



NZSG recommendations for the use of Computerised Tomographic Colonography (CTC) and Colonoscopy in investigations of GI disease.

The position of CTC in the investigation of lower GI disease has not yet been defined, with few comparative studies and software developments occurring rapidly. The use of CTC is attractive to Health Boards where endoscopic services are stretched, and so it has been proposed that the use of CTC be increased in many regions of New Zealand. The New Zealand Society of Gastroenterology feels that appropriate use of CTC is an advantageous addition to the range of investigations possible, especially in an aging, increasingly comorbid population.

These recommendations are designed as basic principles to be taken into account when CTC is being integrated into GI services.

1. We strongly recommend that all referrals for investigations of lower GI symptoms should be triaged through a single pathway to allow rational use of CTC and colonoscopy resources.

2. Via such a common triage route we recognise the following patient groups to be more appropriately investigated by the following modalities.

a. Consider referral for CTC

- Symptomatic patients over age 80 where histology is not required.
- Patients with comorbidities when colonoscopy presents a higher risk e.g. patients on warfarin therapy, respiratory risk from sedation.
- Patients presenting with abdominal mass.
- Following failed or incomplete colonoscopy.

b. Consider referral for Colonoscopy

- Patients with diarrhoea/ loose motions as a predominant presenting symptom.
- For polyp surveillance.
- Suspected inflammatory bowel disease.
- Patients <40 years old.

3. Much as colonoscopy services now are subject to continuous Quality Assurance, CTC services should have regular audit, reporting outcomes through the governance group for GI services.