

Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or whh-tr.PALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please email whh-tr.patient-information@nhs.net. We will try our best to meet your needs.

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Colorectal Suspected Cancer Pathway

Information for Patients, Relatives and Carers



Why am I receiving this information?

You have been referred on a suspected cancer pathway. Your GP has made this referral as they are concerned that your lower gastrointestinal symptoms could be caused by cancer in your bowel. The purpose of the pathway is to diagnose and treat bowel cancer as quickly as possible. Your GP has told us that you are aware that you could have cancer and that you are available for appointments and tests.

Does this mean I have cancer?

Most patients referred this way do not have cancer. However, it is important that we find any conditions that could need prompt treatment. If you are worried about your appointment, please contact your GP.

A member of the Colorectal team will call you and carry out an assessment over the telephone. In most cases you will not need to be seen in clinic at the hospital but, if a member of the team feels an appointment is needed instead of a telephone call, they will arrange for you to see either a specialist nurse or doctor in the outpatient clinic in the hospital.

They will ask you questions about your symptoms and then book you for the most appropriate test, which a member of the team will explain to you in further detail.

The endoscopy or imaging department will contact you to arrange a date and time for your test. Please ensure you attend your appointment.

What will happen next?

We will inform you of the results of your investigation(s).

Sometimes we will give you the results on the day (Endoscopy). In most cases we will need time to report on the results and review them before we share the outcome with you. We will either post them or arrange an appointment. If there are any concerns about your test results, we will arrange you a face-to-face clinic appointment.

Contact information

Appointments office (Monday to Friday 09:00-17:00)

Direct line: 020 7288 3542

020 7288 3736

Generic Email: twowwbookings.whitthealth@nhs.net

What about COVID-19?

We are doing several things to keep you safe when you come to the hospital. Please wear a mask when attending hospital appointments. Masks are available at the main reception.

You may be asked to complete a screening questionnaire for any COVID symptoms over the phone or when you arrive in the department.

What do I need to do now?

Once you have agreed your urgent appointment, it is important that you attend it, so that your care is not delayed. Please follow any specific instructions included in your enclosed appointment letter or information leaflets. If you do not attend your hospital appointment more than twice, you will be discharged from this care pathway and referred back to your GP for follow up. This is so someone else can have the appointment.

What investigation(s) might I have and why?

The type of investigation we arrange will depend on your symptoms and other factors such as your medical history, your age and your level of fitness. We will let you know which test is most appropriate, explain what the test involves and tell you which investigation(s) we recommend during your appointment. Please ask if you have any questions. It is important that you attend all your investigations and appointments. Not attending could result in your symptoms getting worse and a delay in your treatment if you are found to have cancer.

The four most common investigations we use on the colorectal suspected cancer pathway are detailed over the next two pages.

Colonoscopy

A colonoscopy is a test to look at the inner lining of the whole of your large bowel (colon). A small flexible camera is passed into your back passage and air is used to inflate the bowel to make it easier to see the lining. The bowel needs to be completely empty, so you will be asked to follow a careful diet and take bowel preparation provided to clear the bowel. Polyps (non-cancerous growths) can sometimes be removed during the procedure. The procedure usually takes about 30 to 45 minutes. If needed, biopsy samples will be taken. Intravenous sedation is recommended for this procedure.

Flexible sigmoidoscopy

This test is similar to a colonoscopy but only looks at the left side of your large bowel (colon). The procedure is quick; it usually lasts between ten and fifteen minutes. The bowel needs to be empty so you will be given an enema (an enema is a way of passing fluid into the rectum which stimulates the bowel to work) to use before the examination. Biopsies can be taken. You can have the procedure while you are awake, or if you are feeling anxious you can have with Entonox ('gas and air') or intravenous sedation.

Gastroscopy

A gastroscopy is a test which allows the Endoscopist to look directly at the upper part of your digestive system – the oesophagus (food pipe), stomach and duodenum (top part of the small bowel). The procedure involves passing a thin, flexible tube with a very small camera at the end through your mouth and into your stomach. The procedure takes about five to ten minutes. If needed, biopsy samples will be taken. This test is done if we think there is a problem in the upper part of your digestive system which is causing your symptoms. Throat spray is given for this procedure, and you will be asked if you want intravenous sedation as well.

CT colonography

This involves using a CT scanner to produce images of the large bowel and rectum. It can be used for patients who are not suitable for regular colonoscopy due to other medical reasons. CT colonography can detect some changes such as larger polyps. However, it cannot easily detect flat areas of inflammation or changes in the lining of the bowel, take biopsy samples or remove polyps. Therefore, you may need a colonoscopy or flexible sigmoidoscopy as well. During the procedure, gas is used to inflate the bowel via a thin flexible tube placed in your back passage. CT scans are then performed with you lying on your back, and then on your front. You will be asked to hold your breath for approximately 20 seconds in both positions. To ensure good quality images are produced you will be asked to follow a careful diet and take bowel preparation to clear the bowel.