for YKHC?

Yes

- Complete office visit.
- Use autotext "..surgPreOp" to guide visit.
- Review boxes for medication management and additional testing.

Concerns precluding clearance for procedure?

Yes →
- Discuss with CRNA, endoscopist, another YK clinician, and/ or ANMC consultant (e.g., send EKG to cardiology on call).
- Notify CRNA and endoscopist.
- Make plan for next steps (i.e., optimize conditions and reschedule procedure).

No

- Complete pre-op visit documentation.
- Medication management as above.
- NPO after midnight.
- GI prep per autotext.

This guideline is not intended for all outpatient pre-op appointments.

Resources for general pre-op visits for other types of surgery include:
- Documentation/requests of surgeon
- **https://www.aafp.org/pubs/afp/issues/2000/0715/p387.html**

Points to Consider

- Did patient already get scoped somewhere else?
- Is the time interval correct?
- Is there appropriate other workup & follow up underway for the condition being evaluated (e.g. dysphagia, anemia)?

It's not necessarily the pre-op provider's job during this visit to extensively evaluate the reason for the procedure. However, please ensure the patient knows why the procedure is being done and the plan for outpatient follow up.

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Clinical Guideline

Pre-YKHC Surgery Management

Additional Testing Requirements Prior to Endoscopy Clearance

	CBC	BMP	CMP	A1c	HCG	PT/INR	EKG	CXR	MTB	Spirometry
Age > 60							X			
Female of childbearing age					X					
Hypertension		Within 6 months					X			
DM2	Within 6 months	Within 6 months		Within 6 mo if < 8 Within 3 mo if > 8			X			
Hx MI, CVA, CHF	X	X					X			
CKD 3/4	X	X								
Chronic liver disease	X		X			X				
Uncontrolled asthma/COPD								X		X
Clinical concern for active TB								X	X	
Hx bleeding disorder	X					X				
Smoker > 20 yrs	X									
Hx malignancy	X									
RA on MTX or DMARDs	X		X				X			

Medication Management

Aspirin		Continue pre operatively
Diabetes agents	SGLT2	Stop 3-4 days prior
	GLP1	Hold one dose prior (daily or weekly dose as appropriate)
	All agents other than metformin	Stop one day prior
Oral iron		Stop 5 days prior
ACE or ARB		Hold morning of procedure
Take all other medicines as usual the morning of procedure		
NB: A patient still taking rifampin for TB/LTBI will not clear until off rifampin		

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