Tillotts LOGIC

IBD STARS

SUPPORT, TRAINING AND RECOGNISING SUCCESS

Richard Driscoll Award Finalist 2023

IBD Dysplasia Surveillance Pathway

Babitha Joseph
IBD Clinical Nurse Specialist
St Mark's Hospital

1. Introduction

There have been UK-wide concerns in relation to patients with Inflammatory Bowel Disease (IBD) on surveillance lists being missed or dropping off waiting lists following the impact of COVID on waiting times and lists.

In light of these concerns, an IBD surveillance Link Nurse role was developed at our Trust with dedicated clinical sessions identified within the job plan to allow for role development and service delivery. I worked with our wider multidisciplinary team (MDT) to develop a pathway for high-risk patients who might otherwise miss appointments for screening. We also wanted to see if we could improve education and counselling for IBD patients on surveillance pathways to help alleviate concerns and support them with shared decision making in this often-emotive area of IBD care.

Our IBD Dysplasia Surveillance Pathway (DSP) is still a new initiative, but already shows indications of improved outcomes for patients.

2. Methodology

Our DSP was set up to ensure timely surveillance whilst supporting patients through the process of surveillance monitoring, and to provide a source of expert knowledge for the wider IBD MDT in the Trust by:

- Maintaining a dysplasia database to support and inform the DSP
- Acting as a bridge between the endoscopist, the histopathologist and the referring clinician
- Providing consistent, holistic, and informative support for patients on the pathway in the form of verbal and written information
- Providing expertise in the monitoring of dysplasia in IBD to help plan timely follow up and monitoring of patients on the pathway, i.e., within MDT discussions about dysplasia cases
- Providing auditable information that could be used to support service development

3. Results and anticipated benefits

Since April 2022, 162 patients have been referred to the DSP.

50 patients have been reviewed in our surveillance clinic. 10 have been referred to the joint surgical clinic to discuss surgery for dysplasia; 2 patients have had surgery; 2 patients are waiting for surgery; and 2 patients declined and remain on the DSP.

Prior to the Link Nurse post and DSP, there was a risk of a disconnect between surveillance procedures and clinical follow up.

Our clinic monitored patients while the DSP helped to facilitate the BSG guidelines for cancer surveillance for IBD patients. The clinic encouraged patients to be engaged with the surveillance process, improving their understanding of surveillance monitoring requirements, including the timing of procedures, and how to prepare for these. A hybrid approach to the clinic improved accessibility, and we noticed reduced cancellations/ non attendance of surveillance colonoscopy appointments.

4. Evaluation

The DSP provides a systematic pathway for IBD surveillance. Our clinic helps patients to be monitored closely and aids in the early detection of colorectal cancer. It is anticipated that, through attendance at surveillance clinics, patients will be better engaged which will therefore improve their understanding of surveillance monitoring requirements. The DSP also helps to engage other clinicians including pathologists and it has improved the communication between the IBD and endoscopy teams which has led the two services to have a better collaboration.

The DSP is transferable and can be used in other locations and with different specialities for surveillance. The hybrid approach to the clinic allows an accessibility to avoid missing surveillance in IBD patients.

It has been observed that there is positive patient feedback for this clinic. To evaluate the DSP, a survey to assess the experience of IBD surveillance clinic in IBD adult patients will be carried out after one year.

An audit of the outcome for patients from this clinic will support the further development of the DSP.

Running a research study looking into decision making regarding surgery to treat cancer and precancerous changes is also underway, which as the Link Nurse I have been asked to support with.

TILLOTTS LOGIC EDUCATION

BSG, British Society of Gastroenterology

March 2026 | PU-03129
This meeting is organised and funded by Tillotts Pharma UK and Ireland. The views and opinions expressed herein are those of the authors and do not necessarily reflect the views and opinions of Tillotts. This content is intended for UK and Ireland Healthcare Professionals only.

ZERIA GROUP TILLOTTS PHARMA
GI-health is our passion™