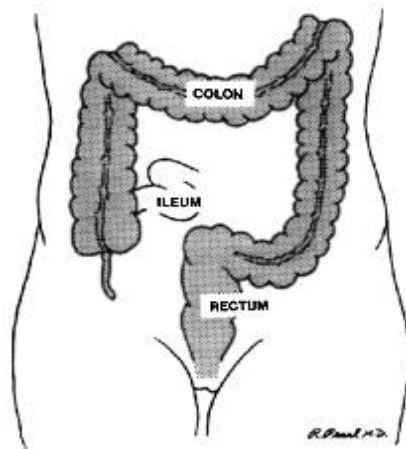


Patient information for urgent 'bowel' clinic referrals

This information sheet explains why your GP has referred you to hospital, what it means and what you need to do



This information sheet is to help you understand the reason for your urgent or “two week wait” referral to hospital and what will happen next. It is important to remember that being referred as a “two week wait” to a specialist does not necessarily mean that you have cancer. If there are words that you don’t understand please look at the back of this leaflet where we have tried to explain them.

Why have I been referred urgently to hospital?

Your GP believes that you may have a problem with your bowels and has referred you to the hospital to have some tests or to see a bowel specialist urgently. Bowel symptoms are VERY COMMON and there are many causes. Most are not serious but we usually test for bowel cancer first.

GPs diagnose and treat many illnesses themselves; however, they occasionally need to arrange for you to see a specialist hospital doctor. This could be for a number of reasons, such as:

- Your symptoms need further investigation
- The treatment already prescribed has not been effective

- Investigations your GP arranged have shown some abnormal results
- To be sure it is not a serious disease

There are national guidelines for your GP to use to make a decision about whether to refer you for an appointment within two weeks.

Your GP has referred you as a “two week wait” referral. This means that you will be offered an appointment or test within two weeks of your GP referring you. This is so that bowel cancer can be either ruled out or found as quickly as possible.

This booklet contains answers to some questions you might have about your referral for bowel problems. It also explains what to expect when we contact you and following this, when you attend the hospital for your tests/appointments.

What will happen now?

Your doctor has referred you to a specialist team known as the **Colorectal Team**. The doctors and nurses in this team look after people who have bowel symptoms and carry out investigations to find out what is causing them.

We know that talking about your bowels can be embarrassing but members of the specialist bowel team (also known as the Colorectal Team) are very used to this subject. Try not to feel embarrassed or uncomfortable about discussing your symptoms or asking questions. Don't be afraid to use the terms that you usually use for your bowels such as “poo”.

Your GP has asked for you to have a hospital appointment within two weeks. Depending on your symptoms you will be offered one of the following:

1. **A face to face out-patient appointment** to see a specialist. The hospital will contact you and agree an appointment to attend the clinic to be reviewed by the specialist medical team
2. **A telephone assessment** by a specially trained bowel nurse who will advise the most appropriate test for you. The specialist nurse will ask you questions about your health, your symptoms and your personal circumstances and then advise which test is the best for you and explain why. We will also talk to you about what we think might be causing your symptoms. You will then be given an appointment for this test.
3. In some instances, the hospital may **offer to send you straight for a test** without the need for an assessment first. This may occur if there are no other health conditions to take into consideration when planning tests. The investigation may involve a camera examination of the bowel (endoscopy) or a CT scan. Further details of the investigation will be provided when the hospital contacts you with a date for your tests. It is at this stage that you will be informed what you need to do, if anything, to prepare for the test. With this type of appointment, you will not be seen by the specialist team in the clinic or assessed by a specialist nurse first.

Does this mean I have cancer?

No it does not. The “two week wait” appointment system was introduced so that a specialist would see any patient with symptoms that might indicate cancer as quickly as possible. The majority of patients referred under the “two week wait” appointment system do not have cancer but a simple, or benign, condition.

What test am I likely to need?

Different tests give us different information about you and your bowels. The most common tests that the bowel team uses are:

- Flexible Sigmoidoscopy
- Colonoscopy
- CT Colonography
- CT scan
- MRI scan
- Ultrasound scan

These tests are explained in the glossary at the back of this booklet.

You are likely to be sent for one (or sometimes more) of these tests. The department where the tests are carried out will then send you an appointment letter and more information about the test, including the risks and benefits of the test and information on how to prepare your bowel for the test.

What if I choose not to have the tests that are recommended?

You can discuss this with the Colorectal Specialist at your telephone assessment appointment. If you still do not feel you want to proceed with the tests you should then discuss this with your GP.

What happens after I have had my investigation or test?

1. In some cases, we will be able to tell you there and then what we think has been causing your symptoms and offer you treatment straight away or refer you on for treatment.
2. We may need to refer you on for further tests if we have not found the cause of your symptoms. These could be blood tests or further x-rays, endoscopy tests or scans (see glossary).
3. If your test was carried out in the x-ray department the bowel team will contact you either by telephone or letter with the results and a follow up plan. Please contact us if you have not heard anything within a few weeks of your test.

Useful tips before your appointment

Think about your symptoms carefully before your telephone assessment. These are the questions you may be asked, so it will be helpful if you can prepare your answers in advance.

Your symptoms

- What has been happening with your bowels?
- How long have the symptoms been going on?
- Are they continuous or do they come and go?
- Is there a pattern? E.g. same time of day, before or after meals etc.

Change in your lifestyle

- Have you changed your diet or exercise?
- Have you recently felt stressed?
- Have you been overseas lately?
- Have your friends, family or colleagues had similar problems?
- Are you on any new medication?

Your medical history

- Have you had any bowel or digestive problems in the past?
- Have you had any operations?
- Do you have any cardiac (heart) past medical history?
- Do you take any blood thinning medicines?
- Are you diabetic? If so, do you take tablets or insulin?

Family medical history

- Have any of your family members had cancer, especially bowel cancer?
- Have any of your family members had a bowel disorder e.g. Crohn's disease or colitis?

Your personal circumstances

- Do you live alone?
- How mobile are you / do you need help getting around?
- What support do you have around you?
- Are you currently working?
- Do you have any special communication needs?
- Do you have any transport issues?

Finally, remember

Most people with bowel symptoms **don't** have cancer but it is important to have your symptoms checked out. The cause is often something minor, like piles or irritable bowel syndrome.

If you are unsure or do not understand something you are told, **PLEASE ASK**. We are unable to help you if we do not know your concerns.

What do I need to do know?

- Make sure that your GP surgery has your correct address and telephone number (including a mobile phone number, if possible). If the hospital is not able to make telephone contact, an appointment letter will be sent in the post which may delay your appointment
- Make sure you inform the GP if you need help with communication such as an interpreter
- Your appointment or test will then be arranged depending on the information provided by your GP.
- Contact your GP surgery if you have not been contacted by the hospital within one week of the appointment with your GP.
- It is really important that you are available to attend the hospital for your appointment or test within two weeks of your GP referring you.
- Let the hospital know immediately if you are unable to attend your appointment so that the appointment can be offered to someone else. It is important that you arrange an alternative date and time when cancelling this appointment.
- At the end of your first appointment the hospital staff will give you more information about what will happen next.
- Please feel free to take someone with you to the appointment, you may find this helpful. Do not feel that you have to be alone.
- Following the test you will be informed of the results. Sometimes this is on the day of the test but this depends on what test you have had. Otherwise you will be informed by letter, phone call or at an outpatient appointment depending on what the tests show.

Further Information

You may wish to access the website or helplines below for more details

Bowel Cancer Care UK <https://www.bowelcanceruk.org.uk/about-bowel-cancer/diagnosis/visiting-your-gp/>

Beating Bowel Cancer 08450 719301 or 020 8973 0011

Macmillan Cancer Support 0808 808 00 00

Cancer Research UK 0808 800 4040

Glossary: explaining the terms we use

Colo - refers to the large bowel (known as the colon)

Colonoscopy - a thin flexible telescope with a camera on the end that is inserted into the bowel via the back passage and the whole of the large bowel is examined. You will be sent some strong clear out powders to take the day before this test. You are given a sedative injection for this test.

Computerised Axial Tomogram (CT scan) - a special scan where a doughnut shaped x-ray machine takes cross sectional x-ray pictures of you while you lie on a table. You will be given a special dye injection and asked to drink some special contrast fluid when you come in for this test.

CT Colonography - sometimes called virtual colonoscopy. This is a special CT scan that uses a CT scanner to produce very detailed pictures of the inside of the colon and rectum following a dye drink or sometimes with strong clear out powders the day before the test.

Flexible Sigmoidoscopy - a thin flexible telescope with a camera on the end that is inserted into the bowel via the back passage and the lower of the large bowel is examined. You will be sent some clear out tablets to take the day before this test.

Magnetic Resonance Imaging (MRI scan) - this involves lying in an open ended metal cylinder while detailed x-ray pictures are taken of you.

Proctoscopy - Examination of the back passage (anus and rectum) with a small plastic telescope.

Rectal - refers to the rectum (lowest part of the large bowel nearest the back passage).

Ultrasound scan - a scan that uses sound waves to examine your insides. This is similar to the type of scan that women have in pregnancy.

This leaflet was developed jointly by London Cancer, London Cancer Alliance, London Patient Groups and Transforming Cancer Services Team for London.