Information for patients that are not suitable for curative bowel surgery

As your bowel cancer has spread to other areas, either locally or elsewhere in the body, the treatment options are different. This is referred to as palliative treatment.

What does the word palliative mean?

The term palliative is used for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The aim is to improve quality of life. Palliative care is based on the needs of the patient, not on the patient's prognosis. It is appropriate at any age and at any stage in a serious illness. Having palliative care or treatment doesn't necessarily mean that you're likely to die soon - some people have palliative treatment for a significant amount of time.

Aim of treatment

The aim of palliative treatment is to reduce the burden of disease, prolong life and improve symptoms from the cancer. This can be chemotherapy or radiotherapy or a combination of both; sometimes surgery may be appropriate. The next step is to see an oncologist to discuss the treatment options that are suitable for you. During the appointment, the oncologist will look at your scans, assess your fitness and discuss the treatment, including the risks and benefits of treatment.

We will aim to start treatment soon after your appointment with the oncologist. During treatment, bloods may be taken and scans may be carried out at regular intervals, in order to assess your response to the treatment. If your scans show a good response and you are tolerating treatment, then treatment may continue. If the disease progresses or if there is no response, a different treatment may be considered.

Colonic stent

Stents are suitable for patients who have complete or partial bowel (colon) obstruction (blockage). The aim of a stent in these patients is to relieve the obstruction, especially if the patient is not considered suitable for surgery. To insert the stent, the doctor will perform a procedure called a colonoscopy. A colonoscopy is a technique to look directly at the lining of the large bowel (colon). A stent is only suitable for a cancer that is in the left side of the bowel.

Stoma formation

As part of your treatment, it may be suggested that you have a stoma formed; this is to relieve a blockage in the bowel due to your cancer.

A stoma, which means mouth or opening, can be either a colostomy (large bowel) or ileostomy (small bowel). A stoma is formed by bringing the bowel out and stitching it onto the surface of the abdomen. This allows faeces to pass into a specialised appliance or pouch, which is worn over the stoma.

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It is usually moist and is pinkish-red in colour, like the inside of your mouth. It is swollen at first after the operation and it can take up to eight weeks for the swelling to go down. There are no nerve endings in the stoma, so it is not painful. It is normal for the stoma to bleed a little when cleaned.

Community palliative care

It may be suggested by your consultant or nurse that a referral to the community palliative care team will be of benefit to you. Community palliative care teams are often based at a hospice, this does not always mean end-of-life treatment. They are experts in managing symptoms associated with advanced cancer, such as pain control and emotional support. Not all patients will require ongoing support and for those that do, it may only be for a short period of time. Quite often GPs and district nurses may provide a level of support.

Cancer help and support services

Local cancer support centres offer a variety of facilities that you may benefit from to help you cope with the diagnosis of a cancer. They may offer counselling, various complimentary therapy, and sometimes financial support.

Macmillan services

Macmillan have various resources available online, and they also offer The Macmillan Support Line. This is a free and confidential phone service for people living and affected by cancer. In addition, you may be eligible for additional financial support.

Additional sources of information:

University Hospitals Birmingham NHS Foundation Trust:

Colorectal Nurse Specialist Teams (24-hour answerphone)

Heartlands/Solihull Hospitals Telephone: 0121 424 2730

Good Hope Hospital Telephone: 0121 424 7429

Queen Elizabeth Hospital Birmingham Telephone: 0121 371 4501

Email: colorectalnursingcns@uhb.nhs.uk

Follow us on Twitter @uhbcolorectal

The Patrick Room Cancer Centre, Queen Elizabeth Hospital Birmingham

Edgbaston

Birmingham B15 2TH Telephone: 0121 697 8417

Cancer Information and Support Centre, Good Hope Hospital

Rectory Road

Sutton Coldfield B75 7RR Telephone: 0121 424 9486

Health Information Centre Birmingham, Heartlands Hospital

Bordesley Green

Birmingham B9 5SS Telephone: 0121 424 2280

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Further support:

Local:

Birmingham Cancer Support Centre (Help Harry Help Others): 0121 783 5407;

www.hhho.org.uk

Sutton Cancer Support Centre: 0300 012 0245; www.suttoncancersupport.org

The Holly Trust (Bowel cancer support group): www.hollytrust.org.uk

National:

Bowel Cancer UK

Call Bowel Cancer UK on 020 7940 1760. They are open Monday to Friday 9:00-17:00 Email them at admin@bowelcanceruk.org.uk

Ileostomy Association

Birmingham branch: 0121 3552745/07842 555070 Email: Mike Jameson <u>mike.jameson@iasupport.org</u> www.birmingham.iasupport.org

Colostomy UK

Office Tel: 0118 939 1537. Monday - Friday, 09:00 - 17:00 Helpline open 24 hours a day: 0800 328 4257 hello@colostomyuk.org www.colostomyuk.org

Beating Bowel Cancer

Beating Bowel Cancer provide medical advice to patients through a specialist nurse advisor line on 08450 719301 or

Email nurse@beatingbowelcancer.org

Website: http://www.beatingbowelcancer.org/

Macmillan

Macmillan offer confidential support to people living with cancer and their loved ones. You can call them on 0808 808 00 00 (seven days a week, 08:00 - 20:00)

If you require this information in another format, such as a different language, large print, braille or audio version, please ask a member of staff or email interpreting.service@uhb.nhs.uk

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