**Direct access endoscopy at Bendigo Health**

Bendigo Health offers a ‘direct access endoscopy’ service bypassing the need for specialist consultation and avoiding delay where the need for endoscopy is clear. To facilitate this, it is important that referring practitioners include all relevant information in the referral form. This includes:

* Comprehensive medical and social history
* Current medication list
* Previous endoscopy reports
* Relevant pathology report

E-referral and use of the endoscopy specific template is preferred.

Where it has been identified that patients have increased risks or the indication for endoscopy is not clear, specialist consultation will be required.

Referrals should be directed to Specialist Clinics via eReferral (BPAC SeNT product – contact [ereferralproject@bendigohealth.org.au](mailto:ereferralproject@bendigohealth.org.au) for more details) ideally as the dedicated endoscopy eReferral template is inclusive of all criteria to enable expeditious triage or via fax 5454 8922.

**Direct Access Colonoscopy – criteria guidelines** based on NHMRC approved Clinical practice guidelines for prevention, early detection and management of colorectal cancer (CRC) 2nd edition (Dec 2005), Clinical practice guidelines for Surveillance Colonoscopy (Dec 2011) and Victorian Colonoscopy categorization guidelines (2017).

**Symptoms which alone do not indicate colorectal neoplasia but combined can increase the likelihood are:**

* Altered bowel habit
* Unexplained abdominal pain
* Weight loss

**Critical factors**

* FOBT +ve
* Anaemia
* Age ≥ 60 years
* Rectal bleeding not associated with haemorrhoids

**Indications for direct access**

* FOBT +ve
* Anaemia with any other critical factor or symptom
* Rectal bleeding with any other critical factor or symptom
* Altered bowel habit (> 6/52 and < 12 months) and any other critical factor
* Abnormal imaging

**Requiring Specialist clinic appointment (exclusion criteria for direct access)**

* Familial history of bowel cancer without corresponding details
* Familial history of FAP
* Familial history of HNPCC without corresponding details
* Abdominal pain without corresponding indicators or investigations
* Significant co-morbidities
* Diagnosis of haemorrhoids without other complications
* Colonoscopy request for someone < 30 years of age
* Patient weight ≥ 150 Kgs
* Bright red rectal bleeding in people less than 40 years of age
* Patients over the age of 75 need to be assessed for appropriateness for direct access.

**Direct access Gastroscopy – criteria guidelines** based on the Victorian Gastrointestinal endoscopy categorization guidelines (2018).

**Symptoms which alone do not indicate oesophageal or gastric cancer but combined can increase the likelihood are:**

* Dysphagia - in people ≥ 55 years is the strongest predictor of oesophageal or gastric (OG) cancer
* Unintentional weight loss
* Iron deficiency anaemia
* Epigastric pain
* Persistent nausea or vomiting
* GORD

Please provide history of Barrett’s oesophagus.

**Indications for direct access**

* Dysphagia
* Unintentional weight loss and upper GI symptoms
* Anaemia
* GI Bleeding
* Abnormal imaging
* Dyspepsia
* Recent onset GORD with other symptoms
* Persistent Nausea and vomiting

**Requiring Specialist clinic appointment (exclusion criteria for direct access)**

* Lump or mass in abdomen
* Significant co-morbidities
* On anticoagulation therapy
* Patient weight ≥ 150 Kgs