

A practical guide and review of colonoscopic surveillance and chromoendoscopy in patients with colitis

The demand for lower bowel endoscopy is rising inexorably as its impact on improving bowel cancer outcomes is better understood. However, it is easy to waste endoscopy resources and making the most of colonoscopy requires it to be done appropriately, expertly and safely. This article, and the two accompanying research articles on bowel preparation and cardiac disturbances during colonoscopy, focus in on these issues. Surveillance colonoscopy for inflammatory bowel disease (IBD) is particularly dependent on excellent bowel preparation and obsessional technique to achieve good outcomes. Endoscopy services and endoscopists should take note and decide whether there is a need to change practice. A good start would be to prepare chromoendoscopy protocols and 'segment' (separate) IBD surveillance patients onto dedicated lists, with fewer patients per list because of the extra time chromoendoscopy takes. This will enable the team to focus on the particular needs of this patient group and provide a valuable learning platform for endoscopy staff and trainees.

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The NICE guidance on biologic therapy in Crohn's disease

This article summarises the much awaited update of NICE guidance on use of biologics for Crohn's disease: there are subtle but important extensions to use of biologics, and the use of adalimumab has been officially approved. The guidance should help reduce variation in the use of biologics and perhaps allow overall usage to approach European norms. However, much variation in use is related to how well services prepare their

patients and how well they organise consent, pre-testing and delivery of the drugs. So there is a need to be better organised, and future editions of *Frontline Gastroenterology* will address these issues, providing readers with valuable service delivery templates to adopt and adapt.

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Practical management of the increasing burden of non-alcoholic fatty liver disease

This excellent article reviews the current state of knowledge of an increasingly burdensome problem for general practitioners, gastroenterologists, hepatologists, dieticians and liver nurse practitioners. The accompanying editorial is intentionally challenging to the hepatology community and frontline teams, and argues there is a danger that resource will be wasted and that patients will receive widely varying care. The time is overdue for services to create more systematic and uniform approaches to their management of patients with non-alcoholic fatty liver disease: adopting a patient centred and perhaps primary care oriented approach while the evidence base evolves and improves.

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The impact of smoking in Crohn's disease: no smoke without fire

This comprehensive review of the impact of smoking on Crohn's disease is a powerful reminder of our collective responsibility to persuade and help our patients to stop smoking. IBD teams should develop a systematic approach to overcoming this challenge: identifying and maintaining a list of patients with Crohn's disease who smoke; setting ambitious targets for reducing smoking; and creating clearly defined action plans for persuading

and supporting patients, with clear timescales and measurable outcomes. There is no longer an excuse for doing anything less.

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Nutrition support teams

Nutrition support is a perfect example of how vital teams (as opposed to individuals) are for excellent patient care. Thus far the development of nutrition support services has been 'slow burn' and is badly in need of acceleration. This issue of *Frontline Gastroenterology* devotes three articles to nutrition support; two on team working and the third on the difficult challenge of managing diarrhoea in the enterally fed patient. The articles provide invaluable advice on how teams can be configured, developed and sustained, and how patient care can be improved. Does your hospital have a nutrition support team and does your region have a strategic approach to managing more complex problems? If not, why not and what are you going to do about it?

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Why a PhD/MD enhances gastroenterology training

Two decades ago a senior registrar would not get short listed for a consultant job without a higher degree. Little thought was given to how this helped the trainee become a more effective jobbing gastroenterologist—it was just a convenient tool to short list candidates. An explosion in appointments put paid to this anomaly and now it is possible to reflect more soberly on what purpose a higher degree has in training gastroenterologists. This article argues, very persuasively, the case for undertaking a science based higher degree—are you convinced?

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