



**Nottingham**  
Colorectal  
Service



**Nottingham University Hospitals**  
NHS Trust

# Improving our colorectal cancer pathway patient experience.

Communicating Effectively with Patients and Families



# The Problem



“I gave all the booklets to my wife and haven’t seen them since. It was too much.”

“Sorry– I put my head in the sand and just put booklets in a folder.”



<u>National Cancer Patient Experience Survey</u>	Baseline (2018 report)	National Average (2018)
I completely understood the explanation of what was wrong with me	69	79
My treatment was completely explained	78	85
Any side-effects were explained in an understandable way	68	76
I was given practical advice and support in dealing with any side-effects	65	70
I had all the information I needed about the operation beforehand	90	96
I had full confidence and trust in the Ward nurses	64	71
Hospital staff gave me information about the impact cancer could have on my day-to-day activities	79	84
The Doctor had the right notes and other documentation with them	91	96
I was given complete explanation of test results in understandable way	78	81
I was given easy to understand written information about the type of cancer I had	70	73



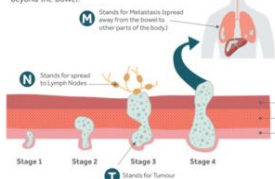


## Colorectal Cancer: Your Diagnosis

### Understanding your diagnosis and next steps

Most bowel cancers start as pre-cancerous growths or polyps which over time grow before becoming a fully established cancer, this process can take 2-3 years.

Staging a cancer describes its location, size and spread. The commonest staging system is TNM where T stands for how far the Tumour has grown through the bowel wall, N stands for the number of Lymph Nodes that might have cancer cells within them and M stands for Metastasis which assess whether the tumour has spread to other organs beyond the bowel.



We use different tests to investigate and diagnose colorectal cancer and their order may vary. Common tests include blood tests, camera tests (colonoscopy or flexible sigmoidoscopy).

All patients with a diagnosis of bowel cancer require a CT scan that examines their chest, abdomen and pelvis to look for spread of the cancer to other areas of the body.

### Your MDT and treatment process



Your test results are discussed in a multidisciplinary team meeting (or MDT). Experts meet together and discuss each case individually. The MDT consists of Surgeons, Radiologists, Histopathologists, CNS, Oncologists. Every patient is then given a recommended treatment option which is the combined expert opinion of the MDT.



### Prehabilitation



We aim to prepare all of our patients both physically and mentally for their treatment. Being active and making positive lifestyle changes from the day of diagnosis is beneficial whatever treatment path you follow.



Cancer treatments tend to work on short time frames. The more physical activity you can achieve, the greater the benefit.

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## Colorectal Cancer: Your Hospital Stay

### Understanding your post-operative progress

We know that the best post-operative care is underpinned by the Enhanced Recovery After Surgery (ERAS) principles. These principles can:

- Shorten your length of stay in the hospital
- Aid faster recovery
- Maintain general good health, despite stress of major surgery
- Minimise risk of complications following surgery

Our ERAS programme starts immediately after waking from anaesthetic. You should expect to be asked the following on the first day post operatively:

- ☒ To sit out of the bed
- ☒ To eat and drink normally (unless stated otherwise by the operating surgeon)
- ☒ To walk around your bed as pain allows
- ☒ To regularly perform incentive spirometry and deep breathing exercises



### TOP TIPS

- You should aim to walk at least 10 meters three times daily.
- You should also perform breathing exercises hourly whilst awake.
- If you cannot take a deep breath or cough due to pain, you should raise this with the nursing team.
- Regular incentive spirometry reduces the risk of chest infection.
- Removing the urinary catheter helps improve mobility and reduces chance of infection.

### Hospital stay and ERAS



### Discharge, Follow up and Survivorship



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## Understanding Colorectal Cancer

### So what is colorectal cancer?

- Colorectal cancer is the fourth commonest cancer in the UK
- Over 40,000 diagnoses each year
- The majority of people are 50+ years, but it can affect younger people
- Most bowel cancers start as pre-cancerous growths (or polyps) which grow over time
- Developing a fully established cancer can take 2-3 years
- There are many ways to treat cancer, everyone's prognosis and response to treatment is different



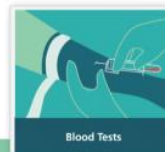
Scan this QR code to watch the video\*

### Common symptoms

Colorectal cancer can present in different ways, such as tiredness, weight loss, or a prolonged change in bowel habit. Bleeding from the back passage is also a possible symptom. The majority of patients with rectal bleeding don't have cancer but some will. The national bowel screening program aims to detect NON-VISIBLE blood in the stool to select people for further investigation.

### How we test for colorectal cancer

We use different tests to investigate and diagnose colorectal cancer and their order may vary. The most common tests include:



Blood Tests



Colonoscopy or Flexible Sigmoidoscopy



CT Scan, MRI scan or PET Scan

\*Most modern smartphones and tablet devices have QR code readers in them. Additional free QR code reader apps are also available. Alternatively, search on YouTube for 'Nottingham Colorectal' to view all of our videos.

### Following your diagnosis...



Scan this QR code to watch the video.



Your test results are discussed in a Multidisciplinary Team Meeting (or MDT). This is a time where experts meet together and discuss each case individually. The MDT consists of Surgeons, Radiologists, Histopathologists, Cancer Nurse Specialists (CNS) and Oncologists.

Every patient is given a recommended treatment option which is the combined expert opinion of the MDT.

### Your treatment options

The main curative treatment for colorectal cancer is surgery. Surgical treatment may be supported with chemotherapy and/or radiotherapy either before or after your operation. This will depend upon the type and staging of your cancer.



Non-curative treatment is used in situations where the bowel cancer has spread to other areas of the body and where it isn't feasible to remove it all. Or in situations where the patient isn't fit enough or doesn't wish to undergo surgery. Non-curative treatment can include chemotherapy and radiotherapy aimed at controlling the spread and growth of the tumour.



Visit our YouTube channel for more videos relating to your Colorectal Cancer journey. Scan the QR code on the right to visit our channel or search 'Nottingham Colorectal' on YouTube.



# Risk Assessment

To be filled in patient notes

**NUH Colorectal Individual Lifestyle Assessment**

We would like to assess your individual risk against five important domains. Please complete the following questionnaires over the page and give this form back to a member of staff.

Staff to complete:

Domain	Low	Medium	High
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Well-being	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Staff Signature: Jane Wright

**Prehabilitation (Continued)**

of you  
individual risk. Our assessment system below lets  
as of your health and lifestyle affect your risk.

Risk Level	Low	Medium	High
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Well-being	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Small picture of your risks for both us  
its across these areas then the risks  
very time may well be reduced.

**Patient Booklet**





Female patient:

**“After hearing ‘cancer’ I glazed over.  
The booklet and videos helped me  
understand what was happening to  
me and helped me cope with the  
whole experience.”**

Patient free text comment:

**“Very professional.  
Above and beyond what  
might expect.”**

**“Easy to understand  
and clear”**



# 23%

improved positive response  
rate to 10 key questions

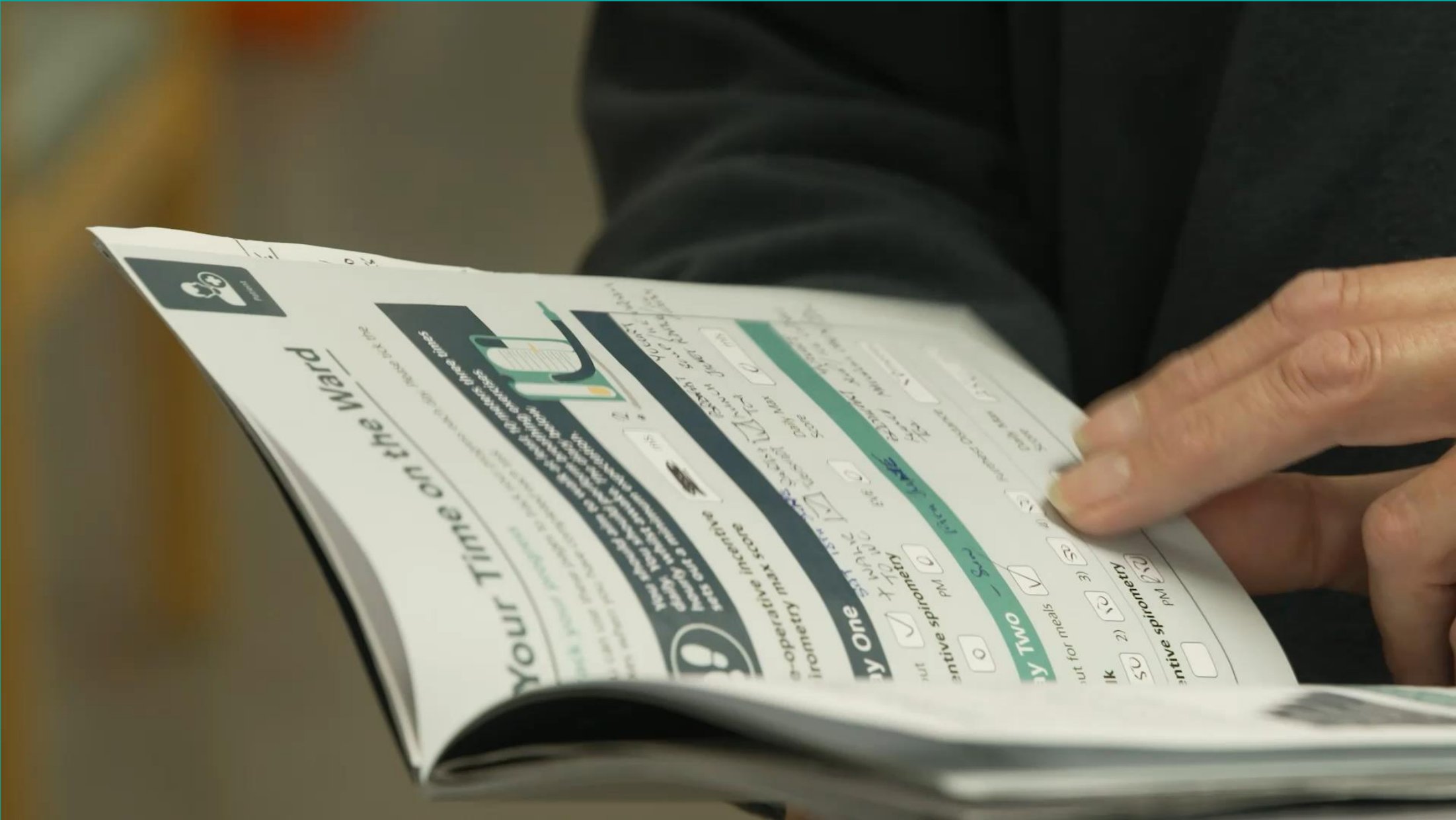
# 17%

higher than the  
national average

National Cancer Patient Experience Survey					
	Baseline (2018 report)		National Average (2018)		n = 22
I completely understood the explanation of what was wrong with me	69		79		100
My treatment was completely explained	78		85		100
Any side-effects were explained in an understandable way	68		76		95
I was given practical advice and support in dealing with any side-effects	65		70		95
I had all the information I needed about the operation beforehand	90		96		100
I had full confidence and trust in the Ward nurses	64		71		95
Hospital staff gave me information about the impact cancer could have on my day-to-day activities	79		84		100
The Doctor had the right notes and other documentation with them	91		96		100
I was given complete explanation of test results in understandable way	78		81		100
I was given easy to understand written information about the type of cancer I had	70		73		100



Patient, Family and Staff engagement





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NHS Trust

# **Improving our colorectal cancer pathway patient experience.**

Communicating effectively with patients and families

## **Thanks for listening!**