Surveillance colonoscopy for patients with long-standing inflammatory bowel disease

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Why has it been recommended that I have a colonoscopy?
You have been diagnosed with ulcerative colitis (UC) or Crohn’s disease, collectively known as inflammatory bowel disease (IBD). It is known that there is an increased risk of IBD patients developing bowel cancer compared with the rest of the population.

What are the risks of IBD patients developing bowel cancer?
The risk of developing bowel cancer is related to how much of the bowel is affected and how long it has been since diagnosis. People with a certain type of liver disease called primary sclerosing cholangitis (PSC) are also at risk.

How does bowel cancer develop?
In most cases, there are changes within the bowel lining before a cancer develops, which can be detected by taking biopsy samples. These pre-cancerous changes are known as dysplasia. Once dysplasia occurs, this can progress to cancer over a number of years.

Who is offered bowel cancer screening?
We recommend that patients with extensive IBD, involving more than one third of the bowel, undergo colonoscopy after 10 years of diagnosis. You may be screened every 5 years or
sooner depending on what we find. Your doctor or nurse will tell you when you should have further examinations, depending on the findings of the test and the results of any tissue samples.

What are the options if I have pre-cancerous or cancerous cells in my bowel?

If dysplasia is found, we would usually recommend removal of the whole of the large bowel. This is done to remove all the tissue in which cancer could develop in the future. In the event of this becoming necessary, your doctor will make time to discuss this in detail.

What are the benefits to me of being screened?

The main benefits are to detect changes at an early stage when either prevention of cancer is possible or treatment is likely to cure you.

What are the alternatives to having a colonoscopy?

Colonoscopy is the most effective way of examining the bowel. X-ray tests can be used to take pictures of the bowel. However, we cannot identify pre-cancerous cells using this method, therefore it is not recommended.

You may also choose not to have a colonoscopy, as you do not wish to undergo screening. You can discuss any of these options with your doctor.
What are the risks to me?
You will receive information about having a colonoscopy, which explains the procedure in detail. It is important to know that having a ‘clear’ colon does not guarantee that you don’t have problems within the bowel. Small cancers can develop, which can be missed when the colonoscopy is performed. Therefore, it is always important to discuss any new symptoms you may have with your GP or hospital doctor.

Where can I get further information?
Your doctor and the nurses will explain the procedure in detail when you attend the endoscopy department.

Other sources of information include:
The Trust’s inflammatory bowel disease specialist nurse helpline, telephone: 0121 697 8436
The National Association for Colitis and Crohn’s website www.nacc.org.uk
Cancer Research website: http://www.cancerhelp.org.uk

The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk or call 0121 627 7803

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