

## Inflammatory Bowel Disease Standardized Care Protocols

### **16. ULCERATIVE COLITIS/CROHN'S DISEASE SURVEILLANCE**

#### **Physician:**

1. If a patient with ulcerative colitis is found to have confirmed low-grade dysplasia in flat mucosa, consider proctocolectomy or repeat surveillance within 6 months. ([PACE QPI 19](#))
2. If a patient with extensive ulcerative colitis (left-sided or pancolitis) or Crohn's disease (involving 1/3 or more of the colon) has had disease for 8-10 years, schedule a surveillance colonoscopy according to the risk level ([#1](#)). ([PACE QPI 11](#))
3. If a patient with ulcerative colitis (of any duration) has coexisting primary sclerosing cholangitis, a colonoscopy should be performed annually. ([PACE QPI 10](#))
4. If a patient (Crohn's or ulcerative colitis) has undergone colectomy, schedule a surveillance endoscopy according to the risk level ([#2](#)).
5. If a patient with Crohn's disease has undergone resection, schedule objective assessment of disease within 12 months ([PACE QPI 8](#))

#### **Support Staff:**

1. Schedule surveillance procedures/appointments or facilitate referral to surgeon when advised by physician.