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Role of CT scan as initial investigation in colorectal rapid access patients

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Background: We looked into CT colonoscopies and CT abdomen and pelvis which were booked as initial investigation in patients referred via the colorectal rapid access pathway. These tests were directly booked following the referral after a nurse led triage.

As per our colorectal straight to test protocol (STT) any patients over the age of 75 or unfit individuals will have a CT colonoscopy (virtual colonoscopy) instead of colonoscopy. CT trunk was used during COVID pandemic as the initial investigation when the aerosol generating procedures were stopped. CT trunks are also the initial investigation as per the STT protocol when patients are referred with suspected abdominal mass, weight loss or abdominal pain.

Methods: Retrospective analysis of prospective electronic data base of colorectal STT referrals from Feb 2020 to end of October 2020.

Results:

- Total no colorectal STT referrals -1524
- CT colonoscopies and CT trunks booked as initial investigation 420(27.55%)
- Patients who refused to have the scans due to COVID 93/420 (22.14%)
- Colorectal cancer diagnosis 25/327 (7.64%)
- Non-colorectal cancer diagnosis 20/327(6.11%) Incidental AAA 15/327(4.58%)
- Normal examination 91/327(27.82%)
- Colonic polyps 27/327(8.25%)
- Diverticular disease 92/327(28.13%)

Conclusion: CT colonoscopies and CT trunks form part of initial diagnostic tool in the colorectal rapid access patients. They are particularly useful in high risk patients who cannot tolerate colonoscopy. These investigations complement the lower GI endoscopy. These scans also identify non-colorectal malignancies and retroperitoneal pathology such as AAA. CT trunks were useful tools during COVID 19 Pandemic.