Reviewed: January 2025
Review Date: January 2027

Guideline for the Management of Surgical Emergencies Related to Colorectal Cancer

The Network agreed policy for the management of surgical emergencies presenting to surgeons who are NOT colorectal MDT members is as follows:

Perforation:

Where the diagnosis of colorectal cancer is made at operation or confirmed histologically later, these patients should be transferred to the care of one of the colorectal surgeons – either during their admission or at discharge. Post-operative management should be discussed at the colorectal MDT during their hospital stay. The responsibility for referral to the colorectal MDT rests with the receiving surgeon.

Obstruction:

Patients with radiological evidence of uncomplicated large bowel obstruction should undergo a CT scan within 24 hours of admission. Those with a mechanical obstructing lesion should be managed conservatively and their management transferred to one of the colorectal surgeons during weekday working hours. Patients who are admitted out of hours and at weekends, should be discussed with one of the colorectal surgeons and arrangements for transfer put in place. It is anticipated that, in the absence of peritonitis or evidence of closed loop obstruction, they will have their obstruction relieved (definitive surgery, decompressing stoma or successfully stenting) within 48 hours of the diagnosis being made.

Where there is clinical evidence of peritonitis or closed loop obstruction with caecal tenderness, if not operated on by a colorectal surgeon, the patient should be managed as for perforation (see above).

Colonic stents in acute large bowel obstruction (NG151)

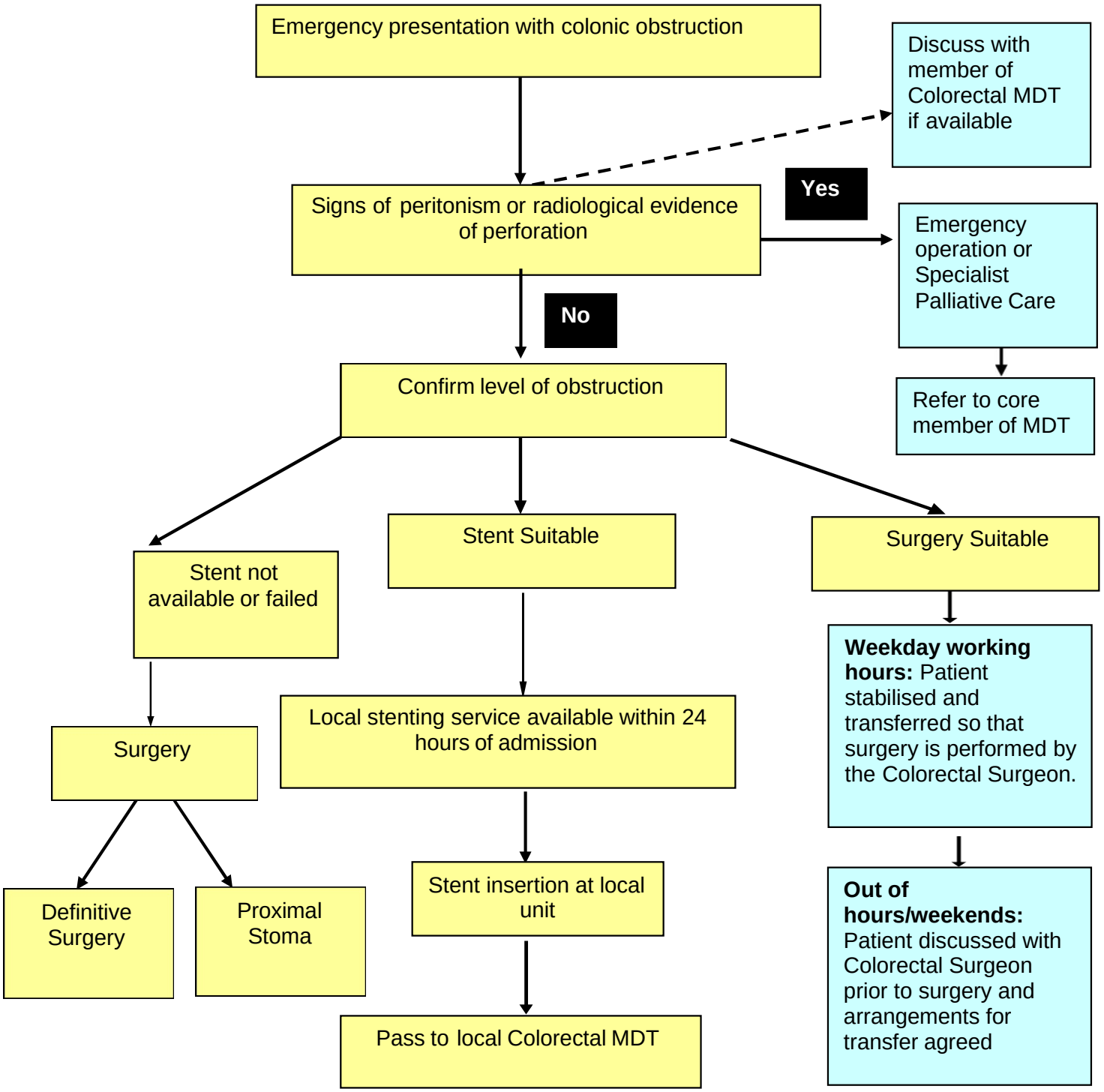
Colonic stenting should be considered for patients presenting with acute left-sided large bowel obstruction who are to be treated with palliative intent.

Either colonic stenting or emergency surgery should be offered for patients presenting with acute left-sided large bowel obstruction if potentially curative intent is suitable for them.

The attached pathway outlines the above process.

NB.
Guidelines are for guidance only.
Depending on the resources and expertise available, each local trust will observe its own arrangement.

Pathway for patient management in Intestinal Obstruction of the Large Bowel



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