

SWAG Cancer Alliance GP Treatment

Summary: Thoracic Surgery

National Cancer Survivorship Initiative (NCSI) - Working in Partnership



Department of Health



Name	Born	Gender	Hospital No	NHS No
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Diagnosis:	Information will already be in Place	
Date of Diagnosis:		
Organ/Staging:		
Treatment Aim:	Drop Down Options: Curative	Indicate from drop down treatment plan
Treatment Aim Comments:		
This treatment summary relates to the completion of thoracic surgical treatment only and discussion in the specialist thoracic surgery MDT. It may change with subsequent consultations and if so you will be notified by the consultant or thoracic surgery clinical nurse specialist.		
Local/Distant		
Summary of treatment and relevant dates	Need to state – Operation, Side of Operation, Date of Operation, Postoperative Complications and Histology if not already in place	

Comments:
<p>The following to be used for all patients UNLESS YOU STATE OTHERWISE:</p> <p>In future may be at risk of:</p> <p>Short term:</p> <ul style="list-style-type: none"> • Pain which may be musculoskeletal or neuropathic in nature and should settle within a few weeks. Some patients are left with chronic neuropathic symptoms. • Wound infection (usually within the first week) Contact your GP/practice nurses if you notice any purulent discharge, redness and pain. • Constipation may occur as a side effect of opiate analgesia. Laxatives have been prescribed. • Breathlessness is common for the first few weeks and is multifactorial in aetiology. This should improve with exercise. • Fatigue is extremely common but should improve with time. • Venous thromboembolism is possible in the first 4 weeks. <p>Longer Term:</p> <ul style="list-style-type: none"> • Chronic neuropathic pain • Breathlessness when going up hills
Alert symptoms that require referral back to specialist team
<p>The following will be automatically inserted UNLESS YOU STATE OTHERWISE:</p> <ul style="list-style-type: none"> • Acute, sudden breathlessness • Unmanageable neuropathic pain • Patients who have been discharged home with a chest drain (a plastic tube in their side draining air or fluid) and experience problems with the drain should contact the thoracic CNS or surgical team. (See contact details below)

Secondary Ongoing Management Plan (Tests Appointments etc.)

Select appropriate follow-up schedule from list below:

Surgical follow up after resection of primary lung cancer

For all patients from UHBristol and North Bristol:

- 2-3 weeks - Consultant OPA
- 4 months - CNS OPA + CXR and holistic need assessment
- 8 months - CNS OPA + CXR
- 12 months - CNS OPA + CT scan
- 18 months - CNS OPA + CXR
- 2 years - CNS OPA + CT scan
- 3 years - CNS OPA + CT scan
- 4 years - CNS OPA + CT scan
- 5 years - CNS OPA + CT scan and discharge if stable

Patients from other Trusts are followed up by Thoracic Consultant

Surgical follow-up after resection of neuroendocrine tumours:

Typical Carcinoid

- 2-3 weeks post-surgery. Consultant appointment with chest X-ray
- 6months. Thoracic CNS with chest X-ray
- Year 1: CT scan + Thoracic CNS
- Year 4: CT scan + Thoracic CNS
- Year 7: CT scan + Thoracic CNS
- Year 10: CT scan + Thoracic CNS
- Year 13: CT scan + Thoracic CNS
- Year 15 : CT scan + Thoracic CNS

Yearly appointments in between scans with Thoracic CNS can be face to face or telephone. The patient is offered the choice

Atypical Carcinoid

- 2-3 weeks post- surgery. Consultant appointment with X ray.
- CT scan annually for five years, then 2 yearly to 15 years (local agreement)

Yearly appointments in between scans with Thoracic CNS can be face to face or telephone. The patient is offered the choice

Advise entry onto primary care palliative or supportive care register	Drop Down Options:	Indicate Yes /No
DS1500 application completed	Drop Down Options:	Indicate Yes /No
Prescription Charge exemption arranged	Drop Down Options:	Indicate Yes/ No
Contacts for re-referrals or queries: In Hours Out of Hours	<p>In hours: Thoracic Clinical Nurse Specialists -contact details 0117 3427648 or 0117 923000 Bleep 2231.</p> <p>Local Lung CNS's:</p> <ul style="list-style-type: none"> • North Bristol: 0117 4141900 • Gloucestershire: 0300 4225967 or via switchboard 0300 422 2222 and ask for bleep 2649 • Taunton: 01823 343820 • Bath: 01225 821847 • Yeovil: 01935 384574 • Weston: 01934 636363 Ext 3288 	

Out of hours: On call medical team can be contacted by calling Ward A700 0117 3427700 and asking to leave a message for the on call cardiothoracic registrar.
Email queries from GP's should be sent to Ubh-tr.bristolthoracicsurgery@nhs.net

Referrals made to other services:			Tick relevant boxes or advise secretary which boxes to tick
AHP	Menopause/Endocrine support	Sexual dysfunction therapist	
Benefits/Advice Service	Occupational Therapist	Social Worker	
Bowel or bladder Incontinence service	Other	Speech and language therapist	
Clinical Nurse Specialist	Physical activity	Stoma service	
Complementary Therapist	Physiotherapy	Support Group	
Dietitian	Prosthetics service	Vocational Rehabilitation (work)	
District Nurse	Psychologist	Wig service	

Required GP actions in addition to GP Cancer Care Review (e.g. ongoing medication, osteoporosis and cardiac screening):

No routine GP actions

Summary of information given to the patient about their cancer and future progress:

The following will be inserted UNLESS YOU STATE OTHERWISE:

..... is aware of all the details regarding his/ her lung cancer surgery as documented in the information above. He/ she understands the aim of treatment was **curative (amend if required)** and that all treatments have been given with the aim of reducing the future risk of relapse as much as possible. He/ she understands that if they have any symptoms of concern they should contact the thoracic surgery clinical nurse specialists who will advise on an appropriate course of action.
 After treatment patients will receive information regarding a Holistic Needs Appointment and a date to attend a Health and Well-being Event.
 If the patient has a post-operative problem within 4 weeks of surgery they should contact the thoracic clinical nurse specialist on the number above.

Additional information relating to lifestyle and support needs:

We have explained the importance of a healthy lifestyle after cancer treatment encouraging a healthy weight, well balanced diet, minimal alcohol, regular exercise and smoking cessation.

There are many services available to support patients in their recovery. For services near to the patient's home please contact the relevant local Lung CNS contact in the contacts section above.

The UHBristol patient advice leaflets and web pages can be accessed by clicking on the [link](#) or by typing 'Thoracic Surgery Bristol' into your internet browser



You can also scan this with your mobile device to visit our University Hospitals Bristol Thoracic Surgery webpages or download our patient information leaflets