Colorectal nurse specialists have an important role in follow-up after cancer treatment

Cancer follow-up

In this article...

- Exploring patient views of follow-up care following treatment for colorectal cancer
- Developing solutions to enhance follow-up care


This study aimed to explore patient views of follow-up care after treatment for colorectal cancer. Findings from qualitative interviews with patients centred on: “knowing what to expect” after treatment, including “living with altered bowel function” and learning by “trial and error”. Colorectal nurse specialists were an important source of information and support. Future strategies for providing follow-up care for these patients should draw on these nurses’ knowledge and skills.

After treatment for colorectal cancer, patients are followed up in outpatient clinics at regular intervals for routine monitoring in order to detect early recurrent disease. This model of follow-up requires significant NHS resources.

The UK’s National Cancer Survivorship Initiative reports that current follow-up arrangements are not meeting patients’ needs and new models of need to be developed that improve self-care and care planning and make the best use of resources and technology (Department of Health, 2010). Nurse-led models of care could be a way forward. A systematic review of the effectiveness of nurse-led models of follow-up care reported greater patient wellbeing and satisfaction (Lewis et al, 2009). In addition, new modes of service delivery such as nurse-led telephone follow-up interventions have been shown to be an effective way of providing support and information for patients with cancer (Beaver et al, 2009).

However, little is known about the specific follow-up care experiences of patients who have completed treatment for colorectal cancer. This study aimed to explore patient perceptions of their experiences of follow-up care after such treatment.

Methods

This qualitative study explored patient views on follow-up care using face-to-face interviews with a purposive sample of 27 patients (mean age of 72 years) who had completed treatment for colorectal cancer.

We developed an interview guide to explore: organisation of follow-up care; satisfaction with the care; personal experience; information and advice provided; and demographic and disease/treatment details. Thematic analysis was used to analyse interview transcripts.

Results

One dominant theme – “knowing what to expect” – and three subthemes – “living with altered bowel function”, learning by “trial and error”, and “information and support from specialist nurses” – emerged.

Participants wanted more information on what to expect after treatment. While they attended outpatient clinics, they learned about their condition through “trial and error”. They had been supported by colorectal nurse specialists while in hospital but many reported being left to cope alone once they returned home.

All had attended doctor-led hospital follow-up clinics; a minority had experienced nurse-led clinics. Nurse-led clinics were perceived as beneficial in providing information and support, particularly on what to expect and what was “normal”. Written information was also well received. Participants would regularly telephone colorectal nurse specialists for information and advice; this was seen as helpful in providing practical and emotional support.

5 key points

1. Colorectal nurse specialists have a vital role to play in the follow-up care for colorectal cancer patients
2. Follow-up arrangements are not meeting patients’ needs
3. New models of care need to be developed that improve self-care and care planning, and make the best use of resources and technology
4. Strategies for follow-up care should consider the needs of patients with and without stoma
5. Developing web-based information could benefit these patients

Conclusions

Findings from this study emphasise the important role colorectal nurse specialists play in providing information and support to patients following treatment.

Future strategies to provide follow-up care for patients with colorectal cancer should draw on these nurses’ knowledge and skills. Providing continuity of care may prevent minor physical and psychological problems from escalating into long-term conditions that would be costly to the NHS.

The participants, although older people, used the internet to access information, so further development of web-based information could benefit patients with colorectal cancer. NT


References

