

The Importance of the colorectal/stoma CNS in assisting patients with decision making in preparation for their Radiotherapy treatment pre surgery

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What is Radiotherapy?

- Radiotherapy is the use of high energy X-Rays to treat cancers.
- Radiotherapy causes damage to cells in the treatment area.
- There is risk of permanent damage to normal cells, which can lead to side effects; short and long term.
- Radiotherapy is painless and does not make the patient radioactive.



Treatment Regime for Colorectal Cancer Radiotherapy Treatment

- Short course 25Gy in 5 days with a delay for surgery.
- Short course followed by 25Gy in days followed by 3 months chemotherapy (TNT) Total neoadjuvant chemotherapy approach before surgery.
- Long course 45Gy in 25 days with oral chemotherapy on the days of Radiotherapy, followed by surgery.

Side Effects To Radiotherapy

Short Term side effects during or soon after treatment

Common

- Diarrhoea
- Abdominal bloating/ discomfort
- Rectal bleeding and an increase in mucous
- A feeling of fullness
- Bladder symptoms-cystitis
- Tiredness
- Skin problems
- Risk of infection

Long Term side effects

- Bowel problems
- Permanent change to bowel habits
- Occasional risk of bowel damage resulting in a stoma or a fistula developing
- Bladder problems -frequency, dribbling and leakage.
 - Skin Changes
 - Swelling Lymphoedema
 - Memory problems
 - Sleep disturbance
- Sexual dysfunction -women
 - Induced menopause
 - Infertility
 - Vaginal dryness
 - Painful sexual intercourse, the use of vaginal dilators following Radiotherapy.
- Sexual dysfunction -Men
 - Infertility
 - Impotence

Possible side effects for Ostomates

- Bleeding from the stoma surface
- Stoma may be oedematous
- Sore, irritated skin
- Increase in bowel function, diarrhoea, increase in wind
- Potential for dehydration if severe diarrhoea experienced. Patients should be informed of the signs to look for

The Role of the Colorectal/stoma care CNS

- Patients advocate.
- Patient should be fully aware of the risks and benefits to treatment.
- CNS supporting in clinic at the Consultation with the Oncology team.
- Information delivered in manageable chunks, and check the patients understanding.
- Written information sheets with treatment plan and potential side effects.
- Referral to support agencies: Macmillan, Bowel Cancer UK, Colostomy, Ileostomy association.
- Pelvic Radiation Disease Association (PRDA).



The Pelvic Radiation Disease Association (2020) note that, symptoms often settle after a few weeks after Radiotherapy finishes. Pelvic radiation disease can be defined as symptoms starting or continuing 3 months after the end of Radiotherapy. Sometimes they may start many years after Radiotherapy.

Conclusion

Having the colorectal/Stoma CNS supporting patients with decision making is invaluable, and they are a pivotal role within the colorectal multidisciplinary team. Side effects from pelvic radiotherapy can have a profound impact on a person's daily lives. The CNS is available to answer questions, reiterate information and consult with the Oncology/Colorectal teams.

Patients diagnosed with colorectal cancer are overwhelmed with all the information given at diagnosis and the treatment planning stage. The CNS can guide, support, and reassure their patients to ensure they can make an informed decision about their treatment plan and be able to sign post to other support agencies.

References

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Author is employed by Eakin Healthcare