

Patient information for urgent bowel clinic referrals

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

Why have I been referred urgently to hospital?

Your GP feels your bowel symptoms need further investigation to rule out the possibility of cancer. You can expect to be seen quickly to find out what is wrong with you.

Does this mean I have bowel cancer?

There are many common bowel conditions that your symptoms could be linked to, including the possibility of cancer. Most people who have an urgent referral don't have cancer. However, it is important to attend your appointment because if cancer is diagnosed, ensuring a diagnosis is made early means treatment is likely to be more effective.

Because this referral is urgent, you will be offered an appointment with the hospital within two weeks, but it may be earlier. You may need to be available for further tests over the next four weeks.

What do I need to do?

- Your GP may have asked you to do a poo test called 'FIT' (Faecal Immunochemical Test), as part of the investigation of your symptoms. This test looks for the presence of blood in the stools (poo) where it is in too small amounts to be visible. Read through the accompanying instructions carefully before you complete the test, and return this to your GP practice as soon as possible.
- Make sure your GP has your correct address and telephone number including a mobile number if you have one as the hospital may contact you by telephone.
- If you are unable to attend appointments within the next four weeks, please tell your GP.
- If you require a translator, have access needs, or would like a female consultant, please let the hospital know when they contact you.
- If you have not received an appointment from the hospital within two weeks, please contact your GP practice. Or, if you know the hospital where you have been referred, you can contact their [Patient Advice and Liaison Services \(PALS\) department](#).
- If you feel your symptoms or condition is worsening, then it is very important that you contact your GP surgery to discuss.

What will happen at my appointment?

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. Be prepared that these appointments may take a few hours depending on waiting times and which tests you require.
2. **A telephone assessment or video call** with a specially trained bowel nurse to find out more about your symptoms and advise the best test for you. They will also talk to you about what they think might be causing your symptoms. **Please note:** *You must notify the clinician if you intend to record the call or include a friend or family member on the call.*
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 so please follow the instructions carefully.

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".

You will be contacted about the outcome of your tests within 28 days of your referral. In some cases, the hospital will be able to tell you there and then what they think has been causing your symptoms and offer you treatment straight away or refer you on for treatment. Please contact the hospital if you have not heard anything within a few weeks of your test.

You may want to bring a friend or family member with you to appointments, as it may be helpful for support or if you have concerns about understanding what the medical team will discuss with you. Please check your appointment letter for guidance about visitors.

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 leaflet. 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.

Useful tips before your appointment

These are the questions you may be asked at your telephone assessment/appointment, 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.**

Further Information

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

Macmillan Cancer Support 0808 808 0000

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 like the type of scan that women have in pregnancy.

This leaflet was updated by the London Patient Group and Transforming Cancer Services Team for London.

An approximate timeline for your investigations and results are given below but may be longer if your symptoms are complex or you require multiple tests.

