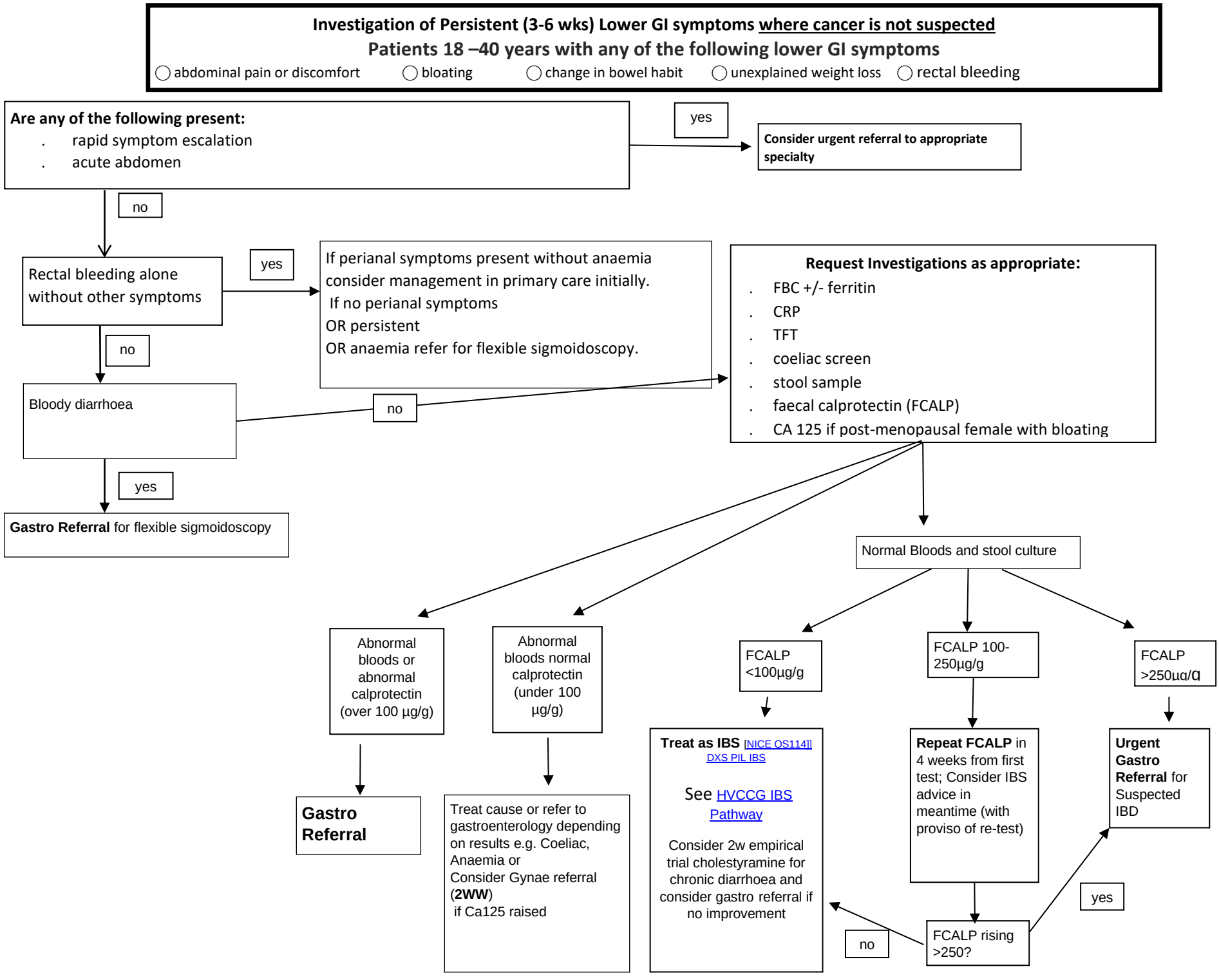
Investigation of Persistent (3-6 wks) Lower GI symptoms where cancer is not suspected
Patients 18 –40 years with any of the following lower GI symptoms
◯ abdominal pain or discomfort ◯ bloating ◯ change in bowel habit ◯ unexplained weight loss ◯ rectal bleeding
Are any of the following present:
. rapid symptom escalation
. acute abdomen
yes
Consider urgent referral to appropriate specialty
no
Rectal bleeding alone without other symptoms
yes
If perianal symptoms present without anaemia consider management in primary care initially.
If no perianal symptoms
OR persistent
OR anaemia refer for flexible sigmoidoscopy.
no
Bloody diarrhoea
no
yes
Gastro Referral for flexible sigmoidoscopy
Request Investigations as appropriate:
. FBC +/- ferritin
. CRP
. TFT
. coeliac screen
. stool sample
. faecal calprotectin (FCALP)
. CA 125 if post-menopausal female with bloating
Normal Bloods and stool culture
Abnormal bloods or abnormal calprotectin (over 100 µg/g)
Abnormal bloods normal calprotectin (under 100 µg/g)
FCALP <100µg/g
FCALP 100-250µg/g
FCALP >250µg/g
Gastro Referral
Treat cause or refer to gastroenterology depending on results e.g. Coeliac, Anaemia or
Consider Gynae referral (2WW)
if Ca125 raised
Treat as IBS [NICE QS114]
DXS PIL IBS
See HVCCG IBS Pathway
Consider 2w empirical trial cholestyramine for chronic diarrhoea and consider gastro referral if no improvement
Repeat FCALP in 4 weeks from first test; Consider IBS advice in meantime (with proviso of re-test)
Urgent Gastro Referral for Suspected IBD
yes
no
FCALP rising >250?