

## 2 Week Wait Suspected Cancer Referrals - Lung

The aim of this leaflet is to answer any questions you may have about your referral to our Lung clinics. If you have any further questions or concerns, there are contact details at the end of this leaflet.

### Why have I been referred to the hospital?

Your General Practitioner (GP) or dentist has asked for you to have an urgent hospital appointment within two weeks.

The two week appointment system was introduced so that any patient with symptoms that might indicate cancer, or a serious condition such as cancer, could be seen by a specialist as quickly as possible.

Attending this appointment within two weeks is vitally important and will allow you to benefit from:

- An early diagnosis and earlier access to treatment, which is shown to improve health outcomes, or,
- In most cases, early reassurance that cancer has not been diagnosed

### Does this mean I have cancer?

Many of the patients referred under the two week appointment system do not have cancer but may have another condition requiring hospital diagnosis and treatment.

There are national referral guidelines for your GP or dentist to use when making a decision about whether it is appropriate to refer you for an appointment within two weeks.

### What symptoms might need an urgent referral?

- Prolonged cough
- Coughing up blood
- Increased shortness of breath
- Change in voice or swallow
- Persistent tiredness and/or unexplained weight loss

### Will I need any tests?

You may require specialised tests. These may take place either before or during your first hospital appointment, or may be organised for a later date. This will help the specialist understand the cause of your symptoms.

### What do I need to do now?

- Please take the **earliest** appointment offered to you. This includes your first appointment and **any further tests or investigations**. This helps us develop a treatment plan more quickly.
- Make sure your GP has your correct address and telephone number, including mobile number as you will be telephoned by the appointments team.
- If you **do not have** a confirmed appointment within one week of seeing you GP or dentist, contact the Two Week Wait Coordinator using the telephone number on this leaflet.

- **Please try not to cancel your appointment. Let the hospital know immediately if you are unable to attend your appointment**, so the time can be offered to someone else. It is **really important** that you arrange an alternative date and time as soon as possible if cancelling.
- Please feel free to bring someone with you to this appointment. They can come in with you to see the Doctor if you wish.
- If you require an interpreter, please inform the Trust in advance. Please call the Patient Advice and Liaison Service (PALS) using the number on this leaflet.
- At the end of your hospital appointment you will be given more information about what will happen next. This may include contact details of a specialist nurse.
- If you are driving to your appointment, please note you need to pay to park (Pay on exit)

## What investigations may I need?

There are a number of investigations which you may or may not require. These will be decided upon by a specialist doctor or nurse.

Sometimes it is necessary to have more than one test in order to get an accurate diagnosis. Some of these investigations may have already been carried out at your first appointment.

Following any of these investigations, you may be contacted by the hospital asking you to attend for further tests for clarification of your diagnosis. This is so that your doctor has the full range of results available to discuss with you at your outpatient appointment.

### CHEST X-RAY

A chest x-ray is a scan which examines the lungs and heart. If a tumour is present, the size and position of it may be seen. Not all lung cancers show up on an X-ray and the doctor may ask that you have a CT scan.

### CT SCAN

CT stands for Computerised Tomography. A CT scan takes a series of pictures of any part of your body using x-rays to produce images that show cross-sections or slices of your body. A Radiographer (a University-trained health professional who works in Radiology to produce diagnostic images using a variety of different modalities) will perform your scan and may be assisted by an RDA (Radiology Department assistant). The data produced from the scanner is processed by a powerful computer to create the images and can be viewed on a screen to show very detailed images of the inside of your body.

Depending on your symptoms, you may have a CT scan prior to having an outpatient appointment. This pathway is known as 'straight to test'.

For further information about the Radiology Department, including patient information leaflets, please follow this link to the Trust's website: [Radiology – East Sussex Healthcare NHS Trust \(esht.nhs.uk\)](http://esht.nhs.uk)

### PET SCAN

Positron emission tomography (PET) scans produce detailed 3-dimensional images of the inside of the body. The images can clearly show the part of the body being investigated, including any abnormal areas, and can highlight how well certain functions of the body are working.

PET scanners work by detecting the radiation given off by a substance injected into your arm called a radiotracer as it collects in different parts of your body. In most PET scans a radiotracer called fluorodeoxyglucose (FDG) is used, which is similar to naturally occurring glucose (a type of sugar) so your body treats it in a similar way. By analysing the areas where the radiotracer does and does not build up, it's possible to work out how certain body functions are working. PET scans are performed on behalf of ESHT by Brighton and Sussex University Hospitals Trust and by Alliance Medical in Maidstone.

## **SPUTUM CYTOLOGY**

Patients are sometimes asked to cough up a mixture of saliva and mucus (sputum) from the lungs, into a pot. This will be examined under the microscope for cancer cells.

## **BRONCHOSCOPY**

A bronchoscope is a thin flexible tube, like a very fine telescope, with a light on the end. It is passed through the nose or mouth, down the trachea and into the bronchi. The doctor may be able to see the tumour and take a biopsy (a sample of tissue for examination under the microscope).

The procedure takes about 30 minutes. The patient will usually be admitted to hospital as a day case, and given a drug to make them relaxed and sleepy beforehand. A local anaesthetic will be sprayed onto the back of the throat. It is normal not to eat or drink for a few hours afterwards until the local anaesthetic wears off. This is to prevent any food or liquid going down the wrong way.

For further information about the Endoscopy Department, including patient information leaflets, please follow this link to the Trust's website: [Endoscopy – East Sussex Healthcare NHS Trust \(esht.nhs.uk\)](http://esht.nhs.uk)

## **ENDOBONCHIAL ULTRASOUND (EBUS)**

EBUS is a special type of bronchoscopy that allows the doctor to examine and take samples from tissue that lie just outside of the airways. Samples from some lymph glands in the chest can be taken during this procedure. The procedure is very similar to a bronchoscopy and is usually performed as a day case.

## **CT GUIDED BIOPSY**

Other tests you have had, such as a previous CT scan, have shown an area of abnormal tissue inside your body. A biopsy involves collecting a small sample of this tissue.

You will be given a local anaesthetic to make the area of the biopsy go numb. A small incision (cut) will be made into your skin and a tissue sample taken. This will be sent to the laboratory to be examined under a microscope by a pathologist.

The CT scanner is used to take images of the needle as the biopsy is collected to make sure the correct sample of tissue is taken.

## **MEDIASTINOSCOPY**

This is carried out under a general anaesthetic by a surgeon. A small cut is made near the collar bone. The doctor can examine lymph glands in the chest through this incision and take samples of tissue (biopsies) at the same time.

This will usually involve an overnight stay in hospital. This test is not carried out at The ESHT and requires referral to a surgeon at another hospital such as Guy's Hospital.

## **THORACOSCOPY**

This involves making a small cut in the skin for the surgeon to insert a tube, similar to a bronchoscope, into the chest to take tissue samples from it. This procedure is also carried out under a general anaesthetic and will require a short stay in hospital.

This test is not carried out at ESHT and requires referral to a surgeon at another hospital such as Guy's Hospital.

### **Conquest Hospital**

Two Week Wait Co-ordinator  
East Sussex Healthcare NHS Trust  
Conquest Hospital  
The Ridge  
St Leonards on Sea  
East Sussex, TN37 7RD  
Tel: 0300 131 5038 (Monday to Friday -  
9.00am to 5.00pm)

### **Eastbourne DGH**

Two Week Wait Co-ordinator  
East Sussex Healthcare NHS Trust  
Eastbourne District General Hospital  
Kings Drive  
Eastbourne  
East Sussex, BN21 2UD  
Tel: 0300 131 5489 (Monday to Friday -  
8:45am to 5:00pm)

## **Important information**

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

## **Your comments**

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 (direct dial) or by email at: [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net)

## **Hand hygiene**

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

## **Other formats**

**If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.**

**Tel: 0300 131 4434 Email: [esh-tr.AccessibleInformation@nhs.net](mailto:esh-tr.AccessibleInformation@nhs.net)**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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## Reference

The following clinicians have been consulted and agreed this patient information:

DR T NAKOS – CONSULTANT LUNG PHYSICIAN

GEORGIE HART – LUNG FASTER DIAGNOSIS SPECIALIST NURSE

The directorate group that have agreed this patient information leaflet:

Cancer Services

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Responsible clinician/author: Claudia Dance, Cancer Pathways Manager

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