IOIBD Recommendations: Best Practice Guidance for Endoscopy for IBD during the COVID-19 Pandemic

from:
IOIBD Taskforce
Endoscopy Practice Guidance

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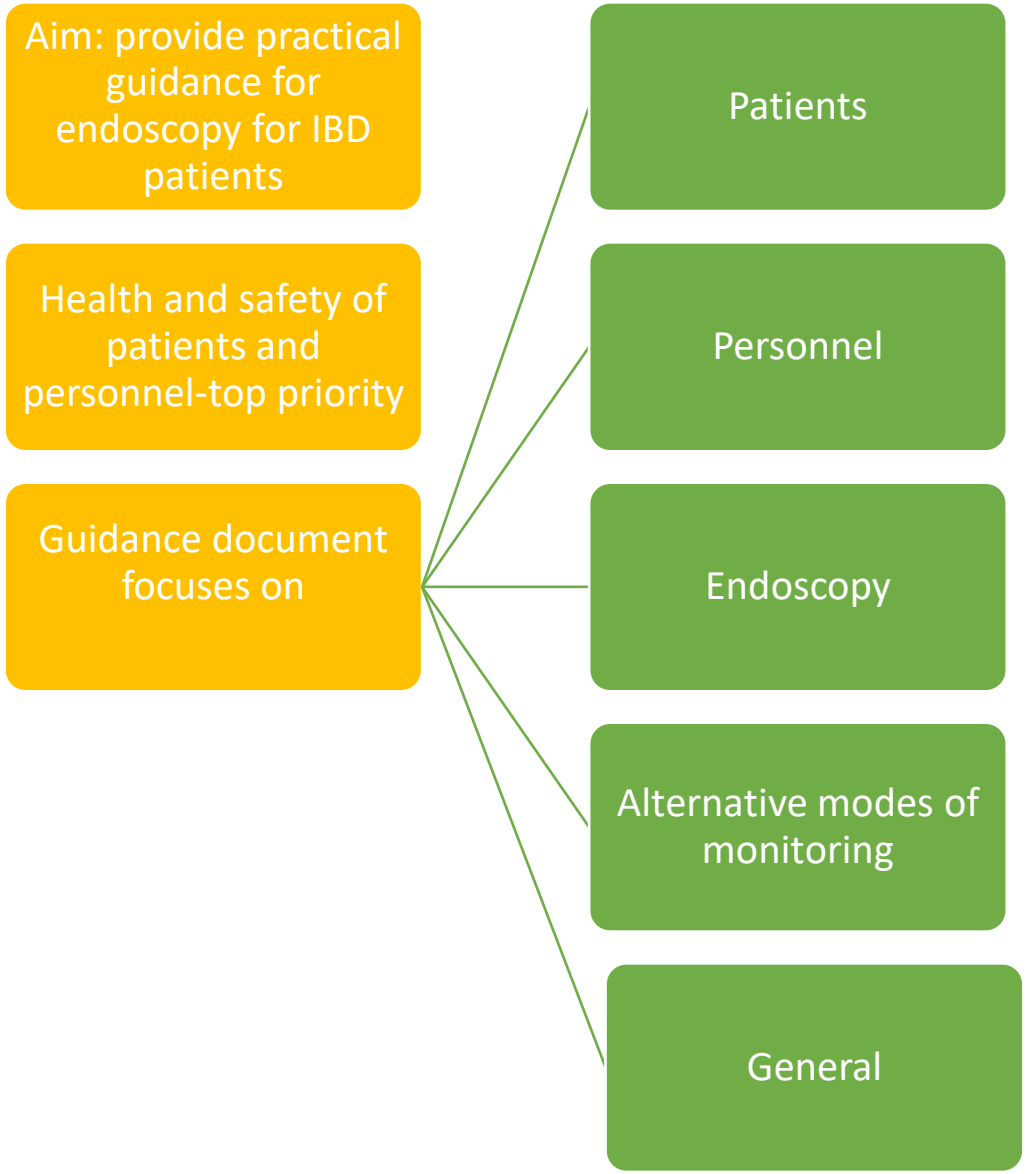
https://www.ioibd.org/ioibd-update-on-covid19-for-patients-with-crohns-disease-and-ulcerative-colitis/



Category	Main recommendations ENDOSCOPY GUIDANCE re COVID-19 and IBD date: 19 April 2020
Patients	1. Pre-screen for symptoms and exposure before endoscopy 2. Temperature check on site 3. Test patients for COVID-19 before endoscopy if available # 4. Patients should wear surgical masks, and be unaccompanied in the endoscopy suite.
Endoscopy	1. Decrease endoscopy service by >50% during outbreak 2. High priority: acute gastrointestinal bleed, acute severe UC, new IBD diagnosis, cholangitis in PSC and IBD, unresolved partial bowel obstruction 3. Research/clinical trial endoscopy should be scheduled based on unit's resources and manpower
Personnel	1. Wear full PPE (long-sleeves water-resistant gowns + N95 respirators + double gloves + goggles/face shield +hairnet, shoe covers) for all endoscopies 2. Negative pressure room is recommended; if unavailable 3. Only essential personnel in the endoscopy room
Alternative mode of disease monitoring	1. Use Clinical symptoms, inflammatory markers and fecal calprotectin 2. Consider CTE/MRE, capsule endoscopy, abdominal ultrasound if readily available
Resuming endoscopy post pandemic	1. ***Within 3 months:*** past history of dysplasia for surveillance, EMR/ESD for dysplastic lesion; refractory pouchitis 2. ***3-6 months:*** Post operative assessment in Crohn's disease, newly started biologics for follow-up endoscopy, mild-to-moderate pouchitis 3. ***After 6 months***: Routine surveillance for dysplasia/CRC, assessment of mucosal healing
General	1. Consider colonoscopy a high risk procedure (fecal shedding of SARS-CoV2 reported) 2. Provide access to helplines/follow-up appointment 3. Stepwise resumption of endoscopy service should be guided by control of COVID-19 in the local community

Testing in low risk population should be guided by pretest probability and sensitivity of test assay used within the institution ideally