Colonoscopic surveillance is recommended in patients with UC extending further than the sigmoid colon to reduce cancer-related mortality. Although surveillance is not recommended in less extensive disease, periodic examination should be undertaken to ensure disease activity remains localised.

Although evidence for colonoscopic surveillance in CD is limited, experts recommend it be considered in at risk patients (colitis involving more than 1/3 of the colon, ano-rectal disease, strictures, inflammatory polyps).

Surveillance colonoscopy should be of high-quality in a well-prepared colon, incorporating previous clinical information.

Chromoendoscopy/dye spraying with targeted biopsy is superior to white light examination and is the preferred method of surveillance where possible. Alternatively, white light examination with random and targeted biopsies is an option in circumstances where familiarity with or availability of chromoendoscopy is lacking.

Indeterminate colitis should be followed up as for UC. Those having undergone restorative procto-colectomy could undergo examination of the residual mucosa 5 yearly.

Visible dysplasia that is completely resected endoscopically requires follow up colonoscopy within 6 months. Visible dysplasia that is not endoscopically resectable requires surgical referral. Management of invisible dysplasia is controversial and depends on grade and distribution (refer to full text Clinical Practice Guidelines).

In a young patient if the only high risk feature is CRC in FDR at <50y of age, the 1 yearly interval could commence at age 10 years younger than the affected FDR and revert to a 3 yearly interval if no sporadic polyps are found.

Abbreviations:
- UC – Ulcerative Colitis
- CD – Crohn’s Disease
- FHx – Family History
- PSC – Primary Sclerosing Cholangitis
- IBD – Inflammatory Bowel Disease
- FDR – First Degree Relative (Mother/father/brother/sister/son/daughter)

This algorithm is designed to be used in conjunction with the NHMRC approved Clinical Practice Guidelines for Surveillance Colonoscopy – in adenoma follow-up; following curative resection of colorectal cancer; and for cancer surveillance in inflammatory bowel disease (December 2011) and is intended to support clinical judgement.