Patient Information Diary

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.
Braille, audio and other formats are also available please use contact details below:
Large print version available: www.mccn.nhs.uk or contact below

For information about this leaflet on bowel cancer please contact the person below:

(Arabic)
لمعلومات تتعلق بهذه النشرة والتي هي عن سرطان المعدة، الرجاء الاتصال على الشخص المذكور تحت:

(Bengali)
এই লীটেলের নাইটিডাচের ব্যাপারে তথ্য জানার জন্য অনুগ্রহ করে নিচের ব্যক্তির সাথে যোগাযোগ করুন:

(Chinese)
欲知更多有关这份肠癌传单的资料，请向下列人士查询：

(Hindi)
अंतर्दर्शकों की कैसर से सम्बंधित इस पर्चे के बारे में जानकारी प्राप्त करने के लिए निम्नलिखित नाम वाले व्यक्ति से सम्पर्क करें।

(Polish)
W celu otrzymania informacji o ulotce na temat nowotworu jelita grubego, prosimy o skontaktowanie się z:

(Punjabi)
ਅਨਤਰਦਰਸ਼ਕਾਂ ਦੀ ਕੈਸਰ ਸੇ ਸੰਬੰਧਤ ਇਸ ਪੱਠਾਂ ਦੇ ਬਾਰੇ ਮੇਂ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨੇ ਦੇ ਲਈ ਨਿਮਨਲਿਖਤ ਨਾਂ ਵਾਲੇ ਵਿਚਾਰਕ ਸੇ ਸੰਪਰਕ ਕਰੋ।

(Somali)
Si aad u hesho wargelin ku saabsan buug-yarahan kansarka mindhicerka ka hadlaya fadlan la soo xiriir qofka hoos ku qoran:

(Urdu)
آئن کی کینسکر کے متعلق اس پرچے کی بارے میں معلومات کے لیے نیچے شخص سے رابط کیجنئے:

(Welsh)
I gael gwybodaeth ynglŷn â’r pamfled ar cancr y bowel cysylltchw â’r person islaw.

Contact:
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Patient’s name:

Key worker/ Colorectal Specialist Nurses

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)

- **Radiologist** (a doctor who carries out and reports on tests done by the X-ray department)

- **Histopathologist** - (a doctor who looks at tissue and cell samples under a microscope)

- **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).
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.

**Barium Enema**
An examination of the large bowel performed in the x-ray department. A liquid which can be seen by x-ray is passed into the bowel through a small tube placed into the anus (back passage). This liquid coats the lining of the bowel and then a series of x-rays are taken.

**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 Specialist/key worker is the link between you and the MDT. Your 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.

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.
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.
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). About 1 in 20 people in the UK will develop bowel cancer in their lifetime. This is about 30,000 cases a year and is the 3rd most common cancer in the UK (Cancer Research UK 2005). 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.

Diagram of Digestive System
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 (conjugate chemotherapy), or after surgery (post operatively). If you require radiotherapy it will be carried out at the Clatterbridge Centre for Oncology on the Wirral. If you need transport this will be provided.

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.
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. Further information can be found on the following pages.
### Useful Addresses and Websites

**Cancerbackup**  
3 Bath Place  
Rivington Street  
London  
EC2A 3TR  
Tel: 0808 800 1234  
www.cancerbackup.org.uk

**Beating Bowel Cancer**  
39 Crown Road  
St Margaret’s  
Twickenham  
Middlesex  
TW1 3EJ  
Tel: 020 8892 5256  
www.beatingbowelcancer.org

**Bowel Cancer UK**  
Bowel Cancer UK  
7 Rickett Street  
London  
SW6 1RU  
Tel: 020 7381 9711  
www.bowelcanceruk.org.uk

**Colostomy Association**  
Colostomy Association  
Head Office  
15 Station Road  
Reading  
RG1 1LG  
Tel: 0118 939 1537  
Helpline: 0800 587 6744 / 0800 328 4257  
www.colostomyassociation.org.uk

**Macmillan Cancer Support**  
89 Albert Embankment  
London  
SE1 7UQ  
Tel: 0808 808 2020  
www.macmillan.org.uk

**Macmillan Cancer**  
Information Centre and Benefits Advice  
Ground Floor  
Linda McCartney Centre  
Royal Liverpool Hospital  
Tel: 0151 706 3720

**Macmillan Cancer Information Centre**  
Clatterbridge Centre for Oncology  
Clatterbridge Road  
Bebington, Wirral  
CH63 4JY  
Tel: 0151 482 7722

**Delamere Macmillan Information and Support Service**  
Halton Hospital  
Hospital Way  
Runcorn, Cheshire  
WA7 2DA  
Tel: 01928 753502

**Knowsley Cancer Information and Support Service.**  
Various Cancer Information points available  
Tel: 07824 597907(Mobile)

For further local and national information log onto the Merseyside and Cheshire Cancer Network website for the Patient Information Directory on:  
www.mccn.nhs.uk
Cancer Information in non English Languages and other formats

Cancerbackup’s freephone helpline can now give information and support to people affected by cancer in more than 100 languages. People whose first language is not English can contact the specialist cancer information nurses on:

freephone 0808 800 1234, who will then link in a relevant interpreter.

There are also additional freephone lines specially for speakers of the most common community languages. Lines are open Monday to Friday 9am– 8pm.
(Source: http//www.cancerbackup.org.uk)

Freephone numbers:

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<th>Arabic</th>
<th>Bengali</th>
<th>Cantonese</th>
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<tr>
<td>الاستفسار بشأن السرطان باللغة العربية. اتصل مجاناً على رقم 0808 800 0130</td>
<td>কায়সার সম্পর্কে বাংলায় কথা বলুন। বিনামূল্যে এই নম্বরে ফোন করুন 0808 800 0131</td>
<td>用中文詢問癌症問題，打免費電話 0808 800 0132</td>
</tr>
<tr>
<td>French</td>
<td>Greek</td>
<td>Gujarati</td>
</tr>
<tr>
<td>Renseignez-vous sur le cancer en français. Appelez gratuitement le 0808 800 0133</td>
<td>Ζητήστε πληροφορίες ιατρικά με τον καρκίνο στα ελληνικά. Καλέστε δωρεάν στο 0808 800 0134</td>
<td>કેસર સ્વાસ્થ્ય સંદેશ, પૂછી-ચાલી 0808 800 0135</td>
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<tr>
<td>Hindi</td>
<td>Polish</td>
<td>Punjabi</td>
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<td>कैंसर के बारे में हिंदी में पूछें। मुफ्त फोन करें 0808 800 0136</td>
<td>Zgłoś pytanie na temat raka w języku polskim. Zadzwon na bezpłatną linię: 0808 800 0137</td>
<td>ਪਰਵਾਸੀ ਹਿੰਦੀ ਸੰਕਾਰਕ ਘਾਟੇ ਪੁੱਛੋ 0808 800 0138</td>
</tr>
<tr>
<td>Urdu</td>
<td>Vietnamese</td>
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<tr>
<td>Kanser hakkında sorularını Türkçe sorun. Ücretsiz telefon hattı 0808 800 0139</td>
<td>Để hỏi về ung thư bằng tiếng Việt, hãy gọi số điện thoại miễn phí 0808 800 0141</td>
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Macmillan Cancer Support also offers information and advice in languages other than English:

South Asian lines
Open Monday to Friday 9am-6pm
Hindi 0808 808 0100  Punjabi 0808 808 0101 Urdu 0808 808 0102

☎ A Macmillan support and advice textphone service is available for deaf and hard of hearing people on: 0808 808 0121
This leaflet has been produced by Merseyside and Cheshire Cancer Network and was written by Clinical Nurse Specialists, Patients and Carers from the following Trusts:

Aintree University Hospitals NHS Foundation Trust
Countess of Chester Hospitals NHS Foundation Trust
North Cheshire Hospitals NHS Trust
Royal Liverpool & Broadgreen University Hospitals NHS Trust
Southport and Ormskirk Hospital NHS Trust
St.Helen’s and Knowsley NHS Trust
Wirral Hospital NHS Trust
Clatterbridge Centre for Oncology

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Contact details:

Tel: 0151 488 7734
Email: cninfo@mccn.nhs.uk
Web: www.mccn.nhs.uk

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