

Colorectal Pathway Board:
Colorectal Stenting Guidelines
September 2015

In developing the following policy, the Colorectal Pathway Board has noted **NICE clinical guideline 131-The diagnosis and management of colorectal cancer, issued in December 2014** (guidance.nice.org.uk/cg131) and the **Manual for Cancer Services, Colorectal Measures Version 1.0, issued in January 2015**.

1. The treatment of acute large bowel obstruction will be based on current evidence and will be with the active involvement of a consultant colorectal surgeon.
2. 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.
3. Contrast enema studies will not be used as the only imaging modality in patients presenting with acute large bowel obstruction.
4. For patients with acute left-sided large bowel obstruction caused by colorectal cancer that is potentially curable, and for whom surgery is suitable:
 - resuscitate patients and explain to them and their family members or carers (as appropriate) that acute bowel obstruction can initially be managed either with emergency surgery or a colonic stent, and that there is no clear evidence that one treatment is better than the other
 - offer patients the chance to take part in a randomised controlled trial (if available) that compares emergency surgery with colonic stent insertion to initially manage acute bowel obstruction.
5. For patients with acute left-sided large bowel obstruction caused by colorectal cancer that is not potentially curable, or for whom surgery is unsuitable:
 - resuscitate patients with acute large bowel obstruction, then consider placing a self-expanding metallic stent to initially manage a left-sided complete or near-complete colonic obstruction
 - 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.
6. 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.
7. The tumour will not be dilated before inserting the self-expanding metallic stent.
8. Only a healthcare professional experienced in placing colonic stents who has access to fluoroscopic equipment and trained support staff will insert colonic stents.
9. Local MDTs will determine and state which healthcare professionals in their unit have the necessary experience and whether the equipment and support staff are available.
10. Local MDTs will define their arrangements for urgent stent insertion for patients in whom a self-expanding metallic stent is appropriate. This should be within 24 hours of presentation.

11. 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 below list of available stenting services within Manchester Cancer is provided for information and will be updated 2 yearly (**next review date September 2017**).

Trust	Named stenting personnel	Do you offer an emergency stenting service within 24 hours? Please detail arrangements.
Bolton NHS Foundation Trust	Dr James Lay; Dr Rubeena Razaq	No formal arrangements; patient is slotted onto an existing interventional list. We do not have arrangements for out of hours and weekends.
Central Manchester NHS Foundation Trust	Dr S Lee; Dr S O Shea; Dr R Sethi. Surgeons: Mr D Donnelly; Prof J Hill; Mr F Curran; Mr R Kushwaha; Mrs C Craig; Mr F Mazerello	Stenting is provided by a quorum of 3 consultant radiologists and 6 consultant surgeons, usually as a combined endoscopic/ fluoroscopic approach. Emergency stenting arrangements both in hours and evenings and weekends are possible on an informal basis due to the willingness and number of individuals participating in providing the service.
The Christie NHS Foundation Trust	Interventional Radiologists: Dr Hans-Ulrich Laasch (IR Lead); Dr Damian Mullan; Dr Jon Bell.	Admitting surgical team to arrange endoscopy and contact on-call radiology consultant. 3 of the radiology consultants partaking in the on-call cover can perform colonic stent insertion. Our on-call service consists of a first on-call ST based at Wythenshawe, who is the initial referral point for radiology. At all times there is a radiology consultant on-call, the rota is published on the intranet. As the majority of consultants do not perform interventional procedures, there is a third on-call tier for I/R, which is a back-up service for the diagnostic colleagues. This is drawn up based on availability on a weekly basis with time-in-lieu compensation on a call-out basis. If a referral is made requiring specialist I/R input the on-call consultant will contact the relevant interventionist to make the necessary arrangements. However due to the low number of operators complete coverage cannot be guaranteed.
East Cheshire NHS Trust	Dr Konrad Koss (Gastro-enterologist)	Do not offer 24hr access

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Mid Cheshire Hospitals NHS Foundation Trust (Leighton)	Dr K Yoong – (Gastro-enterologist)	If Dr K Yoong is unavailable to stent then we have to go external such as the stenting services at Aintree Hospital, Liverpool and Prof Hill at Manchester Royal.
Pennine Acute Hospitals NHS Trust	Dr L. Quest; Dr A. Abassi; Dr R. Prudham; Dr R. George	Do not offer 24hr access
Salford Royal NHS Foundation Trust	Details not provided	
Stockport NHS Foundation Trust	Dr Niall Lynch; Dr Andrew Counsell (Radiologist). Surgeons: Mr Sajal Rai; Mr Mohammed Saeed; Mr Edwin Clark; Mr Fergus Reid; Mr Michael Marsden	Do not have any protocol or guidelines for stenting. Don't have an emergency stenting on call rota and do them on an adhoc basis as and when the need arises after discussions with the interventional radiologists. Listed Stenting personnel only provided during office hrs only and not out of hrs.
Tameside Hospitals NHS Foundation Trust	Surgeons: Mr K H Siddiqui; Mr M Solkar	No Emergency Stenting provided at present.
University Hospital of South Manchester NHS Foundation Trust	Dr Velauthan Rudralingam (Radiologist); Dr Haider Alwan-Walker (Radiologist); Dr Javaid Iqbal (Gastro-enterologist) Surgeons: Mrs Sarah Duff; Mr David Jones; Miss Karen Telford; Mr Aswatha Ramesh; Mr Wal Baraza; Mr Abhiram Sharma	All Colorectal Surgeons and the named Gastroenterologists provide the stenting service. Emergency Stenting is provided as required with liaison with Gastroenterology - no formal list.
Wrightington, Wigan & Leigh NHS Foundation Trust	Dr Neeraj Prasad, Dr Tom Houghton, Dr C Poon. Surgeon: Mr M Paraoan	Emergency stenting is limited to day when the cited doctors have a list supported by Xray screening and endoscopy. Outside patients are transferred by agreement to Aintree University Hospital for stenting and return to WWL after.