



Please delete before use		Letter Name	Colorectal_TS_ComplexSurgery_052025 Version 1.0
Ratified by Pathway Board	June 2025	Created	2025
Consulted	Colorectal CNS teams across GM	Reviewed	June 2025
Contact point for amendments	Gmcancer.admin@nhs.net <u>Andrea.webber@nhs.net</u> Personalised Care Manager	Next Review date	June 2027

For GP use only: please code this letter as cancer treatment completed:

Snomed code 413737006	Cancer hospital treatment completed (situation)
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GM Cancer standard template for colorectal complex surgery treatment summary

Please delete this title and box after reading these instructions.

Remove all wording that does not apply to a particular patient in order to personalise it to the individual.

If you need to localise this treatment summary, e.g. job titles do not match those used in your Trust or adding your Trust logo, please do so, but please retain all other information.

Remember to ensure sections don't overrun onto the next page or titles separate from the body of the text

Patient Name

Hospital Name

Patient Address

Hospital Address

Date of Birth: 00/00/0000

Hospital No: 01234567

NHS No: 999 999 9999

Dear **[INSERT PATIENT NAME]**

Thank you for attending your **[INSERT CLINIC NAME]** appointment on **[INSERT DATE]**.

Please find below the summary of your diagnosis and treatment for colorectal cancer, possible effects of treatment and your ongoing management plan that we discussed. A copy of this has also been sent to your

GP. This plan is specific to your needs and has been designed to increase your knowledge and wellbeing as you move forward in your cancer care.

Please remember that if you do feel anxious or would like further advice or to talk through a concern or symptom at any time, you are welcome to contact your Colorectal Clinical Nurse Specialist. They are there to support you and know about a wide range of resources and services that have been designed to help you. Ongoing support and advice are also available from your Cancer Care Co-ordinator who works within the Colorectal Clinical Nurse Specialist team. Your Cancer Care Co-ordinator is also there to give support and they have a wealth of knowledge about resources available to you. They are often a good first point of contact.

Your Key Contact Numbers:

Colorectal Clinical Nurse Specialist	Name: Contact Number:
Stoma Nurse [DELETE IF NOT APPROPRIATE]	Name: Contact Number:
Colorectal Cancer Care Coordinator / Support Worker	Name: Contact Number:

Please note that there is no CNS service in the evenings and at the weekend/bank holidays.

Out of hours contact details for advice:

Your GP out of hours service,
NHS 111
or your district nurses (if you have a designated district nurse) for advice

Out of hours when immediate attention is needed:

Go to your local Accident and Emergency department.
If you are unable to get to A&E yourself ring 999 for an ambulance.

Take this treatment summary with you

Diagnosis and Treatment to Date:

Diagnosis:	<i>Please give full details</i>	Date of Diagnosis:	
Histology:			
Treatment aim:			

Summary of Treatment and relevant dates:

Please be specific and give full information on detail, dates and intent, avoiding jargon.

Follow Up: (ongoing tests and appointments)

The table below displays a schedule of follow up tests you will require. The frequency of tests is a guide as it may vary according to changes in your needs.

TEST	TIME FROM DATE OF SURGERY in months							
	6	12	18	24	30	36	48	60
CEA Blood Test	✓	✓	✓	✓	✓	✓	✓	✓
CT Scan	✓	✓	✓	✓		✓	✓	✓
Colonoscopy		✓					✓	
Additional tests								

Key:

CEA blood test (Carcinoembryonic antigen blood test) - used to check the level of CEA in your blood. CEA is a protein (molecule) that is produced by some bowel cancers and other types of cancer. This test cannot tell you if you have cancer as not all tumours produce this protein and your body can produce this protein for other reasons. However it can suggest that additional tests are needed.

CT scan (Computed Tomography) – a scan of your chest, abdomen and pelvis.

Colonoscopy - a long thin flexible tube with a small camera inside that is used to check inside your large bowel.

Things for you to do:

- If you do not receive an appointment as per the above schedule, or if your appointments/ Investigations are cancelled and rebooked, please contact your Cancer Care Coordinator to discuss.
- Please contact your GP to schedule an appointment for a Cancer Care Review. This should take place at 3 months and 12 months after your cancer diagnosis.
- We recommend that you have your annual flu jab.

Summary of the consultation about your cancer and future progress

Please avoid medical jargon.

Urgent alert symptoms

- Passing anything urethrally (the tube that carries pee from your bladder out of your body) **with a fever and feeling lethargic**. Contact your GP urgently
without a fever. Contact your CNS

Alert symptoms that require referral back to specialist team:

In the first 3 months after Surgery

After surgery it takes time for your bowel function to settle including changes to both the type of poo (diarrhoea or constipation) and how regularly you go. It is important to remember that these are to be expected and should improve over the 12 weeks following your discharge from the hospital; however some changes can be permanent. **If you experience any of the following, please contact your Colorectal Clinical Nurse Specialist Team:**

[DELETE ALL THAT ARE NOT APPROPRIATE]

[RESECTION]

- If you pass excessive amounts of watery stools (more than 8 times per day).
- If you have constipation or going longer than 3 days without a bowel movement.
- If you experience discharge or bleeding from your abdominal wound.
- If you feel any pain or notice any bulging around your wound.
- If you have bleeding or an increase in mucus/slime/discharge from your back passage.
- If you experience night sweats, high temperatures or feeling cold and shivery.

[COLOSTOMY]

- If you pass excessive amounts of watery stools via your stoma (more than 8 times per day).
- If you have constipation or going longer than 3 days without a bowel movement.
- If you feel any pain or bulging around your stoma.
- If you have bleeding or an increase in mucus/slime/discharge from the back passage (rectum) and/or stoma.
- A feeling of fullness in the back passage (rectum).
- If you have flatulence (gas) that you find troublesome.
- If you experience any stoma appliance leakage.
- If you experience night sweats, a temperature, or a feeling of being cold and shivery.

APR and ELAPE

- If you have excessive watery stools via your colostomy (stoma) greater than 8 times per day.

- If you have constipation or going longer than 3 days without bowel movement.
- If you feel any pain or bulging around your stoma.
- If you experience discharge or bleeding from your perineal or abdominal wound.
- If you have increased or uncontrolled abdominal and/or perineal pain.
- If you experience night sweats, high temperatures or feeling cold and shivery.

PANPROCTOCOLECTOMY

- If you experience discharge or bleeding from your abdominal and/or perineal wound.
- If you have difficulty managing the frequency of watery stools.
- If you feel any pain or bulging around your wounds or stoma.
- If you experience discharge or bleeding from your wounds.
- If you experience increased or uncontrolled abdominal pain.
- If your stoma is inactive for 6 or more hours with/without nausea or vomiting.
- If you experience night sweats, high temperatures or feeling cold and shivery.

Symptoms that could occur whilst you are being followed up



Unfortunately, sometimes bowel cancer can return, either in the bowel tissue at the site of your previous operation or in another part of the body. It is important to raise any concerns you have or any new symptoms you are experiencing with your Colorectal Clinical Nurse Specialist as soon as possible. New symptoms do not automatically mean your cancer has returned but that further assessment may be needed.




[DELETE ALL THAT IS NOT APPROPRIATE]

- Loss of appetite with possible nausea and/or vomiting.
- Unexplained weight loss.
- Extreme tiredness, lacking energy, breathlessness, feeling faint, headaches, palpitations.
- Persistent cough
- Persistent tummy bloating or swelling
- Persistent vaginal bleeding/discharge
- Lower limb swelling
- Pain in your tummy that isn't settling or pain in your stoma/back passage.
- Bleeding or increased mucus from your stoma that is new.
- Any new changes to your bowel movements (stoma) lasting longer than 4 weeks e.g. looser stool that is not improving with medication.
- If your bowels have stopped working (severe constipation) causing bloating and vomiting.
- If you are bleeding, liquid pus or blood or poo from from your bottom
- Any new changes to your urostomy lasting longer than 4 weeks e.g. a change in colour of your urine, offensive smell.

Possible short and longer term consequences of surgery.

DELETE ALL THAT ARE NOT APPROPRIATE

Organ	Implication	Potential short term consequences (0-3 months)	Potential long term consequences (3+ months longer)
Sacrum (lower spine)  <p>The sacrum can be divided at a high or low level depending on where your cancer is.</p>	Low/All Sacrectomy <ul style="list-style-type: none"> -You may experience pain -You may not be able to get an erection naturally or ejaculate High Sacrectomy <ul style="list-style-type: none"> -It can affect your bladder control (if no urostomy) -You can suffer muscle weakness, numbness/pins and needles in your legs -It can affect your mobility -You will not be able to get an erection naturally or ejaculate -Your penis will get smaller and shorter 	Low/All Sacrectomy <ul style="list-style-type: none"> -Nerve pain, shooting pains, pins and needles -Sexual dysfunction -Infertility -Emotional impact -Wound healing problems/infection High Sacrectomy <ul style="list-style-type: none"> -Episodes of wetting yourself (incontinence) -Inability to empty your bladder without inserting an 'in and out' catheter to drain the bladder -Foot drop (at rest, foot remains pointing to the floor and you are unable to lift it to a normal position) -Muscle weakness, numbness/pins and needles in your legs -Need to use a walking aid (frame/crutch/stick) 	Low/All Sacrectomy <ul style="list-style-type: none"> -Long term pain -Sexual dysfunction -Infertility -Emotional impact High Sacrectomy <ul style="list-style-type: none"> -Episodes of wetting yourself (incontinence) -Inability to empty your bladder without inserting an 'in and out' catheter to drain the bladder -Foot drop (need for permanent ankle support) -Long term physiotherapy -Unable to walk more than a short distance -Dependence on walking aid (frame/crutch/stick) -You may need a modified car to drive
Vessels 	<ul style="list-style-type: none"> -It can affect the blood supply to your affected leg 	<ul style="list-style-type: none"> -Swelling of your leg -Loss of blood supply to one leg 	<ul style="list-style-type: none"> -Swelling of your leg -Pain in your leg
Reconstructive Surgery	<ul style="list-style-type: none"> -The new area of skin will look and feel different 	<ul style="list-style-type: none"> -Inability to sit for more than short periods -Numbness -Flap may lose blood supply leading to 	<ul style="list-style-type: none"> -Altered sensation and appearance You may experience a hernia (the new area may bulge down)

		<p>issues with your wound breakdown and prolonged healing</p>	<p>further than the surrounding tissue)</p>
<p>Lymph nodes in pelvis</p> 	<p>-It can affect the drainage of lymphatic fluid, from your leg, back to your body</p>	<p>-Build up of lymph fluid in your legs (lymphoedema)</p>	<p>-Build up of lymph fluid in your legs (lymphoedema) leading to:</p> <ul style="list-style-type: none"> *Aching, heaving feeling *Difficulty with movement *Skin infections *Hard, tight skin *Fluid leaking through skin *Skin growths
<p>Nerves</p> 	<p>Depending on what nerves are cut:</p> <ul style="list-style-type: none"> -It can affect your bladder control (if it has not been removed) -It can affect your bowel control (if you have been joined up) It can affect your legs; mobility weakness, numbness, pins and needles -Long term pain -You may not be able to get an erection naturally or ejaculate 	<ul style="list-style-type: none"> -Inability to empty your bladder without inserting an 'in and out' catheter to drain the bladder -Episodes of wetting yourself if you have a bladder -Inability to control bowel (incontinence) -Sexual dysfunction -Infertility <p>Altered leg control –</p> <ul style="list-style-type: none"> - Muscle weakness, numbness/pins and needles in your legs -Pain in your leg(s) -Need to use a walking aid (frame/crutch/stick) -Reduced mobility <p>Foot drop (at rest, foot remains pointing to the floor and you are unable to lift it to a normal position)</p> <p>Shooting pains</p>	<ul style="list-style-type: none"> -Inability to empty your bladder without inserting an 'in and out' catheter to drain the bladder -Episodes of wetting yourself if you have a bladder -Inability to control bowel (incontinence) -Sexual dysfunction -Infertility <p>Altered leg control</p> <ul style="list-style-type: none"> - Muscle weakness, numbness/pins and needles in your legs -Pain in your leg(s) Dependence on a walking aid (frame/crutch/stick) -Inability to run <p>Foot drop (need for permanent ankle support)</p> <ul style="list-style-type: none"> -You may need a modified car to drive -Long term pain

Personalised Care for Cancer:

Access to Health and Wellbeing Information and Support is a continuous element of your care following treatment. Your Support Plan can be reviewed at any point if you feel your needs have changed. Please contact your Cancer Care Coordinator for information on support available or if you have any questions or concerns.

These are the services a referral has been made to.

Referral/advice given on services available

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Allied Healthcare Professional | <input type="checkbox"/> Benefits Advice Service | <input type="checkbox"/> Bowel / Bladder Continence Service | <input type="checkbox"/> Complementary Therapist |
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> District Nurse | <input type="checkbox"/> Macmillan Cancer Information & Support Centre | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Physical Activity | <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Sexual Dysfunction | <input type="checkbox"/> Therapist |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Speech & Language Therapist | <input type="checkbox"/> Stoma Service | <input type="checkbox"/> Support Group |
| <input type="checkbox"/> Vocational Rehab | <input type="checkbox"/> Prehab for cancer and Recovery Programme (please continue engaging in rehabilitation) | <input type="checkbox"/> Lymphoedema service | Gynaecologist
Urologist
Psychosexual counsellor |

General Information relating to your lifestyle, wellbeing and support needs:

A number of lifestyle choices can affect your ongoing health and wellbeing. These can help you regain or build physical strength, reduce severity of side effects and reduce the risk of developing secondary cancers or other health issues. This is also an important time for you to regain or feel more in control of your health and wellbeing, often 'lost' when you are diagnosed with cancer.

Managing your wellbeing: Looking after yourself in good times and bad

We can all struggle on a day to day basis. Dealing with a diagnosis of cancer and undergoing treatments can be particularly challenging and it may add an additional level of complexity in looking after yourself when you are not feeling your best. You may notice that you are more worried and stressed than usual, or you may feel sluggish and low. Adjusting and adapting to everything you have been through can take time, and sometimes it needs a bit of extra support and effort to figure out how to be okay when life is proving challenging.

Exercise and Physical Activity:

It has been proven that engaging in regular exercise or physical activity (ideally 3 times a week) can address feelings of anxiety, experience of fatigue and low mood. It can also improve heart health, muscle strength and maintaining a healthy weight. Even a small amount of physical activity is helpful if you are able. You may need to change the type of activity you do to your specific needs and limitations so we advise talking to your

GP before you start. Please visit www.prehab4cancer.co.uk for more information and helpful resources.

Eating Well:

Eating a healthy balanced diet is an important part of maintaining good health and can help you feel better. This means eating a wide variety of foods in the right amounts and maintaining a healthy body weight. Depending on the surgery you have had on your bowel you may need additional advice and support to achieve this.

Reducing alcohol to within safe limits:

The current UK guidelines to keep health risks to a low level for both men and women are to avoid or not to regularly drink more than 14 units a week (6 pints of average-strength beer or 10 small (125ml) glasses of low-strength wine).

Stopping smoking:

If you are a smoker, giving up smoking will improve blood circulation, lower blood pressure, reduce the risk of a stroke, improve your immune system (ability to fight infection), and help to improve your breathing or stop it from getting worse.

If you would like more help and advice, please speak to your Cancer Care Co-ordinator or Colorectal Clinical Nurse Specialist Team.

Treatment Summary Completed by:	
Copy sent to GP:	<input type="checkbox"/>
Copy sent to Consultant:	<input type="checkbox"/>
Copy sent to other Health Care Professional(s):	[INSERT DETAILS]

ADDITIONAL NOTES FOR GP

For GP use only: please code this letter as cancer treatment completed:

Snomed code 413737006	Cancer hospital treatment completed (situation)	
8BCF.00	Read	Cancer hospital treatment completed

Personalised Care and Support Plan <input type="checkbox"/> (attached)	
Prescription Charge exemption certificate <input type="checkbox"/>	Free prescription reminder <input type="checkbox"/>
Health and Wellbeing Information and Support given	see referral advice given on services available
Advice given to apply for benefits assessment if required	Yes/No/Not applicable

Will [INSERT PATIENT NAME] be self-managing?	Yes / No [DELETE AS APPROPRIATE] [IF NO PLEASE STATE REASON]
Advise entry onto primary care palliative or supportive care register?	Yes/No/Not applicable
SR1 application completed?	Yes/No/Not applicable

Required GP actions (e.g. ongoing medications/ osteoporosis screening) Cancer Care Review <input type="checkbox"/> Instructions as per Oncology treatment summary please on completion of adjuvant treatments. <i>All treatment summaries are subject to review in light of evidence based changes to clinical protocols and treatment toxicity.</i> <i>Additional resources and information for primary care staff are available through www.gatewayc.org.uk</i>	
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