Booklet accompanying

Bowel Cancer Surgery

A Patient Information DVD

by
Srinivas Chintapatla
Consultant Colorectal Surgeon
York

York Hospitals NHS
NHS Foundation Trust

Sponsored by:

YORK AGAINST CANCER

YORK AGAINST CANCER

The charity, York Against Cancer (YAC), has sponsored the production of this DVD and booklet aimed for people about to have surgery for bowel cancer.

The charity was formed in 1987 with the aim of supporting local cancer patients. It also funds research, and provides information and education for patients and members of the public.

Supporting patients

YAC has funded the Cancer Care Centre at York. In this centre there is counselling, complementary therapy and information.

Research

York Against Cancer encourages joint research between the university and the clinicians in the hospital. It funds the Jack Birch Unit for Environmental Carcinogenesis in the Biology Department and a Chair in Molecular Carcinogenesis at the University of York.

Education

YAC has an active education programme. It has supplements in the local paper and has launched a sun awareness campaign.

YAC also runs a shop and office where volunteers work and are actively involved in fund raising for the charity.

Contact details

York Against Cancer
31-33 North Moor Road
Huntington
York YO32 9QN

Tel: 01904 764466
Fax: 01904 764414
office@yorkagainstcancer.org.uk
www.yorkagainstcancer.org.uk

Contents

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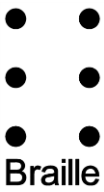


Large Print

Introducing the Colorectal Team

David Alexander
Consultant Colorectal Surgeon
Tel: 01904 725609

Ian Bradford
Consultant Colorectal Surgeon
Tel: 01904 725761

Srinivas Chintapatla
Consultant Colorectal Surgeon
Tel: 01904 725521

Steve Stojkovic
Consultant Colorectal Surgeon
Tel: 01904 725961

Nick Woodcock
Consultant Colorectal Surgeon
Tel: 01904 721154

Glenn Miller Consultant
Upper GI Surgeon
Tel: 01904 725968

Wing Wong
Consultant Upper GI Surgeon
Tel: 01904 725523

David Sebag-Montefiore
Consultant Oncologist
Tel: 01904 726198

Kim Last
Consultant Oncologist
Tel: 01904 726198

Angela Darby
Consultant Oncologist
Tel: 01904 726198

Jonathan Wilson
Consultant Anaesthetist
Tel: 01904 725398

Mike Stone
Consultant Anaesthetist
Tel: 01904 725398

James Haselden
Consultant Radiologist
Tel: 01904 726674

Dan Petty
Consultant Radiologist
Tel: 01904 721140

Andy Clarke
Consultant Pathologist
Tel: 01904 725772

Sandy Anderson
Consultant Microbiologist
Tel: 01904 725855

Irene Webb
Outpatients Receptionist

Diane Burwell
Colorectal Nurse Specialist
Tel: 01904 724126

Jenny Evison
Colorectal Nurse Specialist
Tel: 01904 724126

Wei Chan
Integrated care coordinator
Tel: 01904 724126

Jackie Clemit
Stoma Nurse Specialist
Tel: 01904 725764

Gillian Powell
Stoma Nurse Specialist
Tel: 01904 725764

Lesley Verrill
Stoma Nurse Specialist
Tel: 01904 725764

Julie Jackson
Sister - Endoscopy Unit
Tel: 01904 726181

Mel Shores
Nurse Endoscopist
Tel: 01904 726181

Lynne Atkinson
Pre Assessment Nurse
Tel: 01904 726548

Teryll Garner - Sister
Surgical Elective Admissions
Tel: 01904 725764

Karen Cowley
Sister - Ward 14
Tel: 01904 726014

Sarah Collis
Sister - Ward 11
Tel: 01904 726011

Tracy Ward
Sister - Ward 16
Tel: 01904 726016

Claire Allen
Sister Nurse Enhanced Unit Tel: 01904 726016

Kevin Wilson
Senior Physiotherapist

Health Care Assistant
(Ali Akrill in picture)

Ward Clerk
(Koren Atkinson in picture)

Sara Townsend
Senior Dietician

Emma Swales
Sister - Recovery Unit

Theatre Receptionist
(Christine Dale in picture)

Theatre Porter
(Rob Neive in picture)

Medical Secretary
(Louise Wallace in picture)

Georgina Brown
Waiting List Co-ordinator
Tel: 01904 726113

Sarah Holmes
MDT Co-ordinator
Tel: 01904 721274

Glossary of Colorectal Terms

Chapter 1: Introduction

In this introduction we explain some of the common terms used in the treatment of bowel cancer. We suggest you read the introduction before any of the other chapters.

1. Tumour

This is an abnormal growth that may be 'benign' or 'malignant'. A benign tumour is non cancerous and does not invade surrounding structures. A malignant tumour is cancerous and can invade and destroy the tissues around it. Cells from the tumour can spread to other organs (this spread is called a **metastasis**). The difference between the word tumour and cancer is that the word 'tumour' includes benign and malignant growths while cancer refers only to malignant growths.

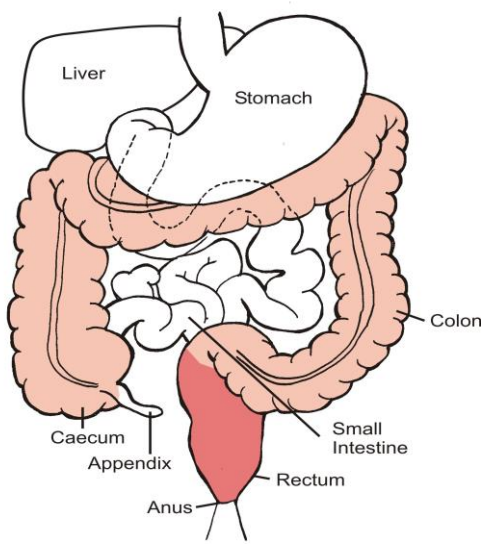
2. Cancer

Cancer is a disease where cells in the body grow uncontrollably. It can invade the surrounding structures or even spread to distant organs (this spread is called **metastasis**). CT scans can find out if the

cancer has spread to organs like the liver or lungs.

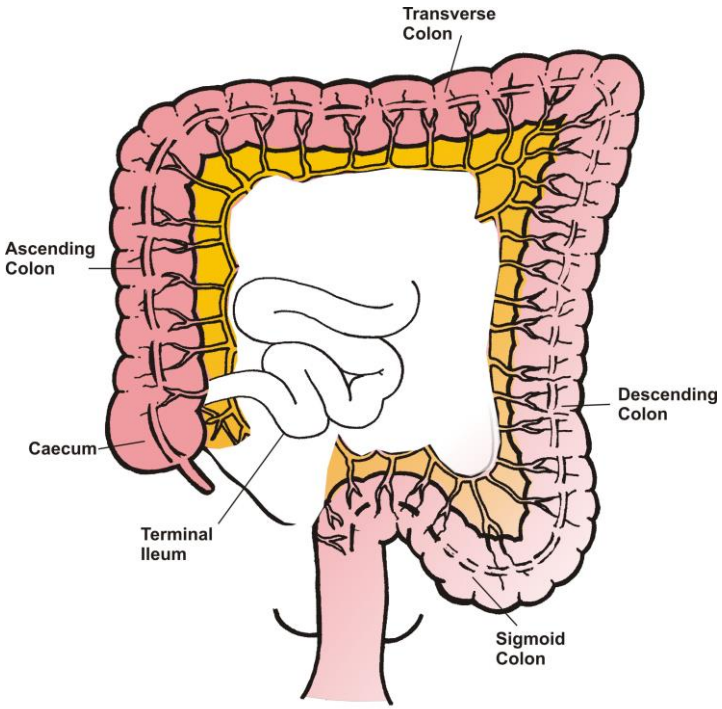
3. Bowel Cancer

This is cancer of the large bowel. In the picture the large bowel is in pink. Another name for bowel cancer is colorectal cancer. Colorectal cancer includes cancer of the colon and cancer of the rectum. The colon is the part of the large bowel above the pelvis — shown in pale pink in the picture. The rectum is the part of the large bowel within the pelvis — shown in dark pink in the picture. The rectum ends in the anus. The anus and rectum are sometimes called 'the back passage'.



4. Colon

This is the name for the large bowel. Different parts of the colon have different names:



- **the terminal ileum** is the last part of the small bowel and leads to the caecum

- **the caecum** is the where the small bowel ends and the large bowel begins

- **the ascending colon** is the part of the right colon that goes up (ascends) from the caecum

- **the transverse colon** is the part of the colon that goes across the body from left to right

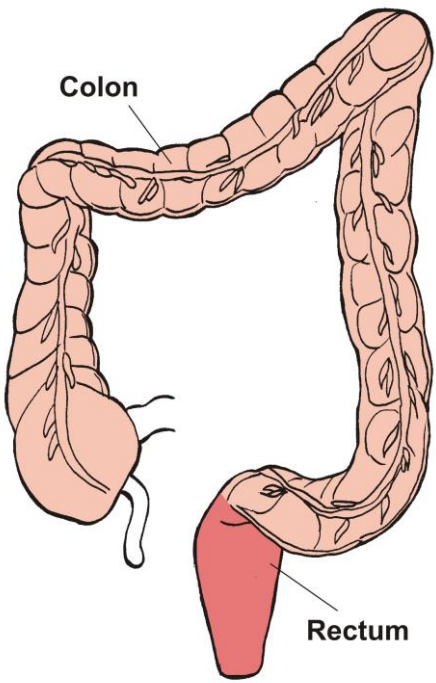
- **the descending colon** is the part of the left colon that comes down (descends)

- **the sigmoid colon** is 'sigmoid' or 'S' shaped.

The **right colon** is made up of the caecum and the ascending colon. The **left colon** is made up of the descending and the sigmoid colon.

5. Rectum

This is last ‘straight’ part of the large bowel. It ends in the anus. Things that relate to the rectum are called ‘rectal’. You may hear us talk about ‘rectal examination’ and ‘rectal bleeding’ ~~These terms are described later~~.



6. Small Bowel

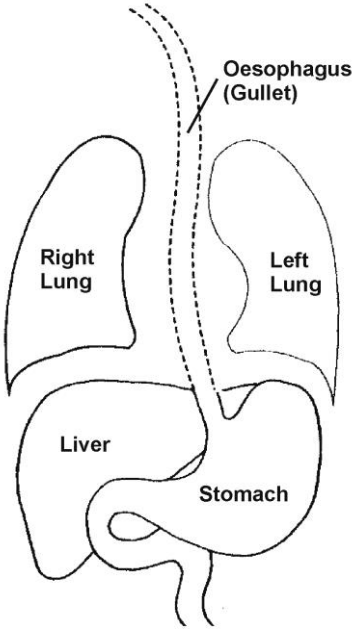
The small bowel is also called the ‘small intestine’. It is the part of the gut that lies between your stomach and large bowel and is about 6 metres long. The first part is called the duodenum and is about 25 centimetres long. The second part is called the jejunum - it is about 2.5 metres long. The third part is the ileum - it is about 3.5 metres long. We call it the ‘small’ bowel because it is narrower than the large bowel. It helps digest and absorb food.

7. Stomach

Your stomach is a hollow muscular organ which lies between the gullet (oesophagus) and your small bowel. It helps break down food so it can be digested further along the gut.

8. Abdomen

This is the part of your tummy that lies between your chest and your pelvis. It contains the small and large bowel and important organs such as the stomach, liver and kidneys.



9. Liver

The liver is a solid organ on the right side of your body that processes the food you absorb from your gut. The absorbed food comes from the gut to your liver through the blood stream. Cancer cells from the bowel can spread to the liver through this blood flow.

10. Lungs

These are your breathing organs. Before you have surgery we test your lungs to see how well they function. These tests help us to decide how fit you are to have the operation.

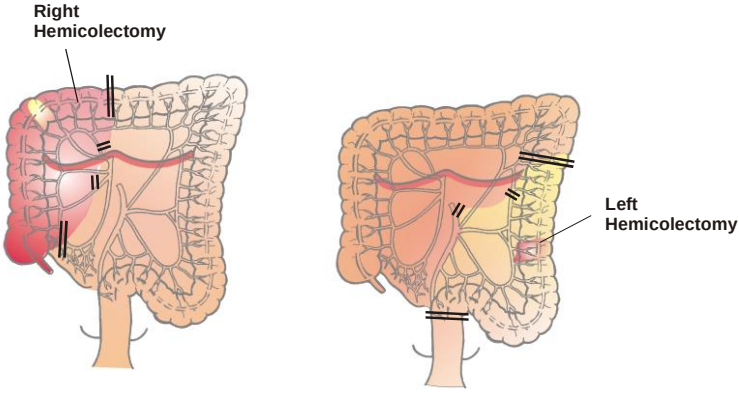
Most of the blood from the colon flows first to the liver, then into the right heart and then to the lungs. Cancer cells from the bowel can spread to the lungs along this blood flow.

11. Bowel Cancer Surgery

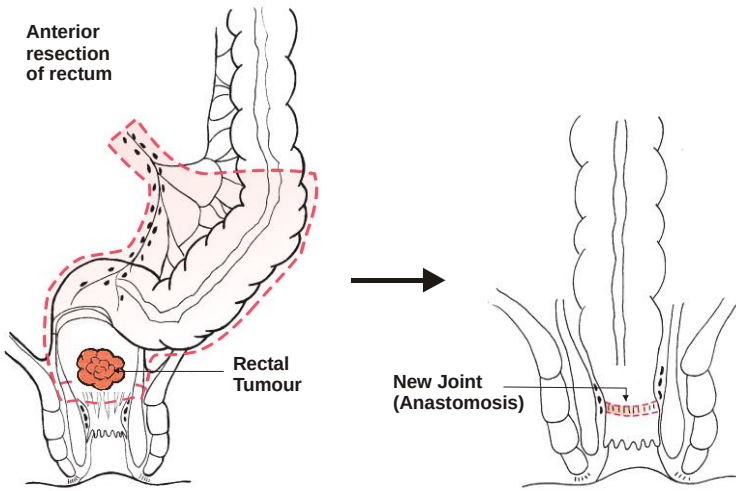
This is the operation we do to remove bowel cancer. There are different kinds of operations

- **a colectomy** means we remove all of the colon
- **a hemicolectomy** means we remove half of the colon:

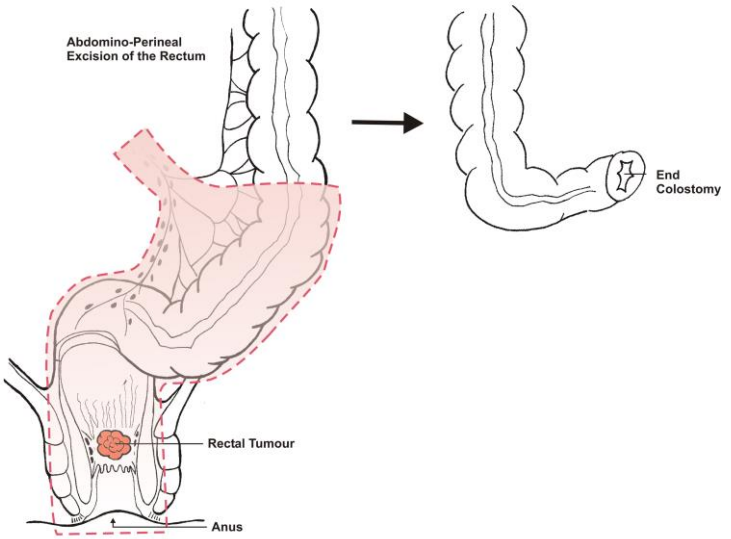
in a **right hemicolectomy** we remove part of the right colon
in a **left hemicolectomy** we take away part of the left colon.



Sometimes we remove part of the rectum instead of the colon. When we do this through a cut in the tummy we call the operation an '**Anterior Resection**'.



Sometime we have to remove part of the rectum by making a cut in the tummy and also in the perineum (part of the area around the back passage). This operation is called an '**Abdomino-Perineal Excision of the Rectum**' or '**APER**' for short.



12. Consultant Surgeon

This is the person who is in charge of the surgical treatment of your problem. You might meet a number of different consultant surgeons:

- a **Consultant Colorectal Surgeon** specialises in operating on the large bowel
- a **Consultant Hepatobiliary Surgeon** specialises in liver surgery
- a **Consultant Upper Gastro Intestinal (G.I.) Surgeon** specialises in operating on the upper gut.

13. Professionals

You will be looked after by a number of different health professionals. These professionals include doctors, nurses, physiotherapists and occupational therapists. We describe what these professionals do in more detail later on in this booklet**.**

14. Departments

You will probably visit many departments in the hospital. Here we explain what some of the main departments do:

- the Outpatient department is where you see your doctor
- the Endoscopy department is where we do your endoscopy (see number 19 for more detail)
- the Radiology department is where we do your x rays, CT scans and MR scans
- the Pathology department is where we look at the samples of cells, tissue or blood we take from your body. We might do this by using a microscope (called histology) or by chemical analysis (called biochemistry). We also look at blood to get it ready for transfusing in the haematology department.
- the Microbiology department is where we look at samples like urine or phlegm to see if they contain any germs (infection).
- the Oncology department is where you would go to have radiotherapy or chemotherapy.

Chapter 2: Investigations Before Surgery

We suggest you read the Introduction (Chapter 1) before you look at this section.

15. Rectal Bleeding

Rectal bleeding is the name for passing blood from the back passage (rectum).

16. PR (Per Rectum)

PR stands for 'per rectum' and is short hand for 'rectal examination'. In this type of examination we put a finger into the anus so we can feel your back passage. Another name for rectal examination is 'Digital Rectal Examination' or 'D.R.E' for short. 'Digital' is just another word for finger.

17. Bowel Polyps

Bowel polyps happen when the lining of the bowel bulges into a mushroom shaped structure. We also call bowel polyps 'colonic polyps' (i.e. polyps of the colon). Large bowel polyps are important as some can turn into cancer. We can find colonic polyps by using a test called **endoscopy**. Sometimes we can also remove colonic polyps during the endoscopy. We call this procedure a 'polypectomy'.

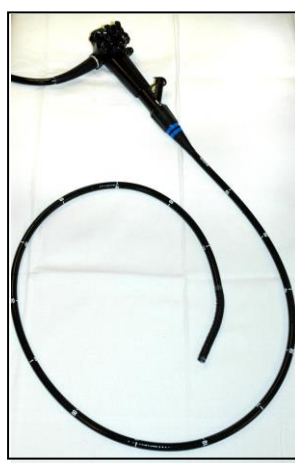
18. Rigid Sigmoidoscopy

This is a type of rectal examination when we use a rigid or straight camera to look inside your colon.

19. Endoscopy

Endoscopy means ‘looking inside’. We look inside the bowels by using a scope that bends easily (it is flexible). The scope we use is called an endoscope. It has a light and a camera. There are different types of endoscopy:

- a **colonoscopy** is when we pass the scope into the whole colon
- a **flexible sigmoidoscopy** is when we pass the scope into the left colon
- a **gastroscopy** is when we pass the scope into the stomach.



20. Colonoscopy

A colonoscopy is an examination of the large bowel (colon and rectum) using an endoscope. You take a strong laxative at home, which empties your bowel, and then you come to the endoscopy department at the hospital. We will give you some medicine to relax you before we pass the endoscope through your back passage into your large bowel. Because we have given you medicine to relax you, you will need someone to drive you home and stay with you for about a day. We will give you much more information about having a colonoscopy when we arrange your appointment.

21. Flexible Sigmoidoscopy

This is like having a colonoscopy but we only pass the scope into the left colon. We usually give you an enema instead of strong laxatives. Normally we do not need to give you medicine to relax you for this type of examination.

22. Enema

When you have an enema we put liquids into your bowel through the back passage. This enema stimulates your bowel and after a certain time you empty the faeces and enema fluid into the toilet. This cleans your lower bowel and lets us have a good view of your bowel during the endoscopy.

23. Citramag Sachets

Citramag is a laxative you take by mouth. It cleans the bowel by making you have diarrhoea. We will explain in detail how to take Citramag. We might give you different laxatives to Citramag, for example Picolax or Klean-Prep.

24. Sedatives

A sedative is a drug we give you to make you feel calm and relaxed. It can be helpful for you to have a sedative when you are having an examination like colonoscopy. We often use a strong sedative called Midazolam which makes you drowsy. This drowsiness wears off in about four hours but it can take longer in some people.

25. Medication

People in the hospital will ask you what medication you take. Medication means any medicine you take as tablets, liquids or by injection. You will find it helpful to bring the names of your medicines, and the dose you take, to all your hospital appointments. You will also be asked if you are allergic to anything. It is very important you tell us about any allergies you have.

26. Barium Enema

We use a barium enema to look at problems in the large bowel (colon and rectum). We put a dye called barium into your back passage together with some air. We then take x-rays of your colon. We also call this test a 'Double Contrast Barium Enema' (DCBE for short), as we use both air and barium.

We do the barium x-ray in the Radiology department with you lying on an x-ray table. We may tip the table and ask you to lie in different positions. This is so we can get good pictures of the inside of your large bowel.

27. Consultant Radiologist

This is a consultant who is an expert in using ‘radiology’. Radiology is a science where different techniques are used to get pictures (or images) of your body. We can do:

- Simple x-rays, such as chest x-rays
- Barium enemas, which involve using a dye to outline the bowel as well as x-rays
- CT scans which use special x-rays that give a 3-dimensional picture

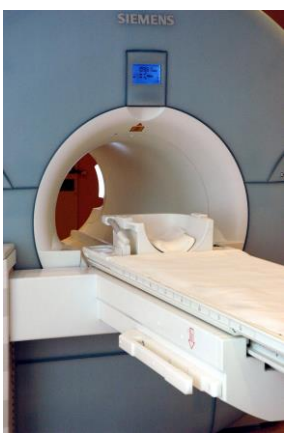
A Consultant Radiologist looks at the pictures and interprets them. This helps us find out what your problem is.

28. CT Scans

This stands for Computed Tomography. It uses x-rays to create pictures of 'slices' of the body ('tomos' means 'slice'). It then uses all the information it has gathered to 'write' and create images of the internal organs (the word 'graphein' means 'write' in Greek). We use CT scans to see if cancer has spread to organs like the liver and lungs.

29. MR Scans

In an MR scan we apply a harmless magnetic field to your body and this builds up a detailed picture of your body. This type of scan is useful for looking at the tumour itself and its growth into the surrounding area e.g. in cancer of the rectum.



Chapter 3: Preparation for Surgery

We suggest you read the Introduction (Chapter 1) before you look at this section.

30. Bowel Cancer Surgery

See number 11.

31. Staging Procedures

These tell us what stage your cancer has reached. We want to find out whether the cancer is just within the tumour, or if it has spread into some of the tissues near the tumour, or if the cancer has spread more widely in the body.

We decide the stage of the cancer in two ways. First we do various scans (e.g. CT scans or MR scans) before your operation. This is called **pre-operative staging**. Secondly when we remove a piece of large bowel during your operation we look at it under a microscope. This is called **post-operative staging**.

32. Pathology (or Histology) Reports

The Consultant Pathologist looks at the piece of bowel we have removed (the specimen) under the microscope. Usually we have collected the specimen from the

lining of the large bowel during an endoscopy. The report the pathologist gives us is called the histology report. By looking at a piece of tissue the pathologist can tell us if the specimen came from a cancer or not. This helps us to decide whether you have cancer or some other disease.

In addition, when we remove the bowel cancer at operation we send it for a detailed histology report. This tells us extra detail such as how deep the cancer is in the bowel wall and whether it has spread to lymph glands close to the tumour. We use this information to make decisions about what further treatment you may need (see Duke's staging, number 87)

33. MDT Meeting

This stands for 'Multi Disciplinary Team' meeting. It is a meeting when professionals from various specialties such as radiology, surgery, pathology and nursing come together to discuss the best way to treat your disease. After this meeting you will make the final decision about your treatment in discussion with your consultant.

34. Past History

This is a term we use to describe your past medical story. We will ask you what diseases or treatment or operations you have had in the past. We also ask you what other medical problems you currently have, for example diabetes, asthma, high blood pressure etc.

35. Radiotherapy

In radiotherapy we use radiation in a controlled way to treat some cancers. For example, if you have surgery for rectal cancer we may give you radiotherapy if we think this will improve the chances of curing your cancer. Radiotherapy is different from radiology. In radiology, we use radiation (i.e. x-rays) for diagnosing illnesses rather than treating them.

36. Chemotherapy

In chemotherapy we give you drugs to slow down the uncontrolled growth of cancer cells. There are many kinds of drugs. The amount of the drug you have to take and the side effects they give you depend on the specific drug you need.

37. Consultant Oncologist

This is a Consultant who has an overview of how your cancer is managed. If you need radiotherapy or chemotherapy your Oncologist will discuss these treatments with you. He or she will then arrange them and check they are working for you. The Oncologist is a good person to talk to about the possible outcome of your cancer treatment.

38. Specialist Nurse

This is a nurse with special knowledge and skills:

- a **specialist colorectal nurse** will be able to answer most of your questions about bowel cancer. She / he will give you information and may help to arrange your scans and hospital appointments

- a **specialist stoma nurse** is an expert in looking after stomas. If you need a stoma, she will teach you how to manage this.

39. Information Leaflets

We may give you written information leaflets to read. These are valuable sources of information, which give you very useful

details about specific procedures, for example what happens in a right hemicolectomy.

40. Stoma

A stoma is where a piece of bowel is brought onto the tummy through a small opening. Waste material is passed through this stoma into a bag. If we connect the colon to the abdominal wall it is called a **colostomy**. If we connect the small bowel to the abdominal wall it is called an **ileostomy**. The stoma (opening) may be temporary or permanent.

When we take out the piece of bowel that has the cancer, we have to join the two ends of the bowel back together. Sometimes we need to protect this joint. We do this by making at stoma upstream from the joint. This diverts the waste material and allows the joint to heal.

A stoma may also be made when we are not able to join the pieces of bowel together. Instead of making a joint we bring the bowel to the tummy wall so the waste material can come out.

If you have a stoma you wear an external bag on your tummy to collect the

waste from your intestines. The bag is called a stoma bag.

A Stoma Nurse Specialist would teach you how to live with a stoma and discuss any issues you want to raise.

41. Stoma Nurse Specialist

This is a nurse with special skills and knowledge in managing a stoma. Before your operation she will give you information about what a stoma is in case we have to make a stoma during your surgery. If we do give you a stoma, she will teach you how to look after the stoma and live with it.

42. Complications

We use the term ‘complication’ to mean any drawback of a disease or treatment. Complications after an operation are things like getting an infection in your urine or in your operation wound. Many complications are uncommon and we can easily treat them. However some complications can cause major problems and may affect your recovery. Your consultant will explain if there is a chance of getting complications after your operation.

43. Consent form

This is the form you sign to say you are willing to go ahead with the treatment we suggest. Before you sign the form you must be sure you understand the treatment and what it means. If you feel you do not understand the risks or the benefits of the treatment please tell your consultant. He / She can explain the procedure again, discuss alternatives and answer your questions.

44. Morbidity

We use this word to refer to all the different ways in which you are, or have been, unwell. This could include

- poor health due to having surgery e.g. a fever or chest infection
- illnesses or diseases you may already have e.g. asthma, diabetes, heart disease etc.

45. Mortality

This is another name for number of deaths. When we talk about the 'risk of mortality' we are talking about the risk of dying. The risk of dying after surgery for bowel cancer is small. However it is still an important issue and your consultant, or his team, will discuss this with you.

Chapter 4: More Information on Surgery

We suggest you read the Introduction (Chapter 1) before you look at this section

46. MRSA

This stands for 'Methicillin Resistant Staphylococcus Aureus'. Staphylococcus Aureus is a bug which is often found on our skin. Sometimes Staphylococcus Aureus causes problems but we can treat it with one of the Penicillin group of antibiotics. A small group of Staphylococcus Aureus bugs have become resistant to this powerful Penicillin group of antibiotics, which includes Methicillin. This is where we get the name 'Methicillin Resistant Staphylococcus Aureus'. MRSA infections are uncommon and we can treat them.

47. Waiting List Co-ordinator

The Co-ordinator will contact you with a possible date for your surgery. If this date is suitable for you it will be confirmed.

48. Pre-Assessment Clinic

Before coming in for surgery you will be asked to come to the Pre-assessment

clinic. At this clinic a nurse will check all your paper work and prepare your admission for surgery.

49. Anaesthetic

An anaesthetic is a mixture of drugs and gases that put you to sleep, and keep you comfortable, during your operation.

50. Blood Pressure

Your blood pressure is the pressure with which your blood flows through your arteries. This is one of your 'vital' signs. We take your blood pressure at the Pre-assessment clinic to record what is normal for you. We then monitor your blood pressure throughout your operation and after it. This gives us important clues about how you are coping with the operation.

51. Tracing of Heart (E.C.G.)

This is short hand for 'Electro-Cardio-Gram'. An ECG is a tracing of the electrical activity of your heart over a certain length of time. The tracing gives us some important clues about the state of your heart.

52. Exercise Test

We may need to test if you are fit enough to have surgery. You come to the

Pre- assessment clinic where we ask you to cycle on a static bicycle for a short time. While you are doing this exercise we check what happens to your heart and lungs. This gives us valuable information about how fit you are.

53. Pre and Post-Operative

We call the period of time before an operation the ‘pre-operative’ period. You may hear us talk about ‘ pre-operative tests’ (these are tests we do before your operation).

We call the period of time after an operation the ‘post-operative’ period (sometimes we shorten this to ‘post-op’). You may hear us say ‘in the post op period….’.

54. Consultant Anaesthetist

This is a Consultant who is trained to give you the anaesthesia which puts you to sleep, and keeps you comfortable, during your bowel operation. The anaesthetist also sees you before and after your operation. He or she is a good person to talk to about what kind of pain relief you will be getting after your operation.

We can give you pain relief in several ways:

- Epidural
  we thread a special wire into your back and give you pain relief medicine through this wire in the days after surgery
- Morphine
  we give morphine through a pump which you can control. When you are in pain you can press a button on the pump and you get a dose of morphine . We call this 'Patient Controlled Analgesia' or 'PCA' for short.

55. Blockage of Bowels (Bowel Obstruction)

Before bowel cancer is removed it sometimes blocks (obstructs) your bowels. If this happens we have to unblock your bowel as soon as we can. We may do this by putting a special tube in the colon (called a colonic stent) or by doing an operation.

56. Colonic Stent

This is a narrow, flexible, strong tube that expands. When we put the tube into your blocked bowel, the tube expands and this unblocks the bowel. We do this procedure under sedation rather than general anaesthetic.

57. Emergency

This is when we need to give you medical or surgical treatment urgently.

58. Non-Emergency

In most cases we do not have to remove bowel cancer as an emergency. We can plan for the operation a few days or weeks in advance. This gives us enough time to prepare things carefully. 'Non-emergency' surgery is also called 'elective' surgery. There is less risk to you when we do elective rather than emergency surgery.

59. Liver Metastasis

This means that there is a spread of bowel cancer cells to the liver. Treatment of liver metastasis is complicated. We may be able to remove the liver metastasis if it is within a part of the liver that can be removed safely. This surgery is called 'liver resection'. If the cancer has spread throughout the liver we could treat it with 'chemotherapy' (drugs).

Chapter 5: Admission for Surgery

We suggest you read the Introduction (Chapter 1) before you look at this section.

60. Colorectal Ward

This is the ward where you will be cared for if you have to have surgery for your bowel cancer

61. Health Care Assistants

Health care assistants will help the nurses look after you on the ward. For example they will help you wash and dress and also take your pulse, temperature and weight.

62. Occupational Therapist

The occupational therapist checks that you will be able to manage at home when you leave the hospital. He/she will check daily activities like washing and dressing, making a drink, cooking etc. If you need help, he/she may arrange for you to have a special piece of equipment. For example, you may be given a bath seat so you can get into and out of the bath more easily.

63. Physiotherapist

The physiotherapist will teach you exercises to lower your chances of getting a chest infection or blood clots in your legs after the surgery. The physiotherapist will also help you to get up and move about after your operation.

64. Phlebotomist

We will need to take samples of blood from your veins before and after your operation to check how you are doing. A phlebotomist has special skills in taking blood samples from your veins.

65. Surgical Elective Admissions Lounge

This is the place where you come if you are having 'elective' (planned) surgery. The lounge has comfortable seats rather than hospital beds. Here we go through your admission process and prepare you for your operation. You could either go to the operating theatre from the lounge, or onto a ward (with beds) for a short time.

66. Special Stockings (TED stockings)

'TED' stands for 'Thrombo Embolic Deterrent'. These are special stockings that are worn on the legs. They put pressure on

the legs and, by doing this, lower the chance of you getting a blood clot in one of your deep veins (such blood clots are called DVT or Deep Vein Thrombosis). We ask you to wear the stockings because 'Deep Vein Thrombosis' can happen in the legs and pelvis after surgery for bowel cancer.

67. Recovery Room

This is a room near the operating theatre where you will be taken when your operation is over. Here a nurse watches over you until you are well enough to go back to the ward.

68. Drip

A drip is the fastest way to get fluid into your body. We put a small piece of tube into one of your veins and pass fluid through this tube into your vein. You may have a drip connected straight after your operation.

69. Catheter in Bladder

A catheter is a tube we put into your bladder and your urine then passes from your bladder down the tube into a special bag. We then measure the amount of urine in the bag (we use the term 'urine output' or 'catheter output' on the ward rounds). The amount of urine you make is one of the

ways we can tell how well you are recovering from your operation.

70. Wound Dressing

We use a dressing to cover your surgical wound. This helps in the healing of the wound. We use different kinds of dressings depending on the stage of the wound healing.

71. Drain in Abdomen

Sometime we leave a small tube in your abdomen when your operation is over. This tube comes out onto the surface of your body and it drains any extra fluid from inside your abdomen. We monitor the type and amount of the fluid that comes out through the drain. We take the drain out within a few days.

72. Nurse Enhanced Unit

This is a special unit where there are more nurses per patient than on the general wards. This allows the nurses to pay extra attention to a few people who need enhanced care.

73. Dietician

A dietician is an expert on diet and health. She will give you advice about the

best things to eat to help with your nutrition before, during and after your surgery.

74. Clear Fluids

When we talk about ‘clear’ fluids we mean fluids like water. After the operation you may hear the term ‘allow clear fluids’. You then start drinking water and build up to clear soups etc.

75. Soft Diet

This is soft food that you can easily swallow and digest. It includes things like puddings, ice cream etc.

76. Chest infections / Chest Physiotherapy

Sometimes after surgery you can get an infection in your lungs. If this happens it is usually because you are in pain and do not breath as deeply as you would normally do. The physiotherapists will teach you how to breathe more deeply so you use all parts of your lungs.

77. Deep Vein Thrombosis (DVT)

‘Deep Vein Thrombosis’ is a blood clot in a deep vein. It can happen in the legs and pelvis after surgery for cancer of the colon or rectum. We do various things to try

to stop this happening. For example you may wear special stockings and we will give you injections to thin your blood.

78. Preliminary Discharge Letter

When you go home from the hospital we send a handwritten letter to your GP to let him or her know what has happened to you. We then send a typed letter to your GP a few weeks later. This gives your GP much more detail about the care you have had and your recovery.

79. Medication

Medication means any medicine you take as tablets, liquids or by injection.

80. Discharge Lounge

On the day you go home, you are first moved from your ward to a lounge. Here you wait for your medicines to be arranged and for the paper work to be completed so you can be ‘discharged’.

81. District Nurse

This is the formal name for the nurse who may visit you at home to check the progress of your operation wound.

82. Skin Clips

We use clips to close the wound in your abdomen and usually these stay in for about 7 – 10 days before they are removed. We will arrange a time and person to remove the clips before you are discharged.

Chapter 6: After Surgery

We suggest you read the Introduction (Chapter 1) before you look at this section.

83. Consultant Pathologist

The Consultant Pathologist is trained to look at specimens of tissue under a microscope to see if they look normal or not. Usually we have collected the specimen from the lining of the large bowel during an endoscopy. The report the pathologist gives us is called the **'histology report'**. By looking at a piece of tissue the pathologist can tell us if the tissue came from a cancer or not. This helps us to decide whether you have cancer or some other disease.

In addition, when we remove the bowel cancer at an operation we send it to the Pathologist who writes a detailed histology report. This tells us extra information such as how deep the cancer is in the bowel wall and whether it has spread to lymph glands close to the tumour. We use this information to make decisions about what further treatment you may need.

84. Specimen 'Fixed'

When the pathologist receives your specimen of tissue, he has to prepare the specimen and this involves many stages. In the first stage he stabilises the specimen in a special fixative (e.g. formalin). We call this stage of preparation 'specimen being fixed'.

85. Lymph Node Metastasis

This is the name we use to describe tumour cells that have spread to lymph glands near the bowel. We can tell if the tumour has spread to your lymph glands by looking at the piece of bowel we take out of your body under the microscope.

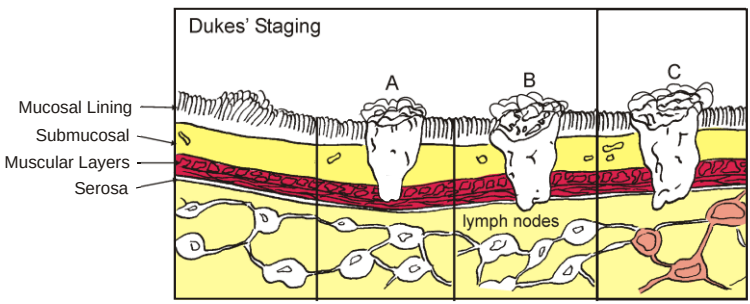
86. Layers of the Bowel Wall

The bowel wall has four layers

- Mucosal lining (innermost lining)
- Submucosal (just underneath the mucosa) lining
- Muscle coat
- Serosal layer (outermost layer)

87. Duke's Staging (described by Cuthbert Dukes)

This is one of the ways we describe what stage your cancer has reached. This system describes three stages called A,B,C.



- A

  This means the cancer is in the superficial layers of the bowel and confined to the muscle coat of the bowel wall.

- B

  This means the cancer has spread through the muscle layer in the wall of the bowel, but not to the lymph nodes (part of the body's drainage system)

- C

  This means that the cancer has spread to some of the lymph nodes

(There is also a modified Duke's staging which includes a fourth stage, D, to describe cancer spread to other areas of the body e.g. the liver or lungs).

88. Follow Up

'Follow up' is the name we use when we see you in the out patient clinic after your surgery to see how you are doing. We will probably ask to see you at regular intervals for about five years after your surgery.

89. Surveillance

This is when we check the lining of your colon to see if new polyps have formed. We do this through a colonoscopy (see number 20).

90. Bowel Polyps

Bowel polyps happen when the lining of the bowel bulges into a mushroom shaped structure. We also call bowel polyps 'colonic polyps' (i.e. polyps of the colon). Large bowel polyps are important as some can turn into cancer. We can find colonic polyps by using a test called **endoscopy** (see number 19). Sometimes we can also

remove colonic polyps during the endoscopy. We call this procedure a ‘polypectomy’.

91. Saturated Animal Fats

These are the fats you find in butter, animal meats etc. They are fats where the carbon atoms of the fatty acids are saturated with (full of) hydrogen ions.

92. Ulcerative Colitis

Ulcerative colitis is one of a group of diseases called ‘Inflammatory bowel disease’ because you get inflammation of your colon (which is called colitis). People who have had widespread ulcerative colitis for more than 10 years have a greater chance of getting colorectal cancer.

93. Crohn’s Disease

This is another disease where you get inflammation of your bowel. It differs from ulcerative colitis because it causes narrowing (or strictures) rather than ulcers. If a person has widespread Crohn’s disease for more than 10 years there is an increased chance of getting colorectal cancer.

94. Patient Advice & Liaison Service (PALS)

This is a service in the hospital which helps you give us feedback, both good and bad. If you have specific concerns about the care you, or a relative or friend, has had it can help to sort out your concerns. The PALS service can also give you and your family information and support.

Contact Details at York Hospital

York Hospitals NHS Foundation Trust
Tel: 01904 631313

Consultant Surgeons' Secretaries
Mr D J Alexander Tel: 01904 725609
Mr I M J Bradford Tel: 01904 725761
Mr S Chintapatla Tel: 01904 725521
Mr S Stojkovic Tel: 01904 725961
Mr N Woodcock Tel: 01904 721154
Mr W Wong Tel: 01904 725968
Mr G Miller Tel: 01904 725523

Colorectal Specialist Nurses
Diane Burwell/ Jenny Evison
Tel: 01904 724126

Specialist Stoma Care Nurses
Jackie Clemit/ Gillian Powell/ Lesley Verill
Tel: 01904 725764

Ileostomy Association
Tel: 01904 633966 or e-mail info@york-ia.org.uk

Colostomy Association
Tel: 01189391537 or e-mail sue@bcass.org.uk

York support group
Tel: 01904 725764 or e-mail
jacqueline.clemit@york.nhs.uk

Selby support group
Tel:01904 724309 or e-mail
barbara.hogg@york.nhs.uk

Endoscopy Unit Tel: 01904 726181

Radiology Appointments
CT – Tel: 01904 725936
MR – Tel: 01904 721017
Barium enema – Tel: 01904 726676

Pre-Assessment Unit
Tel: 01904 725847

Waiting List Department
Tel: 01904 726113

Wards
Ward 16 – Tel: 01904 726016
Ward 14 – Tel: 01904 726014
Ward 11 – Tel: 01904 726011

Cancer Care Centre York Hospital
(complementary therapies, benefits advice, travel advice, range of literature on bowel cancer)
Tel: 01904 726505

Patient Advice and Liaison Service (PALS)
Tel: 01904 726262

York Benefits Office
Tel: 01904 682104

Bowel Cancer UK
Tel: 08708 506050; website www.bowelcanceruk.org.uk

Macmillan Information
Tel: 0808 8082020 (for financial help)

Macmillan Cancer Support
(for advice on all aspects of cancer care and information)
Tel: 0800 500 800; website www.macmillan.org.uk

York Against Cancer
Tel: 01904 764466;website www.yorkagainstcancer.org.uk

Production Team

Srinivas Chintapatla

Srinivas is a Consultant Colorectal Surgeon who treats bowel cancer patients. He works at York Hospitals NHS Foundation Trust and Hull York Medical School. A film buff, he conceived the idea for the DVD, wrote the screenplay, directed and produced it. Srinivas also wrote the booklet that accompanies the DVD.

Martin Whipp

Martin is the technical wizard who did the filming and editing of the DVD. While he was doing this, he worked at York Hospitals NHS Foundation Trust and Hull York Medical School. Earlier this year he was lured to a new life in Australia, where the skies are clearer for him to continue indulging in his passions for astronomy and photography.

Keren Hazelhurst

Keren's experience and love of amateur dramatics made her the ideal choice to play the patient 'Keren Jones' in the DVD. When she is not acting, Keren works as a nurse in the Endoscopy Unit at York Hospitals NHS Foundation Trust.

Lynne Atkinson

Lynne is the Sister of the Pre-Assessment Unit at York Hospitals NHS Foundation Trust. She has two roles in the DVD; not only does she appear as herself but her voice can be heard throughout the DVD as the narrator.

Chris Davey

Chris is a Senior Researcher in the North Yorkshire Alliance Research and Development Unit. She teaches people how to make leaflets easier to read and dislikes words with more than two syllables! She helped to write the booklet in 'plain' English.