

POSITION STATEMENT

Colonoscopy with Polypectomy

Purpose

Position statements from the College provide background information and express or clarify the College's intent on a particular matter. They are intended as guidance for stakeholders in areas where events are evolving or changing rapidly, the implementation of processes and procedures may be premature, or it is timely to communicate the College's broad intent before or as policies and procedures are developed.

This document addresses colonoscopy with polypectomy in accredited non-hospital medical and surgical facilities..

Background

In 2013, provincial colorectal screening guidelines were initiated for the detection of colorectal cancer and adenomas in asymptomatic patients aged greater than 19 years. The appropriate screening test for colorectal cancer is determined through risk stratification of the patient's personal and family health history. Colonoscopy is one of the screening tests for the detection of colorectal cancer. Colonoscopy provides direct examination/visualization of the entire colon and allows for biopsy and polypectomy.

While endoscopic polypectomy can prevent the development of colorectal cancer, there are risks in performing this procedure. It is well known that the occurrence of post-polypectomy bleeding and colonic perforation increases with the number of polyps removed and with the complexity and size of each polyp.

Position

The Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) Committee is responsible for establishing accreditation standards, policies, rules, procedures and guidelines for the NHMSFAP to ensure the delivery of high-quality and safe services in non-hospital facilities.

Polypectomy guidelines

- Patients admitted to the facility for a colonoscopy procedure are appropriate for the non-hospital setting.
- Patients on non-vitamin K antagonist oral anticoagulants (NOAC) or warfarin may be appropriate for a colonoscopy with polypectomy procedure in the non-hospital

setting provided there are policy and procedures in place for the management of these patients (i.e. temporary discontinuation of the anticoagulant and/or pre-procedure bridging referral to an anti-thrombosis/DVT clinic or internal medicine clinic, as appropriate).

- Polyps with the following characteristics should not be removed in the non-hospital setting:
 - Polyps that are considered complex (i.e. more than 2 cm in size and/or in a difficult location).
 - Polyps where complete polypectomy may be difficult or risky (i.e. morphology, location and/or histologic type) as determined by the physician performing the procedure.
 - Polyps which have an increased risk of bleeding or colonic injury (i.e. size, morphology, location and/or histologic type) during colonoscopic polypectomy.
 - Polyps where the use of argon plasma coagulation should be anticipated (i.e. size of polyp, treatment of less accessible areas, risks for incomplete polypectomy).
 - Removal of more than 10 polyps of any size.

References

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