Nursing interventions for colorectal cancer

Dr Claire Taylor
Macmillan Consultant Nurse
St Mark’s Hospital, London, UK.
Contents

• What are the essential components of the nursing role when caring for these patients?
• What are the concerns of those affected by colorectal cancer?
• What are the consequences of colorectal cancer treatments?
• How do we recognise them?
• What can we do about them?
Essential aspects of the nursing role

• Have an insight into each patient’s experience of their disease, treatment and side-effects.
• Provide information and education to the patient/family
• Be the point of contact for them - act as case managers.
• Act in the best interest of the patient and their family to help coordinate the diagnosis, treatment and after-care of a person with CRC.
• Represent the patient’s psychosocial needs and preferences within the MDT.
• Help make referrals to other services, such as to a psychologist if there is a concern about distress.

ECCO Essential Requirements for Quality Cancer Care: Colorectal Cancer
How do you identify concerns following a diagnosis of colorectal cancer?
Holistic Needs Assessment to address concerns

---

### London Holistic Needs Assessment

For each item below, please select yes or no if they have been a concern for you during the last week, including today. Please also select discuss if you wish to speak about it with your health professional.

Choose not to complete the assessment today by selecting this box □

<table>
<thead>
<tr>
<th>Date:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Hospital/NHS number:</td>
<td></td>
</tr>
</tbody>
</table>

#### Practical concerns

- Caring responsibilities
- Housing or finances
- Transport or parking
- Work or education
- Information needs
- Difficulty making plans
- Grocery shopping
- Preparing food
- Bathing or dressing
- Laundry/housework
- Family concerns
- Relationship with children
- Relationship with partner
- Relationship with others

#### Physical concerns

- High temperature
- Wound care
- Passing urine
- Constipation or diarrhoea
- Indigestion
- Nausea and/or vomiting
- Cough
- Changes in weight
- Eating or appetite
- Changes in taste
- Sore or dry mouth
- Feeling swollen
- Breathlessness
- Pain
- Dry, itchy or sore skin
- Tingling in hands or feet
- Hot flushes
- Moving around/walking
- Fatigue
- Sleep problems
- Communication
- Personal appearance
- Other medical condition

---

10th ESO-EONS Masterclass in Oncology Nursing
What are colorectal cancer patient’s concerns?

Local and national evidence:
- eHNA data
- Colorectal Cancer Patient Experience Survey
- Quality of Life of colorectal cancer survivors in England (2015)

Top ten reported concerns
1. Worry, anxiety or fear
2. Information needs
3. Fatigue
4. Constipation or Diarrhoea
5. Making plans
6. Pain
7. Sleep problems
8. Tingling in hands and feet
9. Work or education
10. Other medical condition
Nursing interventions which decrease worry

- Informed consent prior to treatment
- Assessment of need
- Adequate information & explanation
- Symptom management
- Post-treatment monitoring – supported self-management
Nursing interventions along the care pathway
The process of recovery: restoring embodied control
Fear of recurrence in colorectal cancer survivors

José A. E. Custers¹ · Marieke F. M. Gielissen¹ · Stephanie H. V. Janssen² · Johannes H. W. de Wilt² · Judith B. Prins¹

Received: 6 March 2015 / Accepted: 31 March 2015 / Published online: 20 May 2015

Abstract

Purpose Although long-term survivors generally report a fear of recurrence (FCR), it remains an important issue. This study investigated whether the Cancer Worry Scale (CWS) can detect high FCR, the prevalence, and characteristics of FCR in CRC survivors.

Methods Two hundred and eleven patients who had undergone successful CRC surgery in the period 2003–2010 in the Radboud University Medical Center in the Netherlands were asked to participate. All patients were sent an information letter plus questionnaires for collecting information on demographic and medical variables, FCR, distress, and quality of life.

Results Seventy-six patients (36%; median age of 67.7 years; range 41–88 years) completed the questionnaires a median of 3 months after surgery. High FCR was detected by the CWS in 17% of patients.

Keywords Fear of cancer recurrence · Quality of life · Colorectal cancer · Oncology

Introduction

Early detection and improved cancer treatment have increased the survival rate of colorectal cancer (CRC) over the past decades [1]. This has made it important to pay attention to the way survivors deal with chronic or late effects of the
What are colorectal cancer patient’s concerns?

Local and national evidence:

- eHNA data
- Colorectal Cancer Patient Experience Survey
- Quality of Life of colorectal cancer survivors in England (2015)

Top ten reported concerns

1. Worry, anxiety or fear
2. Information needs
3. Fatigue
4. Constipation or Diarrhoea
5. Making plans
6. Pain
7. Sleep problems
8. Tingling in hands and feet
9. Work or education
10. Other medical condition
What is anterior resection syndrome?

Cluster of bowel symptoms:
- urgency
- frequency
- incomplete evacuation
- fragmentation of stools
- faecal incontinence

(Taylor and Bradshaw, 2015; Bryant et al 2013; Desnoo and Faithfull, 2006; Pachler and Wille-Jorgensen, 2010).
Causes of ARS

1. Direct surgical trauma to the sphincters with possible alteration in innervation and muscle strength
2. Reduction in the anal resting pressure
3. Abolition of the recto-anal inhibitory reflex
4. Reduction in rectal capacity
5. Reduction in rectal
6. Change in the anorectal angle
7. Reduction in pelvic floor musculature strength
8. Less effective sampling reflex due to change in sensitivity in the upper anal canal
Patient experience: Tied to the toilet

Lack of daily routine - Unpredictability

Coping Emotionally - Feeling vulnerable

Coping practically - Padding up and muddling through

No-one to call upon

A totally unexpected part of the trajectory

Taylor and Bradshaw 2013.
Nursing approach

- Dietary modification and exclusion
- Pharmacotherapy - medications patients already take and what medications we can suggest to ameliorate symptoms
- Behavioural Therapy - education, urge resistance, bowel pattern, pelvic floor and/or sphincter exercises
- Skin care/ pad usage
- Complimentary therapies
Patient teaching

- Describe anatomical changes
- Explain defecation process, toilet position
- New normal concept
- Sphincter exercises
- Approach used
- Reassurance that improvements can be achieved

Give written information!
Urge resistance

- Routine has to fit in with lifestyle and should be individually tailored
- Urge resistance should be practised at home (sometimes on the toilet to start!)
- Gradually retraining bowel to ‘hold on’
- Building confidence in their ability to control
- May need anal physiology - balloon sensation
Pelvic Floor Exercises

1. Squeeze the anus and vagina as tight as you can
2. Pull them both up as if you are picking up 2 coins
3. Now pull in the lower abdomen (everything below the umbilicus)
4. Hold for 5 seconds
5. Relax for 5 seconds & repeat!
Managing the worry

Feelings (Physical)

Loose bowel motions

Anxiety

Urgency

Incontinence

Negative thinking

Fear
What are colorectal cancer patient’s concerns?

Local and national evidence:
• eHNA data
• Colorectal Cancer Patient Experience Survey
• Quality of Life of colorectal cancer survivors in England (2015)

Top ten reported concerns
1. Worry, anxiety or fear
2. Information needs
3. Fatigue
4. Constipation or Diarrhoea
5. Making plans
6. Pain
7. Sleep problems
8. Tingling in hands and feet
9. Work or education
10. Other medical condition
Incidence of peripheral neuropathy

- 2 patients developed PND after completion despite having no symptoms
- 57% adjuvant patients reported chronic PND at 6 and 12 months
- 18% palliative patients reported PND at 6 and 12 months

Associated with a higher dose of oxaliplatin

Storey et al 2010,
Chemotherapy-induced Peripheral Neuropathy interventions

Information and support to self-manage

Treating the underlying cause
- Vitamin B12 deficiency, Pyridoxine 50mg TDS
- Treating neuropathic pain with analgesia and neuropathic agents
- Physio / OT to optimise function and improve pt experience.
- Complimentary therapy

Tanay et al 2015
How do colorectal cancer patient’s concerns correlate with known treatment effects?

<table>
<thead>
<tr>
<th>PHYSICAL</th>
<th>MENTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUBJECTIVE</strong></td>
<td><strong>OBJECTIVE</strong></td>
</tr>
<tr>
<td>Feelings of tiredness with a physical appearance, e.g.,</td>
<td></td>
</tr>
<tr>
<td>- heavy feeling in the body</td>
<td></td>
</tr>
<tr>
<td>- heavy feeling in the head</td>
<td></td>
</tr>
<tr>
<td>- tensed feeling in the body</td>
<td></td>
</tr>
<tr>
<td>- mild pain somewhere in the body</td>
<td></td>
</tr>
<tr>
<td>Any practice induced reduction in the ability to exert muscle power or force, attributable to</td>
<td></td>
</tr>
<tr>
<td>- impairment of muscle fibres, or</td>
<td></td>
</tr>
<tr>
<td>- a decline in motorneuron input.</td>
<td></td>
</tr>
<tr>
<td>Feelings of tiredness with a &quot;mental flavour&quot;, e.g.,</td>
<td></td>
</tr>
<tr>
<td>- tired - mild sadness.</td>
<td></td>
</tr>
<tr>
<td>- tired - cannot think straight.</td>
<td></td>
</tr>
<tr>
<td>- tired - relaxed in a pleasant way.</td>
<td></td>
</tr>
<tr>
<td>- tired - tensed and irritable.</td>
<td></td>
</tr>
<tr>
<td>- heavy feeling in the head.</td>
<td></td>
</tr>
<tr>
<td>Any practice induced reduction in the ability to perform mental work, e.g.,</td>
<td></td>
</tr>
<tr>
<td>- inability to concentrate on a lecture.</td>
<td></td>
</tr>
<tr>
<td>- slowness in the course of thinking.</td>
<td></td>
</tr>
<tr>
<td>- learning and memory difficulties.</td>
<td></td>
</tr>
<tr>
<td>- lack of creative force in thinking.</td>
<td></td>
</tr>
</tbody>
</table>
Treatment consequences

**Functional**
e.g. stomas mobility

**Physical**

**Psychological**
e.g. anxiety changes in body image

**Malignant**

**Non Malignant**

**Immune**

**Endocrine**

**Organ specific**

St Mark’s Hospital and Academic Institute
Potential long-term & late effects:

<table>
<thead>
<tr>
<th>Surgery</th>
<th>Radiotherapy</th>
<th>Chemotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stoma</td>
<td>Pelvic necrosis</td>
<td>Hypertension</td>
</tr>
<tr>
<td>Bowel and urinary incontinence</td>
<td>Hip osteoporosis</td>
<td>Thromboembolic events</td>
</tr>
<tr>
<td>Sexual dysfunction</td>
<td></td>
<td>Heart failure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cardiac ischaemia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Peripheral neuropathy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cognitive dysfunction</td>
</tr>
</tbody>
</table>

Khan et al BJC 2011
## Top physical needs after treatment

Rank order of symptom at each time-point (1 = highest %)

<table>
<thead>
<tr>
<th>Time from surgery*</th>
<th>3 months n=548</th>
<th>9 months n=585</th>
<th>15 months n=539</th>
<th>24 months n=491</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ranked Concerns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Urinary frequency (48%)</td>
<td>Impotence (51%)</td>
<td>Impotence (47%)</td>
<td>Impotence (45%)</td>
</tr>
<tr>
<td>2</td>
<td>Impotence (47%)</td>
<td>Urinary frequency (37%)</td>
<td>Urinary frequency (32%)</td>
<td>Urinary frequency (34%)</td>
</tr>
<tr>
<td>3</td>
<td>Fatigue (38%)</td>
<td>Fatigue (33%)</td>
<td>Stool frequency (24%)</td>
<td>Fatigue (24%)</td>
</tr>
<tr>
<td>4</td>
<td>Insomnia (26%)</td>
<td>Stool frequency (26%)</td>
<td>Fatigue (23%)</td>
<td>Stool frequency (22%)</td>
</tr>
<tr>
<td>5</td>
<td>Stool frequency (25%)</td>
<td>Flatulence (23%)</td>
<td>Flatulence (22%)</td>
<td>Flatulence (20%)</td>
</tr>
</tbody>
</table>

Data from **ColoREctal Wellbeing (CREW) cohort study**
Patterns of change

Impotence

Stool frequency

Fatigue

Urinary frequency

PLOS one CREW trajectories
paper in press
How might you identify change (consequences of cancer and its treatment) after treatment?

- HNA
- Patient Experience Survey
- PROM: Quality of Life measure
- Patient self-report?
- Electronic recording
- Telephone assessment
- Face to face clinical consultation
Monitoring

Alert symptoms that require referral back to specialist team and may need further investigation:

• Continuing pain that does not go away with usual painkillers, or is severe, or is persistent more than 2 weeks
• Unexplained lumps, bumps, or swellings around your scar or stoma
• Unexplained change in normal bowel habit - especially if you are waking up in the night with loose stools
• Unexplained loss of appetite, weight loss or increasing abdominal girth
• Any new and unexplained bleeding from your back passage or from your stoma, or in your urine
• Unexplained shortness of breath or cough which lasts for more than a few weeks
• Bleeding or discharge from your wound site
‘Possible treatment toxicities and / or late effects’ section with colorectal specific content.

<table>
<thead>
<tr>
<th>Rectal Surgery:</th>
<th>B. After Radiotherapy:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Change in bowel habit that may include diarrhoea, constipation, excessive wind or difficulty controlling bowels.</td>
<td>• Change in bowel habit that may include diarrhoea, constipation, excessive wind or difficulty controlling bowels.</td>
</tr>
<tr>
<td>• Abdominal pain</td>
<td>• Abdominal pain.</td>
</tr>
<tr>
<td>• Urinary incontinence/difficulty controlling bladder.</td>
<td>• Sexual Dysfunction – in particular impotence in men and dryness and shrinkage of the vagina.</td>
</tr>
<tr>
<td>• Fatigue.</td>
<td>• Urinary incontinence/difficulty controlling bladder.</td>
</tr>
<tr>
<td>• Fear of Cancer coming back.</td>
<td>• Fatigue.</td>
</tr>
<tr>
<td>• Concentration and memory problems.</td>
<td>C. After Chemotherapy:</td>
</tr>
<tr>
<td>• Appetite or taste change.</td>
<td>• Peripheral Neuropathy – tingling and numbness in fingers and toes which may take up to 3 years improve</td>
</tr>
<tr>
<td>• Wound infection</td>
<td>• Concentration and memory problems.</td>
</tr>
<tr>
<td>• Hernia (weakness in the abdomen at the site of the wound)</td>
<td>• Appetite or taste change</td>
</tr>
<tr>
<td>• Bowel Obstruction (blockage) (Abdominal pain, distension, vomiting and bowels not working).</td>
<td>• Fatigue</td>
</tr>
</tbody>
</table>

*Please report to your doctor if it lasts more than few hours.*

<table>
<thead>
<tr>
<th>Men</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Some may have difficulty getting or keeping an erection, and may notice changes in the physical and emotional feelings associated with sex.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Women</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Vaginal dryness and discomfort, and may notice</td>
<td></td>
</tr>
</tbody>
</table>

| | |
| | |

St Mark’s Hospital and Academic Institute
Recognition

Ask trigger questions
The following questions should be asked regularly to any patient you suspect may be at risk of GI problems after cancer treatment. If the answer is “yes” to any of the following further assessment and advice is required.

- Are you woken up at night to have a bowel movement?
- Do you need to rush to the toilet to have a bowel movement?
- Do you ever have bowel leakage, soiling or a loss of control over your bowels?
- Do you have any bowel symptoms preventing you from living a full life?

Use the Bristol Stool Chart to clarify exactly what patients mean.
New guidance available early 2016.

Nearly 43,000 people a year are diagnosed with a colorectal cancer in the UK. With treatment, 60% of them will survive for more than five years. Whilst the majority will not develop any long-term effects, many will develop acute consequences of treatment.

At Macmillan, we produce guidance for specialists, generalists and patients. Our new guidance will be available in December 2015 and will be a valuable resource for any healthcare professional involved in the treatment of patients with colorectal or anal cancer.

It will detail ways you can support people living with and beyond colorectal cancer, with a focus on the long-term effects of treatment, such as bowel problems and skin reactions.
The multidisciplinary team

Can you easily refer to:
Stoma care nurse specialists
Dieticians
Physiotherapists
Incontinence specialists
/Bowel biofeedback team
Acute and chronic pain clinics

Have you developed referral pathways to ensure your patients can easily receive care from the right teams?
Conclusions

• Common concerns: emotional – worry; fear of recurrence, loss of control

• Physical - bowel, urinary and sexual symptoms: fatigue; peripheral neuropathy; sleep problems.

• Proactive nursing management across the pathway

• Range of evidence-based interventions available
References

• Storey, DJ, Colvin, L, Scott, AC, Boyle, D, Green, L, Jones, AP & Fallon, M 2010, 'Treatment of chemotherapy-induced peripheral neuropathy (CIPN) with topical menthol: A phase 1 study' Journal of Clinical Oncology, vol 15s, 9129.