

Provincial Guidelines for Endoscopy during the COVID-19 pandemic

In response to the global pandemic declaration by the World Health Organization, all non-urgent endoscopies will be suspended provincially.

This document will serve as a guideline for what the Provincial Endoscopy Network would consider urgent and appropriate for endoscopy with proper precautions. This is to be followed until further notice. The guidelines are subject to change at any point and will be reevaluated on a daily basis. We will provide regular updates.

1. **All patients booked for non-urgent procedures should be cancelled immediately. This includes FIT+ patients.**
2. **If there is uncertainty regarding case appropriateness direct the question to Paul Johnson, Dana Farina or Heather Francis, and we will evaluate together in co-operation with the local team.**
3. **Patients with high suspicion of cancer (ie abnormal imaging, palpable rectal mass) are to be cancelled. We know that such patients cannot wait weeks or months. Our definition of urgent/ non-urgent will evolve depending on what is happening with the Covid-19 pandemic. For now tell such patients that they are cancelled but will be identified as a priority case.**
4. **We are asking that physicians identify the priority cases (high suspicion of cancer) going forward. This will allow us to determine the resource needs and coordinate booking the urgent cases as soon as possible.**
5. **We will not be able to provide cancelled patients with definitive timelines for rebooking. This is a very fluid situation with much uncertainty. We will re-evaluate access for high priority cases at least on a weekly basis. We will provide additional information regarding the process for these patients in a follow-up communication.**

Use the following criteria for identifying urgent cases:

Gastroscopy

Unstable upper gastrointestinal bleeds
Severe dysphagia (unable to swallow liquids and solids to maintain nutrition)
Food bolus

Bronchoscopies

Only bronchoscopies clinically needed in ICU setting

EBUS

Suspended from endo unit. We will need to explore alternate arrangements if OR planned in next 2 weeks for patient with cancer. To be discussed on a case by case basis.

ERCP

Cancel all routine exams including repeat stent changes.
Inpatient urgent cases only to be discussed on a case by case basis.

EUS Suspend unless patient is going to the OR in the next 2 weeks.

Colonoscopy

Lower GI bleeds that are hemodynamically unstable.

Inpatients with IBD or suspected/ confirmed malignancy where the scope is necessary to guide management

Sigmoid volvulus

Pseudo obstruction not responding to medical management.