

Following diagnosis of stomach (gastric) or oesophageal (gullet) cancer

Introduction

Your consultant will have explained to you that you have a cancer of the Upper Gastro-Intestinal tract (Upper GI) affecting either your stomach or oesophagus (gullet).

Being told you have cancer is naturally a shock to you and your family. During this time you may experience a wide range of emotions and find it difficult to remember all you are told.

The following information is provided as a guide to what may happen, however your consultant will discuss your individual treatment plan with you.

This leaflet will give you information about the investigations, treatments or procedures that may be recommended. It also gives an explanation about what to expect next.

Contact information for individuals who may be involved in your care is also included in this leaflet.

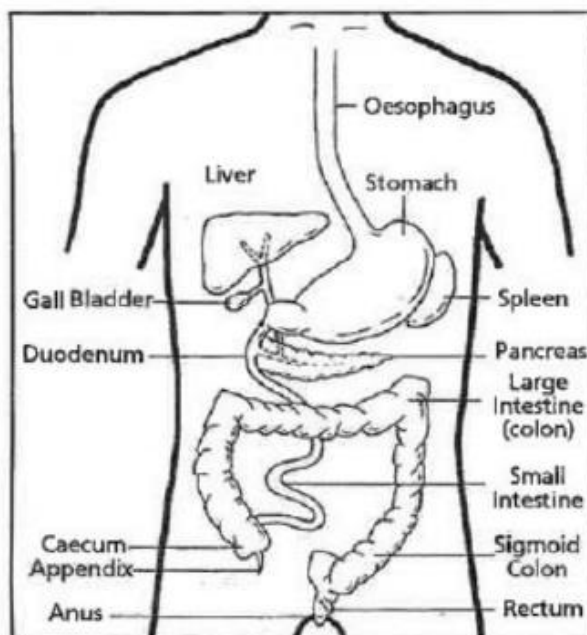


Figure 1: The gastrointestinal tract

Reference No.

GHP11302_08_18

Department

**Upper GI
Surgery**

Review due

August 2021

**Patient
Information**

Investigations

Various investigations may be needed to assess the extent (stage) of your cancer and your fitness levels to help plan the appropriate treatment for you. Details of the various investigations can be found in the following paragraphs.

Endoscopy

A flexible tube with a camera is passed through the mouth, down the oesophagus into the stomach. Before this happens, a throat spray (local anaesthetic) is used to numb the back of the throat and sometimes sedation is also given.

Please note that if you have sedation you will need someone to take you home and stay with you overnight.

If there are any abnormal areas seen during the procedure the doctor will take a biopsy (tissue sample). The biopsy will be sent to the laboratory for examination. It can take 1 to 2 weeks to receive the results. Occasionally, the endoscopy and biopsies need to be repeated.

Computerised Tomography (CT scan)

A detailed scan of your chest, abdomen and pelvis will be taken in our Imaging (X-ray) department. You may be asked to drink some dye (contrast) before the procedure and also have an injection of dye while you are lying on the X-ray bed. Using the dye will make the scan images clearer.

Abdominal laparoscopy

A keyhole operation (laparoscopy) performed in theatre under general anaesthetic (while you are asleep). This involves 2 to 3 small incisions (cuts) being made in the abdomen so that a thin instrument with a camera can be passed inside the abdomen to examine the area of cancer and nearby structures. Further biopsies may be taken during this procedure.

The abdominal laparoscopy is usually done as a day case procedure but can sometimes involve an overnight stay. You may feel sore for a couple of days following this procedure.

**Patient
Information****Endoscopic Ultrasound Scan (EUS)**

This is similar to the endoscopy you have already had, however, the endoscope has an ultrasound probe attached. This allows an internal scan of your oesophagus to be performed, which can also assess the surrounding lymph nodes (glands).

PET SCAN (Positron Emission Tomography)

This is another type of scan used to assess the extent (stage) of cancer. A radioactive sugary substance is given to you via an injection. This substance is taken up by the area/areas of cancer and will show up on the scan images highlighting cancer activity.

You will need to travel to the Cobalt Imaging Centre in Cheltenham to have this done (contact details can be found at the end of this leaflet).

Occasionally, further investigations will be needed such as a MRI scan, Ultrasound Scan (USS), bone scan or further biopsies. These will be discussed with you.

Following your investigations, the results will be discussed at the Multi-Disciplinary Team meeting (MDT) which takes place every Thursday. This meeting is attended by surgeons, oncologists, physicians, pathologists, radiologists, specialist nurses, a dietician, a trials nurse and a member of the palliative care team. The team will review your results and make a management plan on how to best treat/support your individual needs.

ECHO (Echocardiogram)

An ultrasound scan of the heart which gives information about how well your heart is working.

Pulmonary function test

A test of the lungs which gives information about how well your lungs are working.

**Patient
Information**

Anaesthetic assessment

If it is planned for you to have an operation, it is likely that you will need to attend an anaesthetic assessment with one of the Upper GI Nurse Specialists, followed by a consultant anaesthetist. This is to further assess your fitness for surgery and optimise your wellbeing. This assessment will be at the start of your treatment.

Treatments and procedures

The treatment or procedure recommended for you will depend on the location, size, type of cancer, whether it has spread to other parts of the body (secondary cancer/metastases) and also your general level of fitness. Your treatment may involve one or a combination of the following:

Chemotherapy

The use of anti-cancer (cytotoxic) drugs to destroy cancer cells. It may be used before surgery (neoadjuvant) to reduce the size of the cancer, after surgery (adjuvant) to reduce the risks of your cancer coming back or when surgery is not appropriate. Chemotherapy is usually given during an out-patient appointment, allowing you to go home the same day. Occasionally, you may need to stay overnight. Chemotherapy is likely to be given into a vein (intravenously) and/or in tablet form.

You will be given written information about the chemotherapy planned for you once you have been seen by the oncologist. An appointment will be made for you to meet the chemotherapy nurses who will give you more information before starting treatment and to answer any questions you may have.

You will be reviewed regularly by your oncologist during your chemotherapy treatment. You will also have access to a 24 hour telephone helpline (the telephone number can be found at the end of this leaflet).

Patient
Information**Radiotherapy**

The use of high energy rays to destroy cancer cells directed at specific areas of your body while doing as little harm as possible to normal cells. Radiotherapy can be given to shrink the tumour, improve symptoms and reduce or stop bleeding related to stomach cancers.

You will need a radiotherapy planning CT scan before starting your treatment. Tiny marks (tattoos) will be placed on your skin to mark where the treatment needs to be directed, this can be a little uncomfortable.

If the cancer is in the upper part of your oesophagus, a mask (shell) may be made for you to wear to help make sure the correct area is treated. The mask is gently moulded to cover your chin, neck and shoulders. This does not hurt and you will be able to breathe normally.

Treatment usually runs on consecutive (following) week days through the length of your treatment for the recommended time as discussed with your oncologist. Each treatment lasts about 10 to 15 minutes.

Surgery

If your investigations show that it is possible to remove your cancer and that you are fit enough, then surgery will be discussed with you. Most patients will have oncology treatment in the form of chemotherapy or chemotherapy and radiotherapy before surgery unless the investigations you had indicate very early stage cancer.

Depending on which oncology treatment is recommended for you, your treatment is likely to last between 8 and 11 weeks.

Following oncology treatment you are likely to have a break of between 6 to 10 weeks before surgery takes place.

The Upper GI surgery is a major operation that is likely to require you to be in hospital for 7 to 10 days. This is dependent on what type of surgery you are having and how you recover. Your surgeon will discuss this with you and you will be given written information about your operation.

Patient Information

You may be informed about ERAS (Enhanced Recovery After Surgery). ERAS is a system of care that has been designed to improve the recovery of patients following surgery. The aim of ERAS is to reduce complications, reduce the impact of complications and get you home earlier, fitter and safer.

If you are having surgery it is important to maintain/improve your fitness levels and nutrition to the best of your ability. If you smoke, we would recommend that you stop. If you do not stop it may prevent you from having surgery. Stopping smoking will help to reduce your risks of complications following your operation. If you need help with this, please speak to a member of the team looking after you.

Endoscopic Resection (ER)

An endoscopic procedure performed using throat spray, as a local anaesthetic to numb the throat, and sedation.

Instruments are passed down the endoscope and a deeper level of your oesophagus or stomach lining can be removed.

This procedure is used to remove pre-cancer cells (dysplasia) and very early stage cancers only.

Radiofrequency Ablation (RFA)

An endoscopic procedure performed using throat spray, as a local anaesthetic to numb the throat, and sedation. An endoscope is passed down the oesophagus and heat energy is used to burn away the superficial abnormal (dysplastic) cells of your oesophagus to try and stop the development of cancer cells.

Oesophageal stent

A stent is a hollow tube that can be placed in the oesophagus if you have swallowing difficulties. This will allow foods and liquids to pass through. The stent is inserted in to the oesophagus using the endoscope. This procedure is usually performed as a day case with local anaesthetic throat spray and sedation so you would need to have an adult with you overnight. Occasionally an overnight stay in hospital is needed. A dietician will meet with you to give dietary advice.

Patient Information

Dilatation

An endoscopic procedure performed with a local anaesthetic throat spray and sedation where the oesophagus can be stretched (dilated) to allow you to swallow more easily. This procedure is usually performed as a day case. It is advised that you have an adult with you for the first night following this procedure.

Supportive care

This is to improve your quality of life, addressing any issues you have with regard to symptoms, physical, psychological and social needs with the aim of supporting your care in your home environment. Your GP will be involved with this and you will be referred to the community nurses, such as district nurses and palliative care nurses as indicated.

What happens next?

Following completion of your treatment, you will have regular follow ups with your surgeon or oncologist, or both.

If you have any concerns in between your appointments, you should contact your nurse specialist using the contact details at the end of this leaflet. Alternatively you can contact your GP.

Nutrition

Your cancer or treatment is likely to cause some changes to your appetite and eating habits. You may have swallowing difficulties, a loss of appetite, weight loss, nausea (feeling sick) and taste changes.

It is important to keep yourself as strong as possible to help you cope with any treatments you may have. Your consultant, nurse specialist or GP can give you advice. You can also be referred to a dietician for specialist advice if needed.

Some people find it helpful to reduce the portion sizes of their meals and increase how often they eat. An example of this would be having 3 small meals per day with 3 snacks in between meals. The use of high calorie options can help stop further weight loss, such as using full fat milk, eating cheese, chocolate, ice-cream and puddings.

**Patient
Information**

If swallowing is difficult, you will need to change your diet to soft or pureed foods.

Nutrition supplemented drinks are available on prescription from your GP, consultant or nurse specialist.

The use of medications to help with pain, nausea and acid reflux/indigestion can also be helpful.

Contact information**Surgeons**

Mr Dwerryhouse
Tel: 0300 422 6220

Mr Higgs
Tel: 0300 422 5953

Mr Hornby
Tel: 0300 422 6227

Mr Jaunoo
Tel: 0300 422 6679

Professor Barr
Tel: 0300 422 6679

Mr Vipond
Tel: 0300 422 6675

Mr Hewin
Tel: 0300 422 6675

Mr Wadley
Tel: 0300 422 6679

Mr Goodman
Tel: 0300 422 3417

Oncologists

Dr Elyan
Tel: 0300 422 4017

Dr Candish
Tel: 0300 422 4925

Dr Reed
Tel: 0300 422 4925

**Patient
Information****Nurse Specialists**

Kelly Weir
Tel: 0300 422 6222

Lisa Quemby
Tel: 0300 422 6222

Susan Hepplewhite
Tel: 0300 422 3586

Dieticians

Erin Richards and Nicola Collins
Tel: 0300 422 5506

Fiona Brown
Tel: 0300 422 4094

Clinical Trials Nurses

Tel: 0300 422 6886

Chemotherapy Helpline

Tel: 0300 422 3444 (available 24 hours)

Further information**Car Parking**

Patients attending Cheltenham Oncology Unit for treatment are entitled to free parking for the period of their treatment.

A parking permit will be given to you when you meet the chemotherapy nurse before starting your treatment. Reduced parking fees in Gloucester and Cheltenham Hospitals are considered in individual cases where:

- the patient has been in hospital for 14 days or more
- the patient has been in the Department of Critical Care for 3 days or more
- after the patient has been in hospital for 3 days with a palliative (not curable) condition
- patients have multiple out-patient appointments in 1 week

Patient Information

Parking forms are available from the hospital ward. The forms must be completed then signed by the nurse in charge of the ward before being taken to the parking shop. The parking shops are situated at:

Gloucester Royal Hospital

(ground floor of multi-storey car park)

Open Monday to Friday, 9:00am to 8:30pm and

Saturday 9:00am to 12:30pm

The Parking shop is closed on Sundays.

Cheltenham General Hospital

(Sandford Road car park)

Open Monday to Sunday, 9:00am to 5:00pm

Prescription Charges

You are entitled to free prescriptions if you have been diagnosed with cancer. A FP92A form needs to be completed. You can get a copy of this form from the hospital pharmacy, your nurse specialist and some GP surgeries.

This form must be signed by your GP, consultant or nurse specialist and sent to the address on the form. You should then receive your exemption card within 2 weeks.

Cobalt Imaging Centre

Linton House

Thirlestaine Road

Cheltenham

Gloucestershire

GL53 7AS

Tel: 01242 535 910 (select option 2)

Website: www.cobalthhealth.co.uk/diagnosticscans/patient-info/petct.aspx

Benefit advice

Having a cancer diagnosis can be expensive through a loss of income and additional travelling cost etc. You may be eligible to benefits and we recommend you speak to either your nurse specialist or contact a benefits adviser to see if you are entitled to help. This is a free, confidential service.

**Patient
Information****Maggies Centre**

Benefits Advisor
The Lodge
Cheltenham General Hospital
College Baths Road
Cheltenham
GL53 7QB

Tel: 01242 250 611

E-mail: cheltenham@maggiescentres.org

**Citizens Advice Bureau
Gloucester & Tewkesbury**

Tel: 01452 527 202

Stroud

Tel: 01453 759 954

Website: www.adviceguide.org.uk

Forest of Dean Macmillan Financial Advisor

Cinderford

Tel: 01594 823 937

Support Services**Oesophageal Patients Association**

Former patients helping new patients. The group aims to help new patients and families cope with difficulties arising as a result of treatment, providing support and encouragement.

22 Vulcan House
Vulcan Road
Solihull
West Midlands
B91 2YJ

Helpline Tel: 0121 704 9860

Monday to Friday, 9:00am to 7:00pm

E-mail: enquiries@opa.org.uk

Website: www.opa.org.uk

**Patient
Information****Charlies – Community Support & Therapy Centre**

A Gloucester based support centre for all those whose lives have been affected by cancer. This is a drop in centre offering friendship, support and advice with free therapies for patients and carers. It also includes reiki, massage, meditation and art therapy. Refreshments are provided free of charge.

Unit 2, Madleaze Rd (off Bristol Road)
Gloucester
GL1 5SJ

Tel: 07786 547439

Email: charlies2014@yahoo.co.uk

Website: www.charlies.org.uk

Maggies

This is a walk in centre which offers support, advice and information for anyone affected by cancer. No appointment or referral needed. Refreshments are provided, free of charge.

The Lodge
Cheltenham General Hospital
College Baths Road
Cheltenham
GL53 7QB

Tel: 01242 250 611

E-mail: cheltenham@maggiescentres.org

Website: www.maggiescentres.org

GUTSY – Glos patient support group

A (3 monthly) support group for patients who are planned to have or have had radical treatment for an oesophageal or stomach cancer. The group is supported by healthcare professionals and aims to provide you and your carers with information, advice and support.

It will also give you the opportunity to meet others who have been through a similar experience in an informal and relaxed environment. For further information please ask your specialist nurse.

**Patient
Information****FOCUS Cancer information & Support Centre**

Cheltenham Oncology Centre
Cheltenham General Hospital
Sandford Rd
Cheltenham
Gloucestershire
GL53 7AN

Open Monday to Friday, 10:00am to 5:00pm
Tel: 0300 422 4414

Macmillan Information Pod

The Atrium
Gloucester Royal Hospital
Gloucester
GL1 3NN

Macmillan Cancer Line

Freephone Tel: 0808 800 0000
Monday to Friday, 9:00am to 8:00pm
Website: www.macmillan.org.uk

Cancer Research UK

Tel: 0207 242 0200
Website: www.cancerresearchuk.org

Carers Gloucestershire

Tel: 01452 386283
Website: www.carersgloucestershire.org.uk

Hospices

The word hospice raises many different thoughts. Modern hospice care is about helping people to live well throughout their illness and not about just supporting people at the end of life. The aim is to meet the needs of the patients, their families and carers with the support and expertise of their multi-professional team, working in partnership with community care teams to support people at home, day centre facilities and some providing in-patient stay.

Patient Information

There is a wide range of services to support physical, emotional, social and spiritual needs. Also available are a range of creative and complimentary therapies such as, reflexology, massage, acupuncture and aromatherapy.

Sue Ryder Hospice

Leckhampton Court
Church Road
Leckhampton
Cheltenham
GL53 0QJ

Tel: 01242 230 199

Website: www.sueryder.org

Longfields

Burleigh Lane
Minchinhampton
Gloucestershire
GL5 2PQ

Tel: 01453 886 868

E-mail- info@cotswoldcare.org.uk

Website: www.cotswoldcare.org.uk

Great Oaks – Dean Forest Hospice

The Gorse
Coleford
Gloucestershire
GL16 8QE

Tel: 01594 811 910

E-mail: clerical@great-oaks.org.uk

Website: www.great-oaks.org.uk

There are also a range of community support services available and referrals can be made to support your day to day living for a range of issues, such as improving symptoms, provision of equipment or aids and financial advice.

Please discuss your concerns with the team involved in your care or your GP so that the appropriate referrals can be made.

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