Please note the local reference for this work instruction is WISSP5.0

1. Introduction and Who Guideline applies to

This work instruction has been developed to assist a Specialist Screening Practitioner (SSP) to understand their role in the process of booking an investigation of the large bowel for a screening patient with a pacemaker or implantable cardioverter defibrillator (ICD).

This work instruction aims to provide a guiding framework for safe preparation, peri and post procedure management of patients with cardiac pacemakers and ICD undergoing Bowel Cancer Screening endoscopy where a diagnostic or therapeutic procedure with diathermy use may be required.

2. Guideline Standards and Procedures

1st Positive Assessment Clinic (PA-C)

The SSP will take a full history during the PAC consultation. Clinic letters will also be checked where available, either in the notes or on ICE to find out as much information about the device in situ. It is important to identify at PAC whether the implantable device ia a pacemaker or an ICD.

For all devices it is important to find out:

- Type of device – Pacing dependant or non-pacing dependent
- Site of pacemaker/ICD
- Age of pacemaker/ICD
- Last check, whether follow-up is with UHL

Nursing staff are to contact the pacing clinic to clarify the type of implantable device if unsure.

Patients with pacemakers

Patients with pacemakers can be booked for colonoscopy at GGH. There is no need for a Cardiac Electrophysiologist to attend. Scope guide to be turned off during colonoscopy for all patients with pacemakers. Colonoscopist to be informed prior to procedure that the patient has a pacemaker so that diathermy can be used appropriately as per the guidelines below:

Bipolar diathermy to be used where possible
If inhibition occurs stop diathermy
Keep cables away from the implant site
Use lowest effective power setting and briefest application possible
Should unipolar diathermy be unavoidable

1. *Coagulation mode is preferable to cutting mode*
2. *Use short bursts*
3. *Avoid use within 15cms of device*

4. *Ensure the return electrode/grounding pad is as far away from the device and leads as possible*

Patients with ICDs:

All patients with ICDs to be referred to CTC initially unless other contraindications to CTC. If polyps found and to be removed, refer to ICD guideline below:

Post CTC colonoscopy / polypectomy for patients with ICDs

All patients with ICDs will be booked at the Glenfield Hospital where the cardiology pacing clinic is based.

SSP to send an e mail request for advice and support to the pacing unit via bowelcancerscreening@uhl-tr.nhs.uk e mail to: Tim.hodson@uhl-tr.nhs.uk

E mail to state:

- Patient details including name & NHS No
- Time and date of intended screening procedure

If "out of office" telephone Ext 3837 for advice.

- All ICDs need switching off pre-procedure as there is a risk of inappropriate shock therapy being delivered with the device which could induce VF (this can be life threatening). This is done using a magnet over the device.
- Appointments should be offered when a Cardiac Electrophysiologist can attend (procedure must be completed before 4.30pm for them to turn device back on)
- The Cardiac Electrophysiologist will turn off device in the procedure room
- All these patients will require ECG and non ECG monitoring throughout procedure until device is turned back on.

Endoscopy trackers will not be used with patients with Implantable devices.

Colonoscopist to be informed prior to procedure that the patient has an ICD so that diathermy can be used appropriately as per the guidelines below:

Bipolar diathermy to be used where possible
If inhibition occurs stop diathermy
Keep cables away from the implant site
Use lowest effective power setting and briefest application possible
Should unipolar diathermy be unavoidable

5. *Coagulation mode is preferable to cutting mode*
6. *Use short bursts*
7. *Avoid use within 15cms of device*
8. *Ensure the return electrode/grounding pad is as far away from the device and leads as possible*

ECG monitoring is required during the procedure with non-ECG monitoring which will confirm output if ECG interference occurs with diathermy.

3. Education and Training

Annual DOPS assessment. All screening staff made aware of SOPS and Work Instructions on induction and any changes/reviews are fed back to the team via email and at team meetings

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
AVIs / Datix	Audit	A Bonner	3 monthly	Team meetings / PB

5. Supporting References (maximum of 3)

Bowel Cancer screening Service Specification No26

6. Key Words

Bowel cancer screening, Pacemaker, ICD

CONTACT AND REVIEW DETAILS	
Guideline Lead Claire Almen and Amanda Smith, Lead Specialist Screening Practitioners, UHL Bowel Cancer Screening	**Executive Lead** Alex Bonner UHL Bowel Cancer Screening Manager
Details of Changes made during review: General update on process from local work instruction to Trust format	