

COVID-19 Pandemic: Which IBD Patients Need to Be Scoped-Who Gets Scoped Now, Who Can Wait, and how to Resume to Normal.

Title: COVID-19 Pandemic: Which IBD Patients Need to Be Scoped-Who Gets Scoped Now, Who Can Wait, and how to Resume to Normal.

Publication year: 2020

Journal: Journal of Crohn's & colitis

Authors: alnstitute of Digestive Disease, Department of Medicine and Therapeutics, LKS Institute of Health Science, Chinese University of Hong Kong, Hong Kong.

Society: World Health Organization

Origin country: International

Target countries: Global

DOI: 10.1093/ecco-jcc/jjaa128

PMID: 33085973

Source: <https://pubmed.ncbi.nlm.nih.gov/33085973/>

J Crohns Colitis J Crohns Colitis 3817 pheoup 101318676 eccojc Journal of Crohn's & Colitis 1873-9946 1876-4479 pmc-is-collection-domain yes pmc-collection-title Oxford University Press - PMC COVID-19 Collection PMC7665406 PMC7665406.1 7665406 7665406 33085973 10.1093/ecco-jcc/jjaa128 jjaa128 1 Supplement Articles AcademicSubjects/MED00260 COVID-19 Pandemic: Which IBD Patients Need to Be Scoped—Who Gets Scoped Now, Who Can Wait, and how to Resume to Normal Ng Siew C 1 Mak Joyce Wing Yan 1 Hitz Lara 2 Chowlers Yehuda 3 <http://orcid.org/0000-0001-8041-3574> Bernstein Charles N 4 Silverberg Mark S 2 on behalf of the International Organization for the study of Inflammatory Bowel Disease 1 a Institute of Digestive Disease, Department of Medicine and Therapeutics, LKS Institute of Health Science, Chinese University of Hong Kong , Hong Kong 2 b Mount Sinai Hospital, University of Toronto , Toronto, ON, Canada 3 c Department of Gastroenterology, Rambam Health Care Campus , Haifa, Israel 4 d University of Manitoba , Manitoba Winnipeg Canada Corresponding author: Siew C. Ng, MBBS (Lond) PhD (Lond) FRCP (Lond) FRCP (Edin) AGAF FHKCP FHKAM (Med), Department of Medicine and Therapeutics, Chinese University of Hong Kong, Hong Kong; Tel.: +852 3505 3996; fax: +852 2637 3852; email: siewchienng@cuhk.edu.hk 10 2020 21 10 2020 14 Suppl 3 368813 COVID-19 and IBD: Guidance from IOIBD and ECCO on management of patients S791 S797 21 10 2020 13 11 2020 16 11 2020 30 08 2023 © The Author(s) 2020. Published by Oxford University Press on behalf of European Crohn's and Colitis Organisation. All rights reserved. For permissions, please email: journals.permissions@oup.com 2020 This article is published and distributed under the terms of the Oxford University Press, Standard Journals Publication Model (https://academic.oup.com/journals/pages/open_access/funder_policies/chorus/standard_publication_model) This article is made available via the PMC Open Access Subset for unrestricted re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for the duration of the COVID-19 pandemic or until permissions are revoked in writing. Upon expiration of these permissions, PMC is granted a perpetual license to make this article available via PMC and Europe PMC, consistent with existing copyright protections. Abstract Endoscopy is an essential component in the management of inflammatory bowel disease [IBD]. There is a risk of SARS-CoV-2 transmission during endoscopic procedures. The International Organization for the study of IBD [IOIBD] has developed 11 position statements, based on an online survey, that focus on how to prioritise endoscopies in IBD patients during the COVID-19 pandemic, alternative modes for disease monitoring, and ways to triage the high number of postponed endoscopies after the pandemic. We propose to pre-screen patients for suspected or confirmed COVID-19 and test for SARS-CoV-2 before endoscopy if available. High priority endoscopies during pandemic include acute gastrointestinal bleed, acute severe ulcerative colitis, new IBD diagnosis, cholangitis in primary sclerosing cholangitis, and partial bowel obstruction. Alternative modes of monitoring using clinical symptoms, serum inflammatory markers, and faecal calprotectin

should be considered during the pandemic. Prioritising access to endoscopy in the post-pandemic period should be guided by control of COVID-19 in the local community and availability of manpower and personal protective equipment. Endoscopy should be considered within 3 months after the pandemic for patients with a past history of dysplasia and endoscopic resection for dysplastic lesion. Endoscopy should be considered 3–6 months after the pandemic for assessment of postoperative recurrence or new biologic initiation. Endoscopy can be postponed until after 6 months of pandemic for routine IBD surveillance and assessment of mucosal healing.