

# SWAG Cancer Alliance GP Treatment

## Summary: Colorectal Surgery

National Cancer Survivorship Initiative (NCSI) -  
Working in Partnership



Department  
of Health

**WE ARE  
MACMILLAN.**  
CANCER SUPPORT



NHS Improvement

Name	Born	Gender	Hospital No	NHS No
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Diagnosis:	Information will already be in place	
Date of Diagnosis:		
Organ/Staging:		
Treatment Aim:	Drop Down Options: Curative/Symptom Control / Palliative /End of Life	Indicate from drop down treatment plan
Treatment Aim Comments:		
This treatment summary relates to the completion of surgical treatment only and discussion in the specialist colorectal MDT. It may change with subsequent consultations and if so you will be notified by the consultant or clinical nurse specialist. <b>State the following – Operation, Side of Operation, Date of Operation, Postoperative Complications and Histology.</b>		
Local/Distant	No	
Summary of treatment and relevant dates	This will already be in place	

Comments: Consultant to indicate which treatment has been given
<p><b>The following to be used for all patients UNLESS YOU STATE OTHERWISE:</b></p> <p><b>Colonic surgery:</b></p> <p><b>In future may be at risk of:</b></p> <p><b>Short term</b></p> <ul style="list-style-type: none"> <li>• Change in bowel habit that may include diarrhoea, constipation, excessive wind or difficulty controlling bowels</li> <li>• Faecal issues – urgency, frequency, or incontinence</li> <li>• Fatigue</li> <li>• Anxiety or depression</li> <li>• Urinary issues –urgency, frequency, incontinence, poor stream</li> <li>• Changes in sexual function or infertility</li> <li>• Abdominal pain</li> <li>• Concentration and memory problems</li> <li>• Appetite or taste changes</li> <li>• Wound infection</li> <li>• Hernia (weakness in the abdomen at the site of the wound)</li> <li>• Bowel obstruction (blockage) (abdominal pain, distension, vomiting and bowels not working) –<i>Please report to your doctor if it lasts more than few hours.</i></li> <li>• High stoma output and dehydration (ileostomy).</li> </ul> <p><b>Rectal surgery: All of the above but also include</b></p> <ul style="list-style-type: none"> <li>• Phantom rectum (a sensation that you still have the back passage) after surgery to remove the anus</li> </ul> <p><b>Men</b></p> <ul style="list-style-type: none"> <li>• Some may have difficulty getting or keeping an erection, and may notice changes in the physical and emotional feelings associated with sex</li> </ul> <p><b>Women</b></p> <ul style="list-style-type: none"> <li>• Vaginal dryness and discomfort, and may notice changes in the physical and emotional feelings associated with sex</li> <li>• Temporary or permanent sterility or infertility</li> </ul>

**Longer term:**

- Any of the side effects listed above under surgery plus
- Tissues or organs adhering to each other (adhesions) and adhesional obstruction (blockage)

Please use the link to access and order the [Macmillan Pelvic Radiotherapy Toilet Card](#) and symptom checklist if appropriate

**Alert symptoms that require referral back to specialist team****The following will be automatically inserted UNLESS YOU STATE OTHERWISE:**

- Continuing or severe abdominal pain that does not go away with usual painkillers, or is severe or is persistent more than 2 weeks
- Unexplained lumps, bumps, or swellings around the scar or stoma
- Unexplained change in normal bowel habit that persists for longer than 4-6 weeks - especially if causing sleep disturbance waking in the night with loose stools
- Unexplained loss of appetite, weight loss or increasing abdominal girth
- Any new and unexplained bleeding from the rectum, from the stoma, or in urine
- Unexplained shortness of breath or cough which lasts for more than a few weeks
- Bleeding or discharge from the wound site
- High colostomy/ileostomy output (over 1 litre) and feeling dehydrated (thirst, headaches, faint)
- Jaundice

Consider referral to a specialist colorectal /gastroenterology dietitian for advice on dietary strategies for managing gastrointestinal symptoms such as diarrhoea, urgency, constipation, wind, bloating or if adhesions are making it difficult for food to pass easily

**Secondary Ongoing Management Plan (Tests Appointments etc.)**

Discussion with a consultant regarding the following adjuvant therapies has been recommended by the post-operative MDT. However, the final treatment plan may differ following further consultations and will be confirmed by the appropriate clinicians.

**State if for –**

**Radiotherapy – this treatment will be co-ordinated by (insert relevant treatment centre e.g. Bristol Haematology and Oncology centre / Cheltenham/ Taunton)**

**Chemotherapy – this treatment will be co-ordinated by (insert relevant treatment centre)**

**Insert relevant surveillance schedule for CEA, CT and colonoscopy – see attached options**

Advise entry onto primary care palliative or supportive care register	Drop Down Options:	Indicate Yes /No
DS1500 application completed	Drop Down Options:	Indicate Yes /No
Prescription Charge exemption arranged	Drop Down Options:	Indicate Yes/ No
Contacts for re-referrals or queries: In Hours Out of Hours	<b>In Hours: (provide details and number)</b> <b>Out of hours: (provide details and number)</b>  <b>Colorectal Clinical Nurse Specialists (provide number)</b>	

Referrals made to other services:			<b>Tick relevant boxes or advise secretary which boxes to tick</b>
AHP	Menopause/Endocrine support	Sexual dysfunction therapist	
Benefits/Advice Service	Occupational Therapist	Social Worker	
Bowel or bladder Incontinence service	Other	Speech and language therapist	
Clinical Nurse Specialist	Physical activity	Stoma service	

<b>Complementary Therapist</b>	<b>Physiotherapy</b>	<b>Support Group</b>	
<b>Dietitian</b>	<b>Prosthetics service</b>	<b>Vocational Rehabilitation (work)</b>	
<b>District Nurse</b>	<b>Psychologist</b>	<b>Wig service</b>	

**Required GP actions in addition to GP Cancer Care Review (e.g. ongoing medication, osteoporosis and cardiac screening):**

**State the following AS APPROPRIATE:**

The hospital team will arrange for the patient to receive routine surveillance CEA tests, colonoscopies and CT scans as per the attached schedule. If the patient is attending the hospital for scans then the CEA test will be carried out there. If not then the patient will be asked to attend the GP practice.

**Summary of information given to the patient about their cancer and future progress:**

**The Following will be inserted UNLESS YOU STATE OTHERWISE:**

..... attended their follow-up appointment today, treatment as per clinic letter. They will be seen by the Colorectal CNS in 6-12 weeks for a holistic needs assessment and to be transferred to the appropriate Colorectal Follow up Schedule, or to be discharged back to your care as decided by the MDT.  
A copy of their follow up plan will be forwarded to you at that time.  
If the patient experiences a post-operative problem within 4 weeks of surgery please contact ..... on the number above.

**Additional information relating to lifestyle and support needs:**

We have explained the importance of a healthy lifestyle after cancer treatment encouraging a healthy weight, well balanced diet, minimal alcohol, regular exercise and smoking cessation.  
There are many services available to support patients in their recovery and the Colorectal Clinical Nurse Specialists are very happy to discuss any concerns or help with referrals:

**Insert relevant local information about Taunton Late Effects service, stoma nurses, Cancer Information & Support centres, exercise schemes, self-management programmes, fatigue management services, support groups etc.**