Colorectal Symptoms

This pathway is for symptomatic patients and anaemic asymptomatic patients.

Assessment

1. History – ask about:
   - rectal bleeding .
   - altered bowel habit .
   - weight loss .
   - abdominal pain.
   - personal history of colorectal cancer.
   - family history of colorectal cancer.
   - medications, e.g. nonsteroidal anti-inflammatory drugs (NSAIDs), anticoagulants, antiplatelets, proton pump inhibitors (PPIs).
2. Examination:
   - Check for abdominal and rectal masses.
   - Perform a rectal examination.
3. If a mass may be due to faecal loading, give laxatives and reassess in a few days.
4. Assess for high-risk concerning features of colorectal cancer.
5. Investigation:
   - Arrange FBC, iron studies, B_{12}, folate, LFT, urea and electrolytes .
   - If diarrhoea or loose motions, arrange CRP, stool culture, thyroid function tests (TFTs), and tissue transglutaminase (tTG).
   - Consider faecal calprotectin to help exclude inflammatory bowel disease (IBD).
   - If iron deficiency anaemia, consider tissue transglutaminase (tTG), and urine to exclude other causes.
   - If unexplained change in bowel habit in women, check CA125.
   - Arrange a faecal immunochemical test (FIT) for:
     - patients with high-risk concerning features , except those with an abdominal, rectal, or anal mass or anal ulceration.
     - patients without rectal bleeding but with possible features of colorectal cancer , but who do not have high-risk concerning features.
   - Do not arrange carcinoembryonic antigen (CEA) .

Management

1. If high-risk concerning features of colorectal cancer:
   - For patients with abdominal or rectal masses, or anal masses or ulceration, request 2-week wait gastroenterology assessment.
   - For patients whose only concerning feature is a change in bowel habit alone, manage according to FIT result:
     - If FIT is positive, request 2-week wait gastroenterology assessment.
     - If FIT is negative, follow-up with safety-netting in primary care.
   - For patients with other concerning features (e.g. IDA, rectal bleeding, or weight loss), request 2-week wait gastroenterology assessment whatever the FIT result. For these patients, the FIT result will be used by secondary care to prioritise patients.
2. For patients with possible features of colorectal cancer, consider requesting vague symptoms suspected cancer assessment and manage based on FIT result and symptoms:
   - If FIT is positive, consider requesting 2-week wait gastroenterology assessment.
   - If FIT is negative, follow up in primary care. If persistent or troublesome symptoms, consider requesting routine gastroenterology assessment or seeking gastroenterology advice.
3. For patients with altered bowel habit alone and negative FIT, follow-up with safety-netting in primary care.
4. Manage any other causes:
   - Anal fissures
   - Haemorrhoids
   - Medications, e.g. anticoagulants, antiplatelets, NSAIDs.

Request

- Request 2-week wait gastroenterology assessment if patient has:
  - abdominal or rectal masses, or anal masses or ulceration.
  - change in bowel habit alone and positive FIT result.
  - any other high-risk concerning features, e.g. IDA, rectal bleeding, or weight loss, regardless of FIT result.
- Consider requesting 2-week wait gastroenterology assessment if patient has positive FIT result and possible features of colorectal cancer.
- If FIT is negative and persistent or troublesome symptoms, consider requesting routine gastroenterology assessment or seeking gastroenterology advice.
- Consider requesting vague symptoms suspected cancer assessment.

Information

For health professionals

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SOURCES

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