

GM Colorectal Pathway Board: Colorectal Stenting Guidelines

August 2024

Title of paper	GM Colorectal Pathway Board: Colorectal Stenting Guidelines
Date	August 2024
Version	4.0
Review date	November 2025
Clinical leads	Dr Roger Prudham, Colorectal Pathway Clinical Lead, GM Cancer Mr Chelliah Selvasekar, Deputy Colorectal Pathway Clinical Lead, GM Cancer
Consulted	GM Colorectal Pathway Board
Approved by	GM Cancer Colorectal Pathway Board – Q3 2023/24
Contact details	Name: Rachel Allen Title: Pathway Manager (Colorectal) Email: rachel.allen12@nhs.net

In developing the following policy, the Colorectal Pathway Board has noted **NICE clinical guideline 151-Colorectal cancer, issued in January 2020** (www.nice.org.uk/guidance/ng151).

1. The treatment of acute large bowel obstruction will be based on current evidence and will be with the active involvement of a consultant colorectal surgeon.
2. If considering the use of a colonic stent in patients presenting with acute large bowel obstruction, CT of the chest, abdomen and pelvis will be offered to confirm the diagnosis of mechanical obstruction, and to determine whether the patient has metastatic disease or colonic perforation.
3. For patients with acute left-sided large bowel obstruction caused by colorectal cancer that is potentially curable, and for whom surgery is suitable:
 - resuscitate patients and explain to them and their family members or carers (as appropriate) that acute bowel obstruction can initially be managed either with emergency surgery or a colonic stent, and that there is no clear evidence that one treatment is better than the other
4. For patients with acute left-sided large bowel obstruction caused by colorectal cancer that is not potentially curable, or for whom surgery is unsuitable:
 - resuscitate patients with acute large bowel obstruction, then consider placing a self-expanding metallic stent to initially manage a left-sided complete or near-complete colonic obstruction
 - A consultant colorectal surgeon will consider inserting a colonic stent in patients presenting with acute large bowel obstruction. They will do this together with an endoscopist or a radiologist (or both) who is experienced in using colonic stents.
5. Self-expanding metallic stents will not be placed:
 - in low rectal lesions or
 - if there is clinical or radiological evidence of colonic perforation or peritonitis.
6. The tumour will not be dilated before inserting the self-expanding metallic stent.
7. Only a healthcare professional experienced in placing colonic stents who has access to fluoroscopic equipment and trained support staff will insert colonic stents.
8. Local MDTs will determine and state which healthcare professionals in their unit have the necessary experience and whether the equipment and support staff are available. Patients being considered for emergency colonic stenting should not wait for MDT to validate that clinical decision.

9. Local MDTs will define their arrangements for urgent stent insertion for patients in whom a self-expanding metallic stent is appropriate. This should be within 24 hours of presentation.
10. Where local MDTs do not have the necessary expertise or infrastructure to undertake colonic stenting they will work with other providers in the Network to obtain stenting services, as required.
11. If a tissue diagnosis has not been made, then it is recommended, if technically feasible, to take biopsies from the cancer at the time of colonic stenting.
12. Stenting location should be determined by local MDT and may include proximal stenting as is appropriate on a case-by-case basis, subject to local expertise and local governance processes.

The below list of available stenting services within Greater Manchester is provided for information and will be updated 2 yearly (**next review date November 2025**).



Greater Manchester Cancer Alliance

Organisation	Lead	Named Stenting Personnel/ Radiologists	Surgeons	Comments	Emergency Stenting Protocol
Bolton NHS Foundation Trust	James Pollard	Dr James Lay - 01204 390882 Dr Rubeena Razzaq – 01204 390046	Mr Zadeh; Mr Harris; Mr Farrell; Mr Pollard, Mr Dave Smith	2 core radiologists and 5 colorectal surgeons. 1 further radiologist in training	No formal arrangements; Patient is slotted onto an existing interventional list. We do not have arrangements out of hours and weekends.
Manchester University Hospitals NHS Foundation Trust (Oxford Road Campus)	Ben Griffiths	Dr S Lee; Dr S O'Shea; Dr R Sethi; Dr Alistair Makin; J Puleston (left-side only) Katherine McWhirter - 0161 276 4590 Richard Hammonds - 0161 276 4736 Joe Geraghty (left-side only) - 0161 276 4736	Mr D Donnelly; Mr F Curran; Mrs C Craig; Mr F Mazerello	Stenting is provided by a quorum of 3 consultant radiologists and 6 consultant surgeons, usually as a combined endoscopic/ fluoroscopic approach.	Emergency stenting arrangements both in hours and evenings and weekends are possible on an informal basis due to the willingness and number of individuals participating in providing the service.



Greater Manchester Cancer Alliance

The Christie NHS Foundation Trust	Hamish Clouston	Dr Hans-Ulrich Laasch (I/R lead); Dr Damian Mullan; Dr Jon Bell, Dr Phil Borg	Mr Jonathan Wild, Mr Chelliah Selvasekar; Prof Omer Aziz; Mr Paul Sutton	Admitting surgical team to arrange endoscopy and contact on-call radiology consultant. In keeping with current ESGE and ASGE guidelines colonic stents should be placed under combined endoscopic and fluoroscopic guidance.	<i>Note: Stenting offered at Christie is for inpatient (surgical and oncological) patients</i> Out-of-hours colonic stent service at The Christie 4 of the radiology consultants partaking in the on-call cover can perform colonic stent insertion. Our on-call service consists of a first on-call ST based at Wythenshawe, who is the initial referral point for radiology. At all times there is a radiology consultant on-call, the rota is published on the intranet. As the majority of consultants do not perform interventional procedures, there is a third on-call tier for I/R, which is a back-up service for the diagnostic colleagues. This is drawn up based on availability on a weekly basis with time-in-lieu compensation on a call-out basis. If a referral is made requiring specialist I/R input the on-call consultant will contact the relevant interventionist to make the necessary arrangements. However due to the low number of operators complete coverage cannot be guaranteed.
East Cheshire NHS Trust	Mohammed Sadat	Dr Konrad Koss - 01625 421000			Do not offer 24hr access



Greater Manchester Cancer Alliance

Stockport NHS Foundation Trust	Quasim Humayun	Dr Jon Gay - 0161 419520. Ext 4219	Miss Claire Hall; Mr Sajid Mehmood; Mr Sajal Rai; Mr Mohammed Saeed; Mr Edwin Clark; Mr Fergus Reid; Mr Michael Marsden		Do not have any protocol or guidelines for stenting. Don't have an emergency stenting on call rota and do them on an adhoc basis as and when the need arises after discussions with the interventional radiologists. Listed Stenting personnel only provided during office hrs only and not out of hrs.
Northern Care Alliance (BRO)	Salim Kurrimboccus	Dr W Ahmed Dr A Abbasi - 07966 066697 Dr R Muhammad		Provide stenting an obstructed colon Mon - Friday across either NMGH or TROH. It works quite well, but does need sometimes to prioritise patients already on the list for ERCP etc. These colonic stents are performed under XRAY where the ERCPs are carried out <ul style="list-style-type: none">Monday – NMGH ONLYTuesday NMGH & ROHWednesday – No LIST both sitesThursday – ROH ONLYFriday NMGH NLY Please note NMGH is now under MFT but we do have NCA activity.	There is currently no arrangement in PAT to offer this service over the weekend.
Tameside Hospital NHS Foundation Trust	Mamoon Solkar			We used to do stenting, however the numbers were very low and during Covid it stopped completely.	No Emergency Stenting provided at present.



Greater Manchester
Cancer Alliance

				<p>We were doing it in the Endoscopy suite with occasional Fluoroscopy support.</p> <p>Currently we are trying to get regular radiology support to help in future stentings.</p>	
Manchester University NHS Foundation Trust (Wythenshawe)	Karen Telford	Dr Velauthan Rudralingam (Radiologist); Dr Haider Alwan-Walker (Radiologist); Dr Javaid Iqbal; Dr Sajjad Mahmood; Dr Venkata Lekharaju		All Colorectal Surgeons and the named Gastroenterologists provide the stenting service in conjunction with a radiologist, but this has now been replaced by interventional gastroenterologists providing this on fluoroscopy lists.	Emergency Stenting is provided as required with liaison with Gastroenterology - no formal list.



Greater Manchester Cancer Alliance

Northern Care Alliance (Salford)	James Nicholson	Salford Royal Switchboard: 0161 7897373 (No stenting service but can be directed to named surgeons)	Prof Gordon Carlson; Mr Nick Lees; Mr David Watson; Miss Clare Mason; Mr James Nicholson; Mr Derek McWhriter; Mr Jonny Epstein; Miss Lyndsay Pearce, Mr Dominic Slade	Patients have been sent to MFT & ROH for emergency stents.	No LGI stenting available at SRFT since reorganisation within IR.
Wrightington, Wigan and Leigh NHS Foundation Trust	Tasadooq Hussain	Dr Neeraj Prasad			Emergency stenting is limited to daytime and days when Dr Neeraj Prasad, Consultant Gastroenterologist is available and can be supported by Xray screening. A second consultant gastroenterologist is currently training for colonic stenting.



Greater Manchester Cancer Alliance

Mid Cheshire Hospitals NHS Foundation Trust (Leighton)	Jonathan Hardman	Miss C Nockolds; Dr K Yoong; Dr Naveen Mohandas			Service not available 24 hours, 7 days a week.
---	---------------------	---	--	--	---