



*Better
Together*

Patient information

A Diary for Patients with Colorectal Cancer

Surgery at the Royal Liverpool Hospital
and Broadgreen Hospital

This booklet is for your personal use. It contains information for you and your family about bowel cancer. It will explain the treatments you may have and introduces you to the healthcare professionals who will be looking after you.

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Patients name
Key worker / Colorectal specialist nurse
Consultant(s)
You have received a diagnosis of:
Date diagnosis and treatment discussed:

If you or your family (with your permission) have any questions you can contact your Colorectal Specialist Nurse / key worker* by telephone, Monday to Friday at the following times:

.....

Contact telephone number:

*Your key worker will usually be your Colorectal Specialist Nurse who is the link between you and the Colorectal Team. With your consent and agreement they will be your main point of contact for advice and information.

Introduction

Your colorectal team has explained to you that you have cancer of the bowel and that you need treatment. This booklet provides information to help you understand more about the cancer and your treatment options. Throughout your treatment you will be cared for by a multidisciplinary team (MDT) of healthcare professionals.

Who are your Multidisciplinary Team (MDT)?

The Colorectal Multidisciplinary Team (MDT) is made up of people who are experts in colorectal disease. The MDT works by following national guidelines or rules on how you should be treated, how they work with each other, with your GP and with other specialist services.

The core members of this MDT who will be looking after you are:

- **Consultant Surgeon** (specialises in performing the type of operations that may be needed to treat your condition)
.....
- **Oncologist** (a doctor who is a specialist in the treatment of cancer)
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- **Radiologist** (a doctor who carries out and reports on tests done by the X-ray department)
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- **Histopathologist** - (a doctor who looks at tissue and cell samples under a microscope)

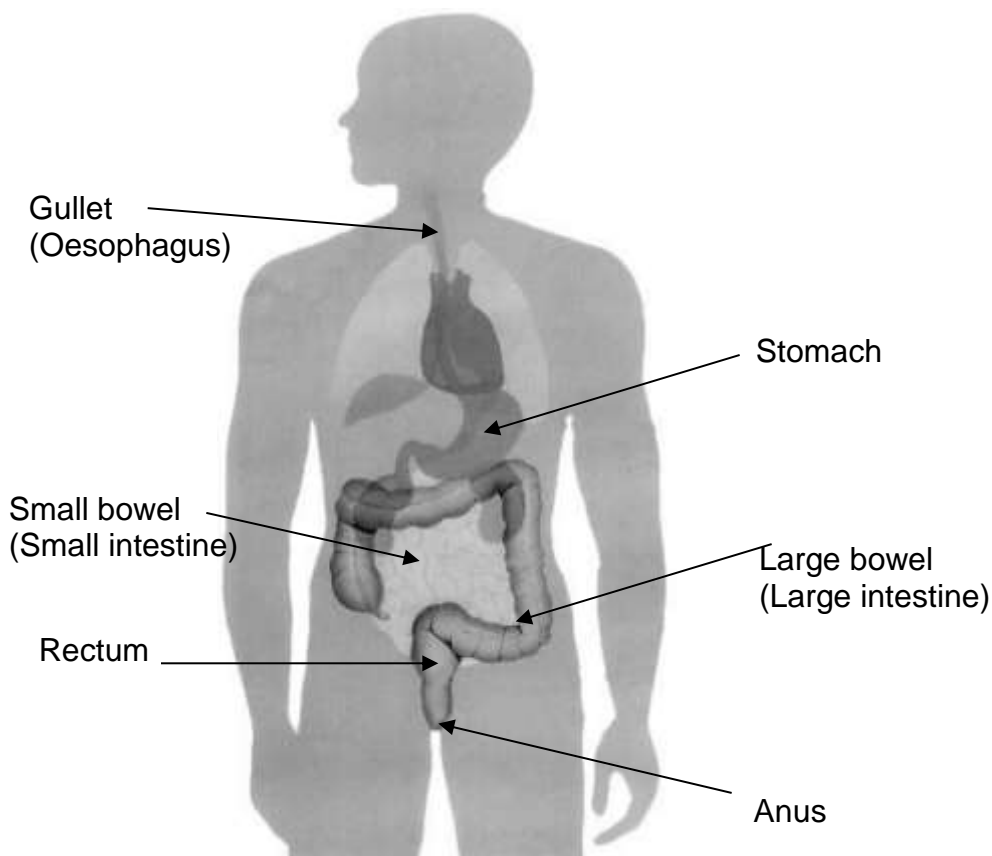
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- **Colorectal Specialist Nurse/key worker** (a nurse who is skilled in caring for patients with colorectal cancer)

-
- **Consultant/Clinical Nurse Specialist (CNS) in Palliative Medicine** (a doctor/ nurse who is a specialist in supportive care, when the treatment you may have is not expected to cure your cancer).
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The Digestive System—Understanding Digestion

The bowel is divided into two parts, the small and large bowel. Most cancers develop in the large bowel, which is also known as the colon and rectum. Once food has been swallowed it passes down the gullet (oesophagus) to the stomach and into the small bowel. As food passes through the small bowel it is digested and essential nutrients are taken into the body. The digested food then enters the large bowel and water is absorbed. The remaining waste matter, known as stools or faeces, is held in the rectum (back passage) until it is ready to be passed as a motion.

The digestive system



What is colorectal (bowel) cancer?

Sometimes, normal bowel cells can become abnormal and can develop into cancer. Bowel cancer can occur in the colon (large bowel) or the rectum (back passage).

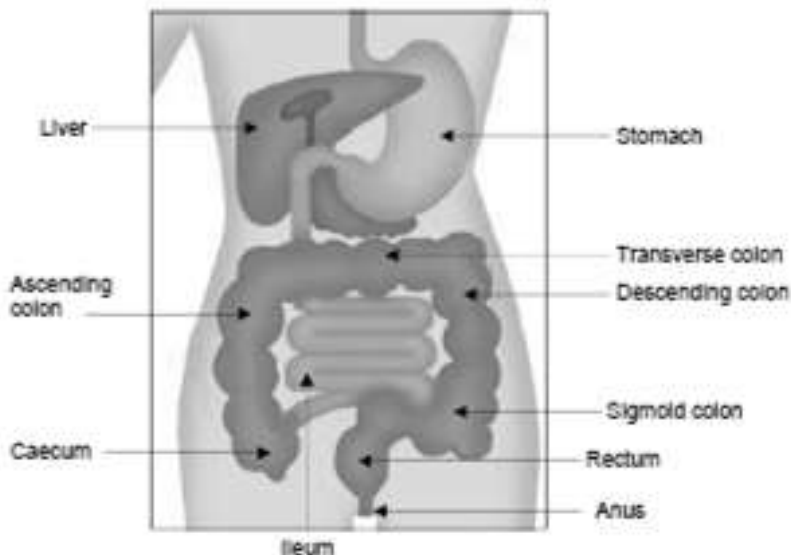
More than 42,000 men and women are diagnosed with bowel cancer every year in the UK, it is the fourth most common cancer in the UK accounting for 12% of all new cancers after breast, lung and prostate cancer.

Bowel cancer is not necessarily an older persons disease but most cases (95%) do occur in the over 50's equally in men and women.

People with a family history of bowel cancer may have a slightly increased risk of developing this cancer. If you or your family are concerned about this then ask your doctor or specialist nurse for advice.

Where exactly is the cancer?

The diagram below will be used by the Colorectal Nurse Specialist or doctor to explain where your cancer is.



How is bowel cancer diagnosed?

In order to establish the cause of the problem, you may undergo different tests. These help your surgeon to decide which operation is required. These tests are explained below.

Blood tests

These are blood samples taken to check your general health.

CT Scan

This uses X-rays to produce images of the body which are then analysed by computer. This involves lying on a bed which then passes into a short tunnel for a few minutes. Dye maybe used to help identify parts of your body more clearly. The dye may be given to you as a drink before the scan, as an injection into a vein or by passing a small tube into your anus (back passage).

CT Colonography

This is used to look for additional polyps in the bowel. There is no need to have sedation as it is usually very well tolerated. It is very similar to a basic CT Scan but a special programme generates a detailed three dimensional model of the bowel. The only difference is that you would need to take a laxative the day before, as it is important that the bowel is clear. A small amount of air is inserted into the anus before the scan.

MRI Scan

This uses the effect of powerful magnetic fields upon the tissues to make images. It involves lying on a scanner bed which passes into a short tunnel. The scanner is noisy and you will be offered music headphones or earplugs to block the noise out. The scan will take about 45 minutes.

Colonoscopy

This is an examination of the bowel carried out in the endoscopy department. This is carried out with a flexible small tube with a bright light at the end. This tube is placed into the anus (back passage). It allows the doctor/nurse to look at the lining of the whole of your large bowel and to take a tissue specimen (biopsy) if necessary.

Flexible Sigmoidoscopy

This is carried out with a flexible small tube with a bright light at the end. This tube is placed into the anus (back passage). It allows the doctor/nurse to look at the lining of the lower end of your bowel and to take a tissue specimen (biopsy) if necessary.

Rigid Sigmoidoscopy

This is carried out with a small rigid tube with a bright light at the end. This tube is placed into the anus (back passage). It allows the doctor/nurse to look at the lining of the lower end of your bowel and to take a tissue specimen (biopsy) if necessary. This can be carried out in an out-patient clinic or in the endoscopy department.

Ultrasound Scan

This produces images by use of sound waves when scanning your abdomen and other organs. You will be asked to lie on a bed and a paddle covered in jelly will be rubbed over your abdomen (tummy). The scan will take about 15 minutes.

Surgery

The part of the bowel that is diseased will be removed during surgery and the two ends of the bowel joined back together.

In a few cases this may not be possible and the surgeon may need to make a stoma (a bowel opening on the wall of the abdomen). If this applies in your case, the surgeon will discuss this with you before your operation.

How will my treatment be decided?

The type of treatment you will be offered depends on your individual circumstances. When you have a diagnosis of cancer your case will be discussed at the colorectal Multidisciplinary team (MDT) meeting. The team meets frequently to discuss all new colorectal cancer patients in your hospital and the continuing care of others.

The MDT is responsible for:

- Discussing your treatment options
- Deciding if any further tests are necessary
- Making appropriate referrals to specialist services
- Keeping you informed about the meeting.

You can request a permanent record or summary of this MDT discussion if you require it. Please ask your key worker/doctor for this. Your Colorectal Nurse Practitioner/ key worker is the link between you and the MDT.

Your family doctor (GP) will be kept informed by letters from your consultant. You will also have opportunities to discuss and decide which of the treatment options are best for you.

Do not hesitate to contact your Colorectal Nurse Specialist if you or your family do not understand anything or need to ask any questions about your treatment.

However, any details of your treatment will only be provided to your family or anyone else with your permission.

What treatments are available?

Surgery is usually the main treatment for colon or rectal cancer. However some patients may have other treatments. This may be in the form of radiotherapy (X-ray treatment) or chemotherapy (drug treatment). These three treatments – colorectal surgery, radiotherapy and chemotherapy may be used alone or alongside each other.

The following sections describe the different treatments that are available. After the MDT meeting your team will discuss the best treatment options with you.

What types colorectal surgery are available?

Your surgery will be done either with a surgical incision (open) or laparoscopically (keyhole). There may be many factors which will determine which type of surgery you may have. These will be discussed with you by your surgeon.

Surgery usually involves removing the area of diseased bowel, plus a section of normal bowel and the surrounding lymph nodes. The two ends of healthy bowel are then put back together again.

Sometimes it is not possible to join the bowel back together again so the end of the bowel is brought out onto the surface of the abdomen to form an external opening, known as a stoma. The stoma can be permanent or temporary.

If you require a stoma or there is a possibility you may need a stoma, you will be seen by the Stoma Nurse. They are skilled in caring for patients who have a stoma and will be able to answer any questions you may have.

What is Radiotherapy?

Radiotherapy uses high energy X-rays to shrink cancer cells. It may be given to some patients with colorectal cancer before or after surgery.

The treatment is individually planned and monitored for each patient. Occasionally chemotherapy will be given before surgery (pre-operatively), together with radiotherapy (adjuvant chemotherapy), or after surgery (post operatively).

If you require radiotherapy it will be arranged by the Clatterbridge Cancer Centre; further information will be given at the time of your appointment.

What is Chemotherapy?

Chemotherapy is the use of drugs to attack cancer cells. Chemotherapy is given in an intravenous infusion (drip) via a line into a vein in the arm or by mouth in tablet form.

Chemotherapy can be given at different times during your treatment . If you require chemotherapy you will be given an appointment to see the Oncology Consultant. They will discuss the best treatment plan with you.

How can I best prepare for my treatment?

Before your treatment it is important to try to prepare yourself physically. If you are able, try to eat a well-balanced diet including protein, fruit and vegetables. If you have lost weight you may need to follow the advice below. It is vital that you keep your bowels regular. If you are taking painkillers be careful that you do not become constipated.

If you need medicine or advice to help you with this, contact your Colorectal Nurse Specialist. Try to take gentle exercise such as walking and get plenty of fresh air. If you smoke, try to quit before you start your treatment. Your GP or practice nurse will be able to give advice for stopping smoking.

Why is nutrition important?

Eating well ensures that your body has the energy and nutrients (goodness from food) needed to fight infection, cope with any side-effects and get better after treatment.

Adding goodness(e.g. increasing your calories and protein) to your diet can slow weight loss or help put weight back on.

You may find that your diet needs to change during treatment. Following your treatment you can gradually return to a healthier, balanced diet. If you are concerned please ask to be referred to the dietician.

What happens if I need further treatment?

If you need further treatment after your operation your Colorectal Nurse/key worker will arrange for you to see the correct specialist. They will talk to you about the treatment and what to expect.

Your plan of treatment

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Your operation is called:.....

Date of admission to hospital:.....

Date of Planned surgery:.....

You will receive a letter from the hospital before your admission

What does it mean if I am asked to go into a research study and/or trial?

Research helps to improve the treatments now and in the future for patients with bowel cancer. You may be asked to take part in a research study or clinical trial. This is voluntary and would only happen with your full agreement and understanding.

If you do not wish to take part it will not affect your treatment or operation in any way. Your doctor and/or key worker will discuss any current research or clinical trial with you in more detail if it is an appropriate treatment option for you.

Feelings and Emotions

People experience a wide range of emotional responses when the possibility of cancer is mentioned by a doctor and even more so if the diagnosis of cancer is confirmed.

However you are feeling at the moment it may be helpful to talk to someone who has the time to listen and is also able to answer any questions that you may have.

If you feel you would like to talk to your specialist nurse/key worker please contact them (please see the number at the front of the booklet). They can also arrange for you to talk to patients who recently had a similar diagnosis and treatments.

For your personal notes:

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Further information

Colorectal Nurse Practitioners

Royal Liverpool and Broadgreen Hospitals

Tel: 0151 706 3453

Text phone number: 18001 0151 706 3453

Macmillan Cancer Support and Information Centre and Benefits Advice.

Linda McCartney Centre

Royal Liverpool Hospital

Tel: 0151 706 3720

Text phone number: 18001 0151 706 3720

Macmillan Cancer Information and Support Service

Ground Floor

Broadgreen Hospital

Thomas Drive

Liverpool L14 3LB

Tel: 0151 600 1798

Text phone number: 18001 0151 600 1798

Useful Addresses and Websites

Bowel Cancer UK/Beating Bowel Cancer Together

Headoffice

Unit 202, Edinburgh House

170 Kennington Lane

London SE11 5DP

Tel: 020 7940 1760

Email: admin@bowelcanceruk.org.uk

Email our nurses: nurse@bowelcanceruk.org.uk

Colostomy Association

Enterprise House

95 London Street

Reading

Berkshire RG1 4QA

Helpline: 0800 328 4257

Macmillan Cancer

Ground Floor

89 Albert Embankment

London SE1 7UQ

Tel: 0808 808 0000

www.macmillan.org.uk

Macmillan Cancer Information Centre

Clatterbridge Centre for Oncology

Clatterbridge Road

Bebington, Wirral CH63 4JY

Tel: 0151 482 7722

Lyndale

Knowsley Cancer Support
40 Huyton Lane,
Huyton,
Liverpool, L36 7XG.
support@lyndalecancersupport.co.uk
0151 489 3538

Macmillan Cancer Support and Information Service

St Helens Hospital
Marshalls cross Road
St. Helens WA9 3DA
macmillansupport@sthk.nhs.uk
01744 646985

Delamere Macmillan Information and Support Service

Halton Hospital
Runcorn
Cheshire WA7 2DA
Tel: 01928 753502

Sunflowers Cancer Centre

21 Aigburth Road
Liverpool L17 4JR
Tel: 0151 726 8934
info@liverpoolsunflowers.com
www.liverpoolsunflowers.com

**Author: Adapted with the kind permission of the
Merseyside and Cheshire Cancer Network
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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

يمكن توفير جميع المعلومات المتعلقة بالمرضى الموافق عليهم من قبل ائتمان المستشفى عند الطلب بصيغ أخرى، بما في ذلك لغات أخرى وبطرق تسهل قراءتها وبالحروف الطباعة الكبيرة وبالصوت وبطريقة برايل للمكفوفين وبطريقة مون والكرونييا.

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體、音頻、盲文、穆恩體 (Moon) 盲文和電子格式，敬請索取。

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زانیاری پیوندیدار بهو نمخوشانهی له‌لایمن تراستهوه پاسهند کراون، نمگر داوا بکریت له فورماتمکانی تردا بریتی له زماتمکانی تر، نیز ی رید (هاسان خونندنهوه)، چاپی گموره، شریتی دهنگ، هیللی موون و نملیکترونیکی هیه.

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Dhammaan warbixinta bukaanleyda ee Ururka ee la oggol yahay waxaa marka la codsado lagu heli karaa nuskhado kale, sida luqado kale, akhris fudud, far waaweyn, dhegeysi, farta braille ee dadka indhaha la', Moon iyo nidaam eletaroonig ah.