

## COLORECTAL SERVICES

### CHAPTER 25

Colorectal Surgery involves the management of colorectal cancers, surgical management of inflammatory bowel diseases, “minor” anorectal diseases, diverticular disease of the colon, faecal incontinence and other large bowel dysfunction problems. Comparatively, incidence of colorectal cancer is lower than the rest of NSW reflecting the younger population of SWSAHS. There are a higher number of patients diagnosed with colorectal cancer under the age of 50 years.

SWSAHS is 86% self-sufficient in colorectal surgery and all hospitals in SWSAHS provide colorectal surgical services. 42% of total resident demand for colorectal surgery is captured by private sector hospitals. In 2002/03, SWSAHS delivered a total of 1,906 separations in colorectal surgery, accounting for 9,469 beddays. Most outflows were to Concord, Royal Prince Alfred, St. George and Westmead Hospitals.

There are about 300 new cases of colorectal cancer per year. There are also a number of non-cancer surgical cases undertaken. The majority of the Area’s 34 general surgeons perform colorectal surgery, along with the four specialist VMO colorectal surgeons. Gastroenterologists largely manage inflammatory bowel diseases, however it is not uncommon for these conditions to need elective or emergency surgery. About 16% of the patients are admitted directly through the Emergency Departments of various hospitals.

In 2006, at a planned 85% occupancy, assuming no changes in flow, there will be a need for approximately 32 beds for adult patients in SWSAHS hospitals. The demand for colorectal surgery is forecast to grow by 3.8% to 2006 and by a further 7.2% to 2011.

### Current Services

#### Bankstown Hospital

In 2002/03, there were 533 separations; average LOS was 5.4 days (9.1 days excluding day only). At 95% occupancy this is equivalent to 8.3 beds.

Bowel Cancer screening is under trial for efficacy in pilot studies across Australia. GPs in Bankstown have set up a screening system. Population screening, if efficacious will require future development.

#### Fairfield Hospital

In 2002/03, there were 321 colorectal surgery separations, with an average LOS of 4.9 days (6.9 days excluding day only).

#### Liverpool Hospital

In 2002/03, there were 429 were separations; average LOS was 7 days (10.2 days excluding day only). At 95% occupancy this is equivalent to 9 beds.

**Campbelltown Hospital**

In 2002/03, there were 209 separations; average LOS was 7.6 days (8.0 days excluding day only). At 95% occupancy this is equivalent to 4.5 beds.

**Camden Hospital**

There were 313 colorectal surgery separations in 2002/03 and all were undertaken as day-only cases.

**Bowral Hospital**

In 2002/03, there were 101 separations. As 97% were day-only cases, the average LOS was 1.0 days

**Research and Teaching**

In 1995 a group of doctors and nurses established the South-Western Sydney Colorectal Tumour Group (CRTG). These doctors and nurses were representative of a number of the SWSAHS hospitals and held the belief that working more closely together would result in the better care of their patients with colorectal cancer.

The CRTG recognised the need to collect data specific to the SWSAHS including patterns of colorectal cancer, care and outcome, and established the CRTG database. Of particular interest was long-term data, which is a first for Australia. The logistics of this task required dedication from the members of the CRTG, steering committee members and data managers. The report covers the period from 1997 through 2001. The total number of cases during this period was 1,293 and represents one of the larger prospective series in Australia. The CRTG has promoted the multidisciplinary management of colorectal cancer from the outset.

A Colorectal Tumour Board has started with the recent appointment of a Colorectal Cancer Care Coordinator. It meets twice monthly for discussion of complex cases and review of cancer cases. A system for monitoring clinical pathways for all colorectal cancer patients is being established.

A stomal therapy nursing service review was commissioned by the Area Director of Nursing in 2003. Links and networking with colorectal surgeons and case coordinators; clinicians (inpatient and community) that work with people with stomas; consumer/carers; GPs nursing homes and ostomy associations were found to be crucial to develop the service.

**Capital and Technology**

The procurement of a Transrectal Endoscopic Microsurgical (TEMs) System will enhance the management of rectal tumours resulting in less major surgery, better outcomes with less complications and may prevent the need for the excision of the anus in some patients.

**RECOMMENDATIONS**

- An Area colorectal surgical unit be established at Bankstown Hospital with an Academic Chair appointed.
- The Area colorectal surgical unit formally monitor colorectal surgery outcomes (cancer and non-cancer) of all general and colorectal surgeons offering the service and develop a coherent system to improve outcomes, and co-ordinate patient education.
- Highly complex colorectal surgery (cancer and non-cancer) be provided at Bankstown. Other specialised colorectal surgery be provided at Campbelltown Hospital.
- Stomal Therapy Nursing function as an Area service across the continuum of care (pre-operative, post operative and community phases); and link with colorectal surgeons; case coordinators and other clinicians (inpatient and community) consumer/carers; GPs nursing homes and ostomy associations. Staffing to be enhanced.