

2 Week Wait Suspected Cancer Referrals – Upper Gastrointestinal

The aim of this leaflet is to answer any questions you may have about your referral to our Upper Gastrointestinal (Upper GI) 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) 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 Upper GI referral?

- Problems swallowing food/liquids or medication (dysphagia)
- Increased or new persistent reflux/dyspepsia (indigestion/heartburn)
- Decline in appetite
- Unintentional weight loss
- Vomiting of blood (haematemesis)
- Passing black stool (malaena)
- Nausea or vomiting
- Feel full quickly (early satiety)
- Abdominal/epigastric pain
- Yellow colour to skin or white of eye (jaundice)
- Change of colour of urine (becoming dark)
- Change in colour of stool (becoming pale/chalky)
- Abdominal pain/bloating

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 your 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.

GASTROSCOPY (OGD)

A gastroscopy is a procedure where a long flexible telescope (gastroscope), about the thickness of your index finger, with a bright light at its tip, is carefully passed through your mouth. This allows the doctor to look directly at the lining of your food pipe (oesophagus), stomach and small bowel (duodenum). A video camera on the gastroscope transmits pictures of the inside of the digestive tract to a monitor, so that the doctor can look for any abnormalities. The doctor may take a biopsy. This is a sample of the lining of the digestive tract which can be looked at under a microscope. A small piece of tissue is removed painlessly through the scope, using tiny biopsy forceps.

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

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 \(esht.nhs.uk\)](https://www.esht.nhs.uk)

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 \(esht.nhs.uk\)](https://www.esht.nhs.uk)

MRI SCAN

A Magnetic Resonance Imaging (MRI) scanner uses a magnetic field and radio waves to build up pictures of parts of the body by picking up signals sent out by water molecules. An MRI Scan can produce two or three dimensional images of what is going on inside a patient's body. MRI images are so precise that doctors can often get as much information from the MRI as they would from looking directly at the tissue.

Depending on your symptoms, you may have an MRI 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 \(esht.nhs.uk\)](https://www.esht.nhs.uk)

ULTRASOUND SCAN

An ultrasound scan uses sound waves to build up a picture of internal organs. It can show changes in different organs and helps doctors to know if a lump or abnormal area is cancer or not.

Doctors sometimes use an ultrasound scan when they are doing a biopsy (removing a small piece of tissue). The scan helps to guide them to the exact area.

A small device called an ultrasound probe is used. The probe gives off sound waves that bounce off different parts of the body and make "echoes". The echoes are converted into a picture by a computer.

Depending on your symptoms, you may have an ultrasound 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 \(esht.nhs.uk\)](https://www.esht.nhs.uk)

EUS – Endoscopic Ultrasound

An EUS (Endoscopic Ultrasound Scan) procedure allows the endoscopist to look clearly at your oesophagus (gullet), stomach, pancreas and bile ducts, depending on your underlying condition. The scan uses high frequency sound waves transmitted through the tip of an endoscope. The endoscope (a flexible tube with a small camera at the tip) is passed down the oesophagus and into the stomach and duodenum. A scan of the surrounding structures can then be carried. Although you may have had other scans done, EUS is a very accurate technique, which may identify information which cannot be seen on conventional scanning. This test usually takes about 30 – 40 minutes.

Depending on your symptoms, EUS is carried out at either the Royal Sussex County Hospital in Brighton or the Royal Surrey County Hospital in Guildford.

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

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

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

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

Reference

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

Consultant Gastroenterology Team - Dr M Whitehead, Dr T Muhammad, Dr A Zubir, Dr S Fong, Dr D Neal, Dr A Jeevagan, Dr F Cuison

Upper GI Cancer Specialist Nursing Team – Anita Ivimy, Trish Easton, Michelle McIntyre, Joyce Irving

The directorate group that have agreed this patient information leaflet:
Upper GI MDT

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Responsible clinician/author: Claudia Dance, Cancer Pathways Manager

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