

Flexible Sigmoidoscopy performed by Family Physicians - Its role and diagnostic value for patients presenting with fresh rectal bleeding at primary care clinic

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Introduction:

Fresh rectal bleeding is a common and yet important presenting symptom encountered in general practice. Anal fissure and haemorrhoids remain to be the most common causes, but it can be the result of colorectal cancer bleeding.

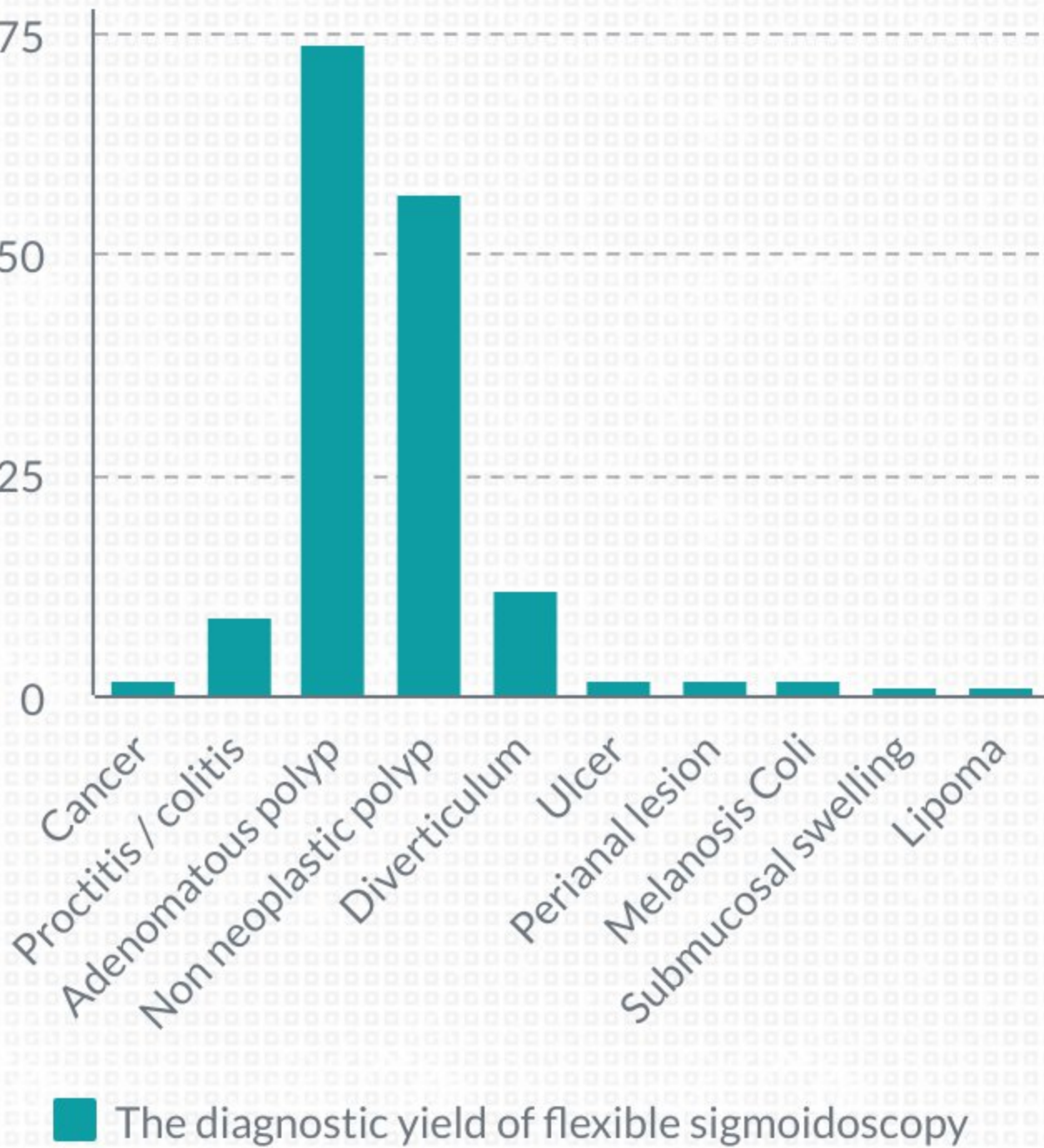
Family Medicine Specialists from our unit can book direct access Flexible Sigmoidoscopy (FS) performed by Family Physicians, in collaboration with the hospital endoscopy unit. Patients who presented with bright red rectal bleeding, without other bowel symptoms, systemic upset or features of anaemia, referred for FS were studied.

Methodology:

Patients referred from primary care clinic for FS during the period of 1/2016-3/2018 were studied. The procedure was conducted at the hospital endoscopy unit. The waiting time for the procedure, endoscopic findings, complications, subsequent needs of colonoscopy and specialist referral were studied.

Results:

456 patients with 224 men and 232 women were studied. Their age ranged from 23 to 84 (Mean age 54.5). Two patients were found to have adenocarcinoma at the sigmoid colon and the recto-sigmoid junction. Seventy-four (16.4%) patients were found to have adenomatous polyp. Thirty-one patients were found to have other colorectal pathologies which included diverticulum, proctitis, melanosis coli, colitis, rectal ulcer and lipoma. The overall diagnostic yield for FS was 36.2%. Eighty-one (17.8%) patients required further evaluation by arranging colonoscopy at their subsequent follow up. Twenty-six (5.7%) patients needed specialist referral whereas 94.3% of them continued medical management at the primary care setting after FS. The average waiting time for FS was 7.2 months. There was no bleeding, perforation or cardiopulmonary complication recorded.



Conclusion:

Flexible Sigmoidoscopy can be performed safely by trained Family Physicians. The overall diagnostic yield for FS was 36.2%. If the waiting time can be further reduced, say with the procedure offered earlier as an office procedure in the community. By then, we can make a different clinical outcome for this group of patients.

