

SCREENING PROGRAM FOR COLORECTAL CANCER

A PROGRAM OF THE SASKATCHEWAN CANCER AGENCY

PROCEDURE ROOM SCREENING COLONOSCOPY INDICATOR SHEET

patient demographics

Date of Procedure: _____ / _____ / _____
month day year

Bowel Preparation Quality:

- Excellent (no more than small bits of adherent fecal matter)
- Good (small amounts of fluid or fecal matter not interfering with exam)
- Fair (adequate to detect all polyps >5 mm)
- Poor (inadequate to detect all polyps >5mm)

Cecal Intubation: No Yes **Withdrawal Time:** _____

With Photo Documentation: No Yes

Incomplete Colonoscopy:

- Additional prep required
- Technical problem
- Other: _____

Repeat Plan for Incomplete:

- Colonoscopy Barium enema
- CT Other: _____

Unplanned Events: No Yes: _____

Post Procedure Recommendations (based on Canadian Association of Gastroenterology (CAG) surveillance intervals):

Return to screening Surgery Colonoscopy in: _____ year(s)

Specimen Location/Shape/Size	Number of Specimens Obtained (table continues on reverse for >10 specimens)									
	1	2	3	4	5	6	7	8	9	10
Rectum 4-16 cm										
Sigmoid 17-57 cm										
Descending 57-82 cm										
Transverse 82-132 cm										
Splenic Flexure										
Hepatic Flexure										
Ascending 132-147 cm										
Cecum 150 cm										
Shape	1	2	3	4	5	6	7	8	9	10
Pedunculated										
Sessile										
Approximate size	1	2	3	4	5	6	7	8	9	10
<1 cm										
>1 cm										
Retrieved	1	2	3	4	5	6	7	8	9	10
Yes										
No										

Form continues on page 2. Signatures required.

> 10 Specimens

Specimen Location/Shape/Size	Number of Specimens Obtained									
	11	12	13	14	15	16	17	18	19	20
Rectum 4-16 cm										
Sigmoid 17-57 cm										
Descending 57-82 cm										
Transverse 82-132 cm										
Splenic Flexure										
Hepatic Flexure										
Ascending 132-147 cm										
Cecum 150 cm										
Shape	11	12	13	14	15	16	17	18	19	20
Pedunculated										
Sessile										
Approximate size	11	12	13	14	15	16	17	18	19	20
<1 cm										
>1 cm				z						
Retrieved	11	12	13	14	15	16	17	18	19	20
Yes										
No										

- Patient Comfort Scale:** No discomfort (resting comfortably through the procedure)
 Mild discomfort (no more than 3 episodes of mild discomfort, adequately tolerated)
 Moderate discomfort (several episodes of significant discomfort)
 Severe discomfort (any greater level of frequency of discomfort)

Endoscopist name (please print)

Endoscopist signature

Post Procedure (patient overall rating of discomfort level during colonoscopy)										
(No discomfort)	1	2	3	4	5	6	7	8	9	10 (Severe discomfort)
										_____ Endoscopy nurse signature , in consultation with patient

This information is required by the Screening Program for Colorectal Cancer for FIT positive screening procedures.
 Fax the completed form to the Screening Program Regina office: 639-625-2199.