

<b>Policy statement:</b>	<b>Irritable Bowel Syndrome Diagnostic Colonoscopy/Flexible Sigmoidoscopy-Calprotectin</b>
<b>Status:</b>	<b>Individual Prior Approval</b>

M&SECCGs commission colonoscopy/flexible sigmoidoscopy for the diagnosis of Irritable Bowel Syndrome on a restricted basis.

Calprotectin is a protein biomarker which is used in the differentiation of inflammatory bowel disease (IBD) from irritable bowel syndrome (IBS). This test supports the differentiation of those with IBS, who can be managed in primary care, and facilitates appropriate referral to secondary care of patients with IBD.

This policy does not cover those patients with the following red flag symptoms, who should be referred via a 2 week wait referral.

- Unintentional weight loss
- Family history of bowel or ovarian cancer
- Age >60 and a change in bowel habits lasting >6weeks
- Symptoms suggestive of ovarian pathology

Requests for endoscopy to diagnose IBS will not be funded unless the below process has been followed and evidenced in the Individual Prior Approval application and referral.

Patients presenting with the following symptoms should be offered a calprotectin test:

- Abdominal pain relieved by defecation
- Altered bowel frequency or consistency
- Symptoms for at least 6months.
- No red flag symptoms
- Normal examination and blood tests

Patients with calprotectin levels <30ug/g should be managed as IBS patients in primary care.

Patients with calprotectin levels between 30-75ug/g should have a repeat test in 4 weeks. If the repeat test shows a calprotectin level of <30ug/g, the patient should be managed, as an IBS patient, in the primary care setting.

If the first test shows calprotectin level >75ug/g, or if the repeat test shows levels >30ug/g the patient should be referred to secondary care for inflammatory bowel disease.

Funding for patients not meeting the above criteria will only be granted in clinically exceptional circumstances.

Individual funding requests should only be made where the patient demonstrates clinical exceptionality.



Further information on applying for funding in exceptional clinical circumstances can be found on the CCGs' website.

**References:**

<https://www.nice.org.uk/Guidance/DG11>