

The day after COVID-19 in IBD: how to go back to 'normal'

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Supplementary Box 1 | Endoscopy priority for patients with IBD after peak of COVID-19 pandemic

In the post-pandemic period, priority for endoscopy should be given to urgent cases, such as:

- Patients with mild-to-moderate flare-up confirmed by faecal calprotectin (FC) test and blood test.
- Patients with symptoms of high risk of obstruction.
- To confirm the diagnosis in a new case of moderate-to-severe inflammatory bowel disease (IBD).
- To evaluate a patient with ulcerative colitis displaying features of severe acute colitis.
- Endoscopic resection in patients with IBD with low-grade or high-grade dysplastic colonic lesions already detected by a previous colonoscopy.
- Patients with longstanding IBD in surveillance for colorectal cancer (CRC) who also had dysplasia in the previous colonoscopy, and those with IBD with primary sclerosing cholangitis (PSC).

For moderately urgent cases, endoscopy should be postponed, with plans to do it 3–6 months after the peak of the pandemic. Circumstances and cases to consider include:

- Surveillance to detect or prevent post-operative recurrence within one year after surgery if the patient has normal FC and blood tests.
- To confirm the diagnosis in a patient newly diagnosed with mild IBD (FC and blood test suggesting mild inflammation).
- Mild pouchitis.

For the least urgent cases, endoscopy should be postponed, with plans to do it 6–12 months after the peak of the pandemic. Circumstances and cases to consider include:

- Patients with IBD in remission confirmed in previous endoscopies, and with normal FC and blood tests, to decide on the continuation of biologics.
- Patients with IBD with flare-up but not confirmed by FC and blood tests.
- Patients with longstanding IBD in surveillance for CRC, if they had no dysplasia, strictures and polyps in the last two colonoscopies and without risk factors.