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

from:
IOIBD Taskforce
Endoscopy Practice Guidance

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Aim: provide practical guidance for endoscopy for IBD patients
Health and safety of patients and personnel-top priority
Guidance document focuses on

- Patients
- Personnel
- Endoscopy
- Alternative modes of monitoring
- General

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