

SWAG Cancer Alliance GP Treatment

Summary: Colorectal Radiotherapy

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 radiotherapy and may change with subsequent consultations and if so you will be notified by the consultant or clinical nurse specialist. | | |
| Local/Distant | No | |
| Summary of treatment and relevant dates | State what radiotherapy has been given including dates and for how long if information not already in place | |

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| Comments: |
| Add in patient specific information around side-effects experienced from radiotherapy |
| <p>The following to be used for all patients UNLESS YOU STATE OTHERWISE:</p> <p>Possible treatment consequences:</p> <p>Short term</p> <ul style="list-style-type: none"> • Change in bowel habit that may include diarrhoea, constipation, excessive wind or difficulty controlling bowels • Abdominal pain • Sexual dysfunction – in particular impotence in men and dryness and shrinkage of the vagina in women • Urinary incontinence/difficulty controlling bladder • Fatigue <p>Late effects</p> <ul style="list-style-type: none"> • The most common late effects after pelvic radiotherapy are changes in function of the bladder (needing to pass urine often and at night; leaking urine; blood in the urine (haematuria) and difficulty passing urine) • Bowel (bleeding from the back passage (bottom)); passing mucus (a clear, sticky substance); cramps or spasms in the bowel and/or feeling that you have not emptied your bowel completely (tenesmus); diarrhoea or severe constipation; needing to rush to open your bowels (urgency); leaking or soiling (incontinence); passing a lot of wind • A slight increase in the risk of developing a new cancer in the treatment area • Rare side effects include changes in the pelvic bone health - may increase the risk of fine, hairline cracks (known as pelvic insufficiency fractures), which can be painful • Uncommon side effects include lymphoedema (swelling) of lower limbs • <p>Please use the link to access and order the Macmillan Pelvic Radiotherapy Toilet Card and symptom checklist if appropriate</p> <p>Men</p> <ul style="list-style-type: none"> • Some may have difficulty getting or keeping an erection, and may notice changes in the physical and emotional feelings associated with sex <p>Women</p> <ul style="list-style-type: none"> • Temporary or permanent sterility or infertility • Scarring and narrowing of the vaginal canal • Premature menopause |

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.)

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

Indicate if referral to palliative care has been made in this space

| | | |
|--|---|------------------------|
| 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 | In Hours: Radiotherapy Aftercare Service (provide number) Out of hours: Leave message on answerphone or contact Acute Oncology (provide number) Colorectal Clinical Nurse Specialists (provide number) | |

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|--|-----------------------------|----------------------------------|--|
| Referrals made to other services: | | | Tick relevant boxes or advise secretary which boxes to tick |
| 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 | |
| Complementary Therapist | Physiotherapy | Support Group | |
| Dietitian | Prosthetics service | Vocational Rehabilitation (work) | |
| District Nurse | Psychologist | Wig service | |

Required GP actions in addition to GP Cancer Care Review**State the following AS APPROPRIATE:**

Your patient experienced particular toxicities due to treatment which were managed with medications and advice as follows: **insert as appropriate**

Further side effects or ongoing issues to be anticipated in the 2 weeks following Radiotherapy and their management: **insert 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:-

..... is aware of all the details regarding his/ her colorectal cancer as documented in the information above. He/ She understands the aim of treatment is curative (amend if required) and that all treatments have been given with the aim of reducing future risk of relapse as much as possible. He/ She understands that if they have any symptoms of concern they should contact the colorectal clinical nurse specialist who will advise on an appropriate course of action. He/ She understands the relevant surveillance schedule and how results will be delivered to them. If they have any concerns regarding their cancer recurrence or side effects from treatment, patients are welcome to contact their colorectal clinical nurse specialist to discuss this further and an outpatient appointment with a consultant will be arranged if appropriate.

After treatment patients will receive information regarding a Holistic Needs Appointment and a date to attend a Health and Well-being Event.

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, Cancer Information & Support centres, stoma nurse, exercise schemes, self-management programmes, fatigue management services, support groups etc.