

INDICATIONS FOR COLONOSCOPY (ASGE)

A. Evaluation on barium enema or other imaging study of an abnormality that is likely to be clinically significant, such as a filling defect or stricture

B. Evaluation of unexplained gastrointestinal bleeding

1. Hematochezia
2. Melena after an upper gastrointestinal source has been excluded
3. Presence of fecal occult blood

C. Unexplained iron deficiency anemia

D. Screening and surveillance for colonic neoplasia

1. Screening of asymptomatic, average-risk patients for colonic neoplasia
2. Examination to evaluate the entire colon for synchronous cancer or neoplastic polyps in a patient with treatable cancer or neoplastic polyp
3. Colonoscopy to remove synchronous neoplastic lesions at or around time of curative resection of cancer followed by colonoscopy at 3 years and 3-5 years thereafter to detect metachronous cancer
4. After adequate clearance of neoplastic polyp(s) survey at 3- to 5-year intervals
5. Patients with significant family history
 - a. Hereditary nonpolyposis colorectal cancer: colonoscopy every 2 years beginning at the earlier of age 25 years or 5 years younger than the earliest age of diagnosis of colorectal cancer. Annual colonoscopy should begin at age 40 years.
 - b. Sporadic colorectal cancer before age 60 years: colonoscopy every 5 years beginning at age 10 years earlier than the affected relative or at age 40 years
6. In patients with ulcerative or Crohn's pancolitis 8 or more years' duration or left-sided colitis 15 or more years' duration every 1-2 years with systematic biopsies to detect dysplasia

E. Chronic inflammatory bowel disease of the colon if more precise diagnosis or determination of the extent of activity of disease will influence immediate management

F. Clinically significant diarrhea of unexplained origin

G. Intraoperative identification of a lesion not apparent at surgery (eg, polypectomy site, location of a bleeding site)

H. Treatment of bleeding from such lesions as vascular malformation, ulceration, neoplasia, and polypectomy site (eg, electrocoagulation, heater probe, laser or injection therapy)

I. Foreign body removal

J. Excision of colonic polyp

K. Decompression of acute nontoxic megacolon or sigmoid volvulus

L. Balloon dilation of stenotic lesions (eg, anastomotic strictures)

M. Palliative treatment of stenosing or bleeding neoplasms

N. Unexplained weight loss