Greater Manchester &
Cheshire Cancer Network

Colorectal Clinical Subgroup

NSSG Agreed Colorectal Stenting Policy (Measure 11-1C-113d)

In agreeing the following policy the Colorectal Clinical Subgroup has noted NICE clinical guideline 131 *The diagnosis and management of colorectal cancer*, issued in November 2011 (www.nice.org.uk/cg131).

1. The treatment of acute large bowel obstruction will be based on current evidence.

2. Management of acute large bowel obstruction will be with the active involvement of a consultant colorectal surgeon.

3. Where there is no clear reason to recommend one management modality for acute large bowel obstruction over another (ie a position of equipoise), the patient will be offered the option of entering an appropriate clinical trial.

4. If considering the use of a colonic stent in patients presenting with acute large bowel obstruction, CT of the chest, abdomen and pelvis will be offered to confirm the diagnosis of mechanical obstruction, and to determine whether the patient has metastatic disease or colonic perforation. This is noted to be a key priority for implementation.

5. Contrast enema studies will not be used as the only imaging modality in patients presenting with acute large bowel obstruction.

6. A consultant colorectal surgeon will consider inserting a colonic stent in patients presenting with acute large bowel obstruction. They will do this together with an endoscopist or a radiologist (or both) who is experienced in using colonic stents.

7. Patients with acute large bowel obstruction will be resuscitated, then consideration will be given to placing a self expanding metallic stent to initially manage a left-sided complete or near-complete colonic obstruction.

8. Self-expanding metallic stents will not be placed:
- in low rectal lesions or
- to relieve right-sided colonic obstruction or
- if there is clinical or radiological evidence of colonic perforation or peritonitis.

9. The tumour will not be dilated before inserting the self-expanding metallic stent.

10. Only a healthcare professional experienced in placing colonic stents who has access to fluoroscopic equipment and trained support staff will insert colonic stents.

11. Local MDTs will determine which healthcare professionals in their unit have the necessary experience and whether the equipment and support staff are available.

12. Where local MDTs do not have the necessary expertise or infrastructure to undertake colonic stenting they will work with other providers in the Network to obtain stenting services, as required. The attached list of available stenting services within the Network is provided for information and will be updated 2 yearly (next review date March 2014).

13. If a self-expanding metallic stent is suitable (see above) insertion will be attempted urgently and no longer than 24 hours after patients present with colonic obstruction.

Approved by Colorectal CSG 13 June 2012
Date for Review June 2013

NHS

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Trust	**Do you carry out stenting at your Trust?**	**Who carries out stenting at your Trust?**	**On which days are patients stented?**	**Do you offer an emergency stenting service?**	**Are you able to give data on your stenting service e.g. numbers carried out, reason for stent, any complications/problems?**
Bolton	Yes	Dr Maxwell & Dr Razzaq, Cons Radiologists Mr Hobbiss, Mr Michie & Mr Harris, Cons Colorectal Surgeons	Usually Thur but can be arranged on an ad-hoc basis	Offer an urgent in hours service but not out of hours service	Data is collected
Central Manchester	Yes	Dr Steven Lee, Dr O'Shea, Mr J Hill, Mr R Kushwaha, Dr D Donnell, Dr F Curran	Routinely on Wed Mon – Fri, inc out of hours for CREST trial	Yes, if Dr Lee/ Dr O'Shea available	13 stents in last 12 months Reasons for stents recorded Any complications/problems recorded
Christie	Yes	Dr H Laasch, Radiologist & Cons Surgeon/Endoscopist with endoscopic support by lower GI surgeons as neccessary	When required Mostly Tue, Wed or Thur	Yes, fluoroscopy only	All cases are submitted to the International Colorectal Stent Registry by the ACPGBI http://host.e-dendrite.com/csp/icrstent/frontpages/icsrFront.csp for national audit and quality control
East Cheshire	Yes	Dr Konrad Koss	Mon, Wed	Yes, when consultant not on leave	Colonic stent information available from endoscopy reporting tool
Mid Cheshire	Yes	Arif U Khan, Surgeon Dr Yoong, Gastroenterologist	Are an approved unit for CREST trial, have rota for stenting	Yes, as part of CREST trial	Audit is currently being completed
Pennine	Yes	Dr L Quest Dr A Abassi Dr R Hammonds	Mon - Fri	Offer an urgent in hours service but not an out of hours service	In 2009/10 16 colonic stents were carried out for obstructions
Salford	Yes	Mr Lees, Mr Watson, Mr Slade – Cons Surgeons Dr Babbs – Cons Gastroenterologist Almost all done in conjunction with GI Radiologist Dr Burnett	Mon – Fri Ad-hoc as required	Yes, both for own patients and tertiary referrals	Typically approx 5 per year; service been operational for many years (>5); all for malignant large bowel obstruction
South Manchester	Yes	Prof Marting, Dr Rudralingam, Radiologists	Mon - Fri	Yes Mon - Fri	Data is collected
Stockport	Yes	Niall Lynch, Cons Radiographer	Thur	Offer urgent slots as required	Data is collected
Tameside	Yes	Mr K H Sidduqui	Fri am	Emergency slots can be allocated	Approx 15 1 complication – stent migration
Trafford	Yes	Mrs Chris Craig, Cons Colorectal Surgeon Dr R Bisset, Cons Radiologist	Ad hoc basis	Offer in & out of hours when available	Only offered the service since Nov 2011 3 stents inserted since then No complications Data collected
WWL	Yes	Dr Poon, Dr Houghton – Radiology Dr Y Ang, Dr N Prasad - GI	2-3 days per week	No	Data is currently being collated