

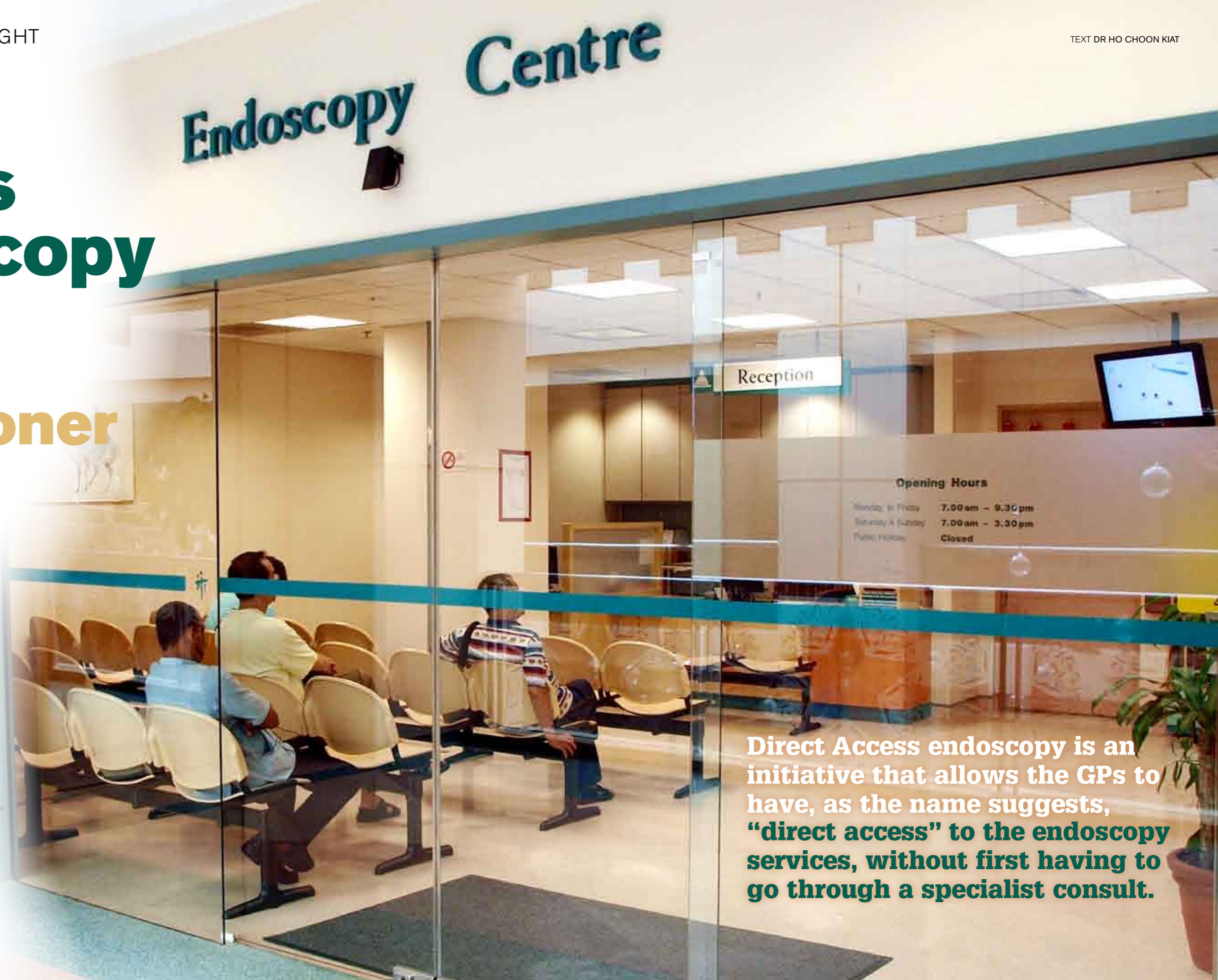
Direct Access Endoscopy for the General Practitioner

TTSH's efforts to streamline the process

Increasingly, General Practitioners (GP) are managing many diseases of the gastrointestinal (GI) tract. With the advent of programmes like the Graduate Diploma in Family Medicine (GDFM) and the Master of Medicine (Family Medicine), as well as active participation of the GPs in Continuing Medical Education (CME) updates, many of such patients, who in the past used to be managed by the specialist, are now followed up by their own family physicians.

When it comes to evaluating diseases of the GI tract, history and physical examination may sometimes clinch the diagnosis, however, there are times when some form of investigation is needed, either for diagnosis or treatment or both. Indeed, endoscopy, in particular gastroscopy (OGD) and colonoscopy, is a key component in the approach algorithm for many of the common symptoms seen in GI tract diseases. Because GPs do not perform endoscopy, they will refer their patients to a specialist for the performance of an endoscopy.

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services, without first having to go through a specialist consult. The GPs determine whether their patients require a scope based on their own clinical judgment, and thus save their patients a trip for a consultation with a specialist. Following the endoscopy, the patients are asked to return to their own GPs for a review along with a report on the endoscopic findings, usually within 5 working days. If a biopsy was taken, the histopathology report will be faxed to the GPs by that review date. The GPs will then decide on the subsequent management. This initiative thus preserves the autonomy of the GPs over the management of their own patients. It also allows for continuity of care. This arrangement is akin to a GP ordering an X-ray examination for his/her patient at the nearest radiology facility. Following the X-ray, the resident radiologist will read the X-ray and provide a report. The patient is then asked to return to the GP along with that report, and for the GP to decide on the next course of action.

There are very tangible benefits to the patients as well. For the conventional work flow, it does take a lot of time away from work and normal activities for both a specialist office visit and a procedure on another day. Hence, in comparison, patients save time. By removing the specialist office consult, patients save money too. Direct Access endoscopy also hopes to minimize the disruption to the patients' daily routine, as the patient can choose a convenient day and time for the endoscopic examination. This is possible because a certain number of slots are reserved for such direct access endoscopy on a daily basis, even on Saturdays.

To facilitate our GP partners, Tan Tock Seng Hospital (TTSH) Endoscopy Centre has come out with a brochure for both Direct Access Gastroscopy and Direct Access

Colonoscopy (see picture). Besides serving as a booking form, these brochures also highlight some of the conditions which are suitable for gastroscopy and colonoscopy.

Specifically, a gastroscopy may be necessary to evaluate a patient who complains of dyspepsia, dysphagia, heartburn or other reflux symptoms, bloating or frequent flatulence, unexplained weight loss, or an unexplained reduction in appetite. Patients who are found to have anaemia may also require an endoscopic examination to exclude bleeding from the GI tract.

For colonoscopy, suitable indications include patients who complain of bleeding per rectum, change in bowel habits as well as patients who have a personal history of

colonic polyps or a family history of colorectal cancer.

Patients who complain of severe abdominal pain, especially when this is associated with abdominal tenderness, and those with significant bleeding, are usually not suitable for direct access endoscopy. They should be referred to a specialist for an opinion first, or to the nearest Emergency Department if necessary.

Endoscopy can also be used to screen for GI cancers, in particular colorectal cancer. Colorectal cancer is a major health issue in Singapore, as it is now the most common cancer in Singapore. The good news is that it is potentially preventable, and that is by screening. Most colorectal cancers arise from small polyps, and if such polyps can be detected and removed, we can prevent cancer. The recommended age to start colorectal cancer screening is 50 years old, based on the American Society of Gastrointestinal Endoscopy (ASGE) guidelines. Whilst colonoscopy is not the only screening modality, it is the only one that offers both diagnostic and therapeutic capabilities, in that it can be used to remove small polyps. As for the use of gastroscopy to screen for stomach cancer, this is a common practice amongst certain racial groups, in particular the Japanese and the Koreans, as there is a high prevalence of stomach cancer in these people, even at a young age. For those with gastro-oesophageal reflux disease, and who has Barrett's oesophagus, OGD is used to screen for oesophageal cancer. Screening endoscopy is one of the most appropriate reasons to utilize Direct Access endoscopy.

Patients referred for direct access endoscopy should generally be healthy. Chronic medical conditions such as hypertension or diabetes, if well controlled, do not preclude patients from enjoying this service. For patients scheduled for a colonoscopy, they will require to take some purgatives to clean out their bowel. As such, patients with renal impairment, heart disease or known to have electrolyte imbalances should perhaps be referred to a specialist first. Elderly patients, specifically those above 70 years old, should ideally be referred to a specialist for an evaluation rather than Direct Access endoscopy.

Endoscopy is a procedure, and as with all forms of procedure, some form of pre-procedural preparation is required. This is particularly true for colonoscopy where the patient needs to have their bowel thoroughly cleaned out before the procedure. This is because how well the bowel is emptied will help determine how well the doctor can examine it during colonoscopy. Thus, all patients scheduled for endoscopy will have some form of pre-procedural counselling. Such counselling takes time. We understand

If GPs have any concerns or questions, they can always contact the direct access hotline for clarifications (for TTSH, the number to dial is 97208601 / 63573766 / 63573767).

TTSH Endoscopy Centre has been offering direct access endoscopy for the past 4 years. If you would like to use this service, you can fill in the relevant booking form and fax this form to 63573765. These forms may be provided to you upon request. Alternatively, you can simply just call us at our hotline mentioned above to book an appointment for your patient.

that GPs have a busy clinic schedule, and hence, to make the referral process as hassle-free as possible, all we need is the patient's particulars and his/her contact number. Our nurses will then contact this patient to provide the counselling. We will also send the patient information leaflets to further reinforce these instructions which will include issues like pre-procedural fasting, whether to continue or stop their usual medications for their chronic conditions, etc. We are mindful that not all GPs stocked these drugs that we use for bowel cleansing. As such, we provide the service of sending these drugs by post to participating GPs along with a printed copy of the instructions on how to take such drugs.

The Government is actively expanding the role of GPs to meet the healthcare needs of the country, especially on the background of an aging population. The term "right-siting" has been coined, and this means to have patients treated in the most appropriate locations by medically-competent teams at the lowest possible cost. The Chronic Disease Management Programme (CDMP) is one such initiative by the Government. We have confidence in our GP colleagues in managing some of the GI diseases. By offering Direct Access endoscopy so as to empower our GP partners, TTSH hopes to contribute, in a small way, to this initiative. It is our fervent wish the TTSH Direct Access endoscopy service will not only augment the practice of Family Medicine in Singapore, but will also bring benefits of convenience and cost savings to the patients. **MG**



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