Alabama Gastroenterological Society

March 31, 2020

Dear Colleagues,

The Officers and Board Members recognize the rapidly changing environment and that physicians should use their own judgement on every individual patient. There are varied opinions around the U.S. on planning endoscopy for patients who have IDA, FIT+, or Cologuard + testing. We believe these patient's procedures are non-elective and that they may be scheduled immediately if the physician believes that delay would negatively affect the outcome of the patient's care. If postponed, it should only be for a short time such as 4-6 weeks.

Attached is a chart developed by the New York Society for Gastrointestinal Endoscopy. Please download this document to access the chart.

Stay safe,

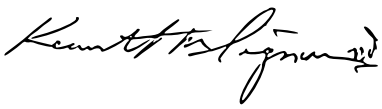

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Table 1: Differentiating elective and urgent procedures.

Elective (Delay):	**Semi-Elective (Perform)**	**Urgent (Perform)**
-Screening or surveillance colonoscopy -Screening or surveillance EGD in a patient with asymptomatic upper GI disease -Evaluation of non-urgent symptoms (e.g. EGD for non-alarm symptoms, such as vague abdominal pain, nausea, GERD, or -Non-urgent endoscopic procedures • -EUS for pancreatic cyst or small submucosal lesion). -All motility procedures (esophageal/anorectal manometry, pH studies)	-Severe iron deficiency anemia and suspected GI source (new onset and felt that endoscopy will change management) -Significant weight loss -PEG Placement -EUS/staging for malignancy -Prosthesis removal (luminal, pancreaticobiliary) where waiting would cause potential harm to patient -Any significant upper/lower GI symptom that will aid in diagnosis/management of suspected disease that the patient and physician believe cannot wait 3 months to evaluate.	-Upper and Lower GI bleeding -Dysphagia impacting oral intake -Cholangitis -Symptomatic pancreaticobiliary disease -Palliation of GI obstruction -Patients with a time-sensitive diagnosis (evaluation of suspected malignancy).

*Developed by New York Society of Gastrointestinal Endoscopy (NYSGE)

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