



Colorectal and peritoneal oncology centre

Day-to-day pathway for CPOC patients

The following information describes the pathway when you come to The Christie for surgery for a peritoneal tumour beginning with the visit to the pre-operative assessment clinic, admission to the ward, what happens on the day of surgery, on the oncology critical care unit, return to the ward and going home.

Pre-operative assessment clinic

Following your outpatient visits, a date for surgery has been arranged and you will attend a pre-operative assessment clinic. We will send you an appointment to this clinic which is run by specialist nurses who will talk to you about your condition, previous medical history, any tablets/treatment you are taking and they will examine you. They will then organise a number of routine tests.

You will have a MRSA (Methicillin Resistant Staphylococcus Aureus) test. This involves taking a simple swab of your nose, throat and perineum (seat area). This is a routine procedure carried out on all patients who come into The Christie and helps to control hospital infections.

Other investigations to prepare you for the operation include blood, heart and lung tests. These tests will help the team assess your fitness for surgery.

The nursing care relating to your operation will be explained and they will give you any relevant information. The nurses will give important advice on:

- exercising before your operation
- stopping smoking
- coughing and deep breathing
- decreasing or stopping your alcohol intake
- healthy diet

Please bring a list of ALL your current medications.

The clinic nurse will also discuss your plans for going home. You will need to make arrangements for family and/or friends to support you when you leave hospital. If this is something you feel you will need assistance with, it is important you let the nurse know at the assessment clinic.

For this operation all patients are routinely seen by a stoma nurse. A stoma is an opening on the tummy wall for waste to pass out of the body. This will have been discussed with you by your consultant. You may see the stoma nurse in the pre-operative clinic or on the ward the day before your operation. **This does not mean you will definitely have a stoma, but with any abdominal surgery, there is a small risk you may need one and it's best to be prepared.**

If, after your appointment, you feel you need to speak to one of the nurses again you may contact them on the following numbers:

Sinead Collins
Andrea Murphy
Stoma nurse service

0161 446 3000
0161 446 3000
0161 445 5001

Bleep: 12804
Bleep: 12623

Day of admission

- You will be admitted to the surgical ward the day before your operation (the time may vary). You can have breakfast on this morning.
- When you arrive at The Christie please go to Oak Road reception and let the receptionist know you are here. A member of staff will then take you to ward 10 for admission.
- The nursing staff will show you around the ward and take you to your bed.
- Be sure to bring comfortable pyjamas / clothes, dressing gown and sensible slippers. You will also need a wash bag. Please do not bring any valuable jewellery or large amounts of money. You are welcome to bring in laptops, iPods, books. Space is limited so a small case is best. It's best to leave valuables at home as The Christie cannot accept responsibility for personal belongings.
- You can leave the ward to go to the relaxation room or the conservatory / garden during the day. Please let your nurse know if you do so as a member of staff may need to contact you at any time during the day or evening.
- After your operation you will go to the oncology critical care unit. This is a standard process and you will be there for close observation. The length of time spent on the unit varies up to a few days depending on your needs. If you would like to visit the unit before your operation please let a member of staff know and they will arrange this. Your belongings will be taken to the unit while you are in theatre.

Bowel preparation

- It is likely that you will be given bowel preparation soon after you arrive on the ward. This is a drink to clear your bowel before your surgery and will make you go to the toilet several times. Once you have had this drink we encourage you to drink fluids only.
- In the afternoon, you will be given a second drink as part of the bowel preparation. Continue to drink clear fluids only, for example weak coffee or tea (with no milk) or weak juice.
- The night before your operation you will be given intravenous (into a vein) fluids to prevent dehydration. You can also sip water throughout the night until 6am. If you take tablets in the morning check with the nurse looking after you before taking them.

Health professionals

- A nurse will weigh you and measure your blood pressure and ask you questions about your health. It may be necessary to take more blood samples.
- Other members of the healthcare team may visit you. This will be assessed on an individual basis before your admission.
- You will be seen by a stoma nurse who will talk things through with you and mark your abdomen.
- A doctor will come and speak to you about the operation and ask you to sign a consent form.
- You will be seen by the anaesthetist usually on the day of your admission. Sometimes it may be on the morning of your operation. They will discuss the anaesthetic and pain relief

with you. The medications for your pain are usually given by an epidural into your back or they can be given through a drip. The anaesthetist will tell you about both options. You will decide together which is the most appropriate for you.

Deep vein thrombosis (DVT) / clot protection

- You will be measured for special stockings which should be worn throughout your hospital stay to prevent blood clots.
- You will also have an injection every evening to thin your blood (Fragmin).

If you have any questions at any time throughout your hospital stay, ask any member of your team. They will be pleased to explain anything that concerns you or your family. You may find it helpful to write questions down so you do not forget.

Counselling and psychological support

You may have difficulty coping with your illness, the effects of your treatment and the effects of surgery on your body and self-image. You may feel low or anxious or find that you are struggling to adjust. If any of these are the case, you may benefit from some extra support from the psycho-oncology team which includes mental health nurses and doctors, counsellors and psychologists.

As part of your care, your team will be able to discuss any issues or concerns you or your family may have as a result of your surgery. If appropriate (with your consent) you could be referred to our psycho-oncology service where you can be offered advice and/or on-going support with your mental health and psychological wellbeing. If you think this service could help you, you can talk to one of the surgical team, who will be able to refer you on if necessary.

Day of operation

- The nurse will wake you early on the morning of your operation. They will measure your blood pressure and stop your intravenous fluids.
- You can have a shower and put on your gown and stockings. Please do not shave your body as this can increase the risk of infection to the skin.
- The nurse will re-start your drip and go through a pre-operative checklist to ensure your safety. The check will be done three times. Once by the night nurse, again by the nurse on duty that morning and a final time by a member of the theatre staff.
- Normally the nurse looking after you will take you to theatre on a hospital trolley. If you would prefer to walk you can do so. Please let your nurse know if you wish this to happen. A family member can accompany you as far as the theatre doors. The normal time for this is 8am to 8:30am.
- After your operation you will go to the recovery unit in theatres for monitoring before transferring to the oncology critical care unit.
- In the oncology critical care unit you will be closely monitored and your allocated nurse will assist with all your needs.
- A limited number of relatives/friends (maximum of 3) may visit you in the evening. However, it is best to keep visits short as you will feel tired and drowsy from the anaesthetic.

Oncology critical care unit (OCCU)

When you are on the OCCU you will be closely observed. You will see equipment that delivers drugs and monitors that display information about your blood pressure, heart rate and rhythm. The machines can be noisy. Please do not be worried as you are being continually observed. The length of time spent on the unit varies from overnight to a few days depending on your needs.

Activity / physiotherapy

- A physiotherapist will come to see you and will listen to your chest and ask you to carry out your deep breathing and coughing exercises. This will help to prevent any chest complications. They will then go through the ten exercises given to you in the booklet you received in clinic. Throughout the day it is important you continue to carry out as many of the exercises given to you by the physiotherapist as you can. These exercises can help to maintain and improve your muscle strength as well as your general mobility and function.
- The physiotherapist will help you to get out of bed, march up and down on the spot and transfer you into a comfortable chair. You will remain in the chair for a few hours and then transfer back into bed with nursing assistance. Weight-bearing exercises are also useful at this time.
- While you are in bed the nurses will help you to change position and do their best to keep you comfortable.

Pain control

- Your pain will be controlled with medications given through an epidural catheter into your back or via an intravenous drip called a PCA (patient controlled analgesia). This will be continuous and you will also have a button to give yourself extra pain relief if needed. You will also have regular intravenous paracetamol as extra pain relief.

Deep vein thrombosis (DVT) protection

- You will receive an injection (which is a blood thinner), wear stockings and, sometimes, inflatable boots (Flowtrons) whilst you are in the OCCU. These measures help reduce the risk of blood clots forming in the legs (DVT).

Other

- If you experience any nausea, we will give you anti-sickness medication (through a drip) to help.
- Your regular medications will be given to you, provided the medical team feel this is appropriate.

Diet

- You will be able to sip water on the first night and following day after surgery.
- You will be given a feed into a drip in your neck with all your nutritional requirements. It is called total parenteral nutrition (TPN). This will be monitored every day by the medical, nursing and nutrition staff.
- As you progress you will be allowed to increase your oral fluid intake.
- On the OCCU, you will probably have a tube in your nose which drains your stomach and helps prevent you feeling sick. This is called a nasogastric tube and is placed whilst you are asleep in theatre. It will not affect your ability to talk or breathe and will be removed once you are drinking.

- You may be fed by the tube in your nose. Your consultant will make this decision.
- The doctors will make the decision to remove the tube from your nose if your nausea has settled and you are beginning to pass wind from your lower end. This shows the bowel is starting to work. They may then start you on a very light diet. For example, jelly, ice-cream or yoghurt. As you improve you can go on to a full diet.

Self-care

- You will be able to bathe your face and upper body and clean your teeth. The nurse will help you with all of your hygiene requirements.

The medical team will review you daily and when everything is stable you will be transferred back to the main ward (ward 10). The nurses will coordinate this and keep you and your family informed.

On the ward

The transfer back to the ward shows you are progressing well. You will continue to be observed closely by nursing staff.

Activity / physiotherapy

- You will be seen by a physiotherapist regularly; however it is important you continue to carry out the breathing / coughing and movement exercises. This will help you move forward much quicker.
- The physiotherapist will begin to increase your walking distance. This will start by walking to the bay door and back or further if you feel you can manage. This is assessed individually.
- It is important for your recovery that you are out of bed for as long as possible during the day.

Pain control

- Your pain will continue to be controlled with medications given through an epidural catheter or through a drip for a few days on your return from OCCU. This will be reviewed daily by the team.
- You will be coming to a stage on the ward where the medications will be given orally and your intravenous / epidural pain relief will be withdrawn. Your needs will be assessed daily by your doctors and the pain team.

Self-care

- It is important at this stage to become more independent. You can sit in the chair and wash your upper body and clean your teeth. The nurse will help you with any other needs.
- We will encourage you to put on your own pyjamas or nightdress.
- Once your drips begin to be removed you may have a shower independently or with the help of a nurse.
- If you have a stoma you will be working with the stoma nurse who will be teaching you how to become independent with emptying and changing your bag.

We'll check your understanding of your progress and answer any questions you have as we go along.

Assessment for home

Your hospital stay is around 10 to 14 days. This is assessed individually depending upon the following:

- eating and drinking normally
- bowels working
- stoma functioning and you are independent
- the physiotherapist assessment as fit for home
- you will be comfortable enough to make the journey home
- you will be independent and able to manage at home

When you leave:

- an outpatient appointment for 6 to 8 weeks time will be arranged
- your GP will be informed of your surgery following your discharge from hospital
- a supply of any medications required will be provided prior to your discharge
- a district nurse may be arranged to assess your wound, or you will be advised to make an appointment to see your GP practice nurse
- if you need a sick note please ask nursing staff. This can only be made for your duration of stay at The Christie. Any further notes need to be from your GP

The colorectal and peritoneal oncology centre

The colorectal and peritoneal oncology centre has an international reputation for treating advanced and early colorectal cancer, appendix tumours, peritoneal tumours, anal cancer and tumours within the pelvis.

If you have a query regarding our service, please contact **0161 446 8051**.

If you know the name of your consultant, please contact their secretary directly:

Consultants: Miss S T O'Dwyer Mr M S Wilson Mr P E Fulford Prof A Renehan Mr C R Selvasekar Mr O Aziz Miss A Minicozzi	Contact: Eve Kennerley 0161 446 8311 Gill Harrison 0161 446 3366 Rebecca Brown 0161 918 7352 Bev Tyrrell 0161 918 2189 John Lupea 0161 918 2310 Laura Elliott 0161 918 2057 Marion McKenna 0161 918 2391
Clinical Nurse Specialists: Rebecca Halstead Rachel Connolly Lisa Wardlow Sarah Wemyss	Contact: 0161 918 7096 / 07766 780952 rebecca.halstead@christie.nhs.uk 0161 918 7859 / 07785 725629 rachel.connolly@christie.nhs.uk 0161 918 7183 / 07826 892213 lisa.wardlow@christie.nhs.uk 0161 918 2097 / 07824 373 785 sarah.wemyss@christie.nhs.uk Fax: 0161 918 7078
Service Manager: Hannah Rogers	

Working hours are 8am to 4pm (at other times please leave a message).

Key worker

Your key worker (nurse) can be contacted on

If your key worker is not available, please leave a message on the answering machine with your name, date of birth and telephone number. All messages will be responded to as quickly as possible, but this may not always be on the same day.

If you have any problems after your operation, please contact Ward 10 on 0161 446 3860.

Further information

For information about the colorectal and peritoneal oncology centre visit www.christie.nhs.uk/cpoc

Christie information

The cancer information centre at The Christie in Withington stocks a wide range of booklets free to patients, their families and carers and offers a free confidential service for anyone affected by cancer. Contact **0161 446 8100**.

Complementary therapy and smoking cessation

There is an outpatient drop-in service at The Christie on Tuesday and Thursday from 4pm. Contact directly by calling **0161 446 8236** or **0161 918 7175**.

Maggie's centre

The centre provides a full programme of practical and emotional support, including psychological support, benefits advice, nutrition and head care workshops, relaxation and stress management. Contact Maggie's on **0161 641 4848** or email manchester@maggiescentres.org

Macmillan Cancer Support

This is a national charity offering advice and support. Call the freephone helpline **0808 808 0000** (Monday to Friday, 9am to 8pm) or if you are hard of hearing, use the textphone **0808 808 0121**. Macmillan Cancer Support publish booklets which are free and available on their website www.macmillan.org.uk

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence. If you would like to have details about the sources used please contact **patient.information@christie.nhs.uk**

For more information about The Christie and our services, please visit **www.christie.nhs.uk** or visit the cancer information centres at Withington, Oldham or Salford.

Contact The Christie Hotline for
urgent support and specialist advice

**The Christie Hotline:
0161 446 3658**

Open 24 hours a day, 7 days a week

The Christie NHS Foundation Trust
Wilmslow Road
Manchester M20 4BX
T: 0161 446 3000
www.christie.nhs.uk

The Christie Patient Information Service
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