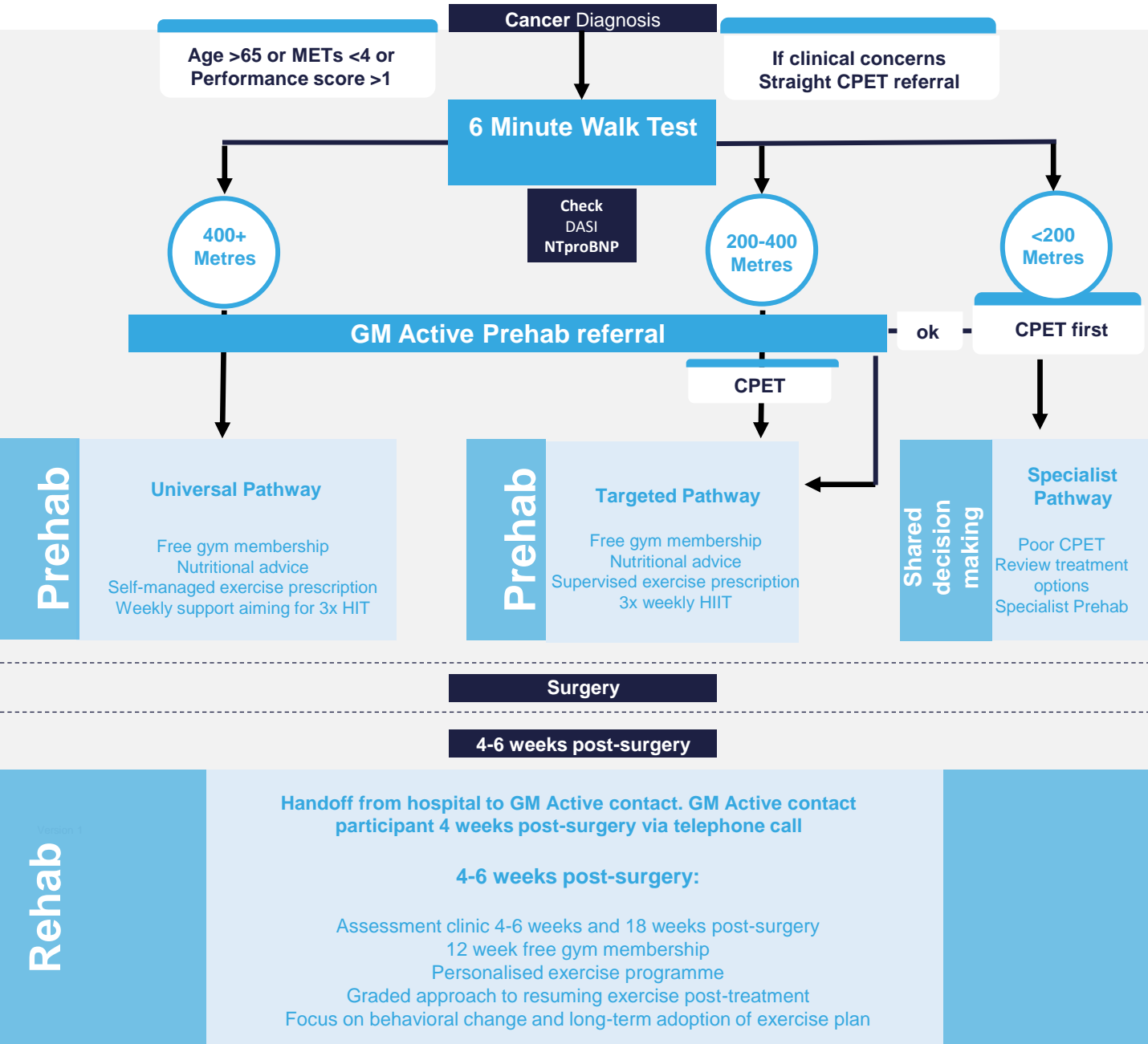




# Colorectal Surgical Pathway

## Patient Journey

**Straight to Surgery**





# Colorectal Surgery Pathway

## Patient Journey

Neo-adjuvant chemo/Dxt

Cancer Diagnosis

Refer for CPET

Check DASI NTproBNP

Age >60 or METs <4 or Performance score > 1

Chemo/Dxt

Recovery

Prehab

Supervised exercise prescription  
2x weekly HIIT and resistance  
Other days 30 min cardio  
Nutritional support

Supervised exercise prescription  
Increasing 3x weekly HIIT and resistance  
Other days 30 min cardio  
Nutritional support

CHRISTIES

OPERATING SITE

Surgery

4-6 weeks post-surgery

Rehab

Handoff from hospital to GM Active contact. GM Active contact participant 4 weeks post-surgery via telephone call

4-6 weeks post-surgery:

Assessment clinic 4-6 weeks and 18 weeks post-surgery  
12 week free gym membership  
Personalised exercise programme

Graded approach to resuming exercise post-treatment  
Focus on behavioral change and long-term adoption of exercise plan



# Colorectal Pathway

## Patient Journey

### Outcomes

30 day mortality  
 90 day mortality  
 Clavien Dindo  
 POMs day 7 and 15  
 30 day readmission  
 2 year survival

### Patent

EQ5D  
 WHO-DAS 2.0  
 FACT  
 FRAILTY  
 PHYSIOLOGICAL

### 6MWT

Exclusions:  
 Unstable cardiac or resp disease (recent MI)  
 Syncope attacks  
 SaO <85% at rest  
 PE < 2 weeks  
 Patients unable to maintain a steady walking pace  
 Lower limb claudication

Other potential contraindications:  
 Severe hypertension  
 Uncontrolled arrhythmia  
 Symptomatic Severe aortic stenosis  
 AAA > 8cms  
 Advanced pregnancy  
 Known HOCM

### CPET

Exclusions:  
 Unstable cardiac or resp disease (recent MI)  
 Syncope attacks  
 PE < 2 weeks  
 Patients unable to cycle

Other potential contraindications:  
 Severe hypertension  
 Uncontrolled arrhythmia  
 Symptomatic Severe aortic stenosis  
 AAA > 8cms  
 Advanced pregnancy  
 Known HOCM



# PREOPERATIVE ASSESSMENT AND OPTIMISATION

## COLORECTAL CANCER SURGERY

Friday: Day 0  
Week end  
Mon-Fri: Day 3-7  
Week end  
Mon: Day 10  
DAY 28+

**Colorectal MDT**  
decision made to operate

### Patient visit number 1:

All patients will have the following on a single visit

1. Meeting with Consultant Surgeon and CNS to discuss diagnosis and treatment
2. Anaemia screening bloods taken and referral to *Surgical Anaemia Service*
3. 6 Minute Walk Test (6MWT):
  - Band 4 'preop co-ordinator' performs test and follows referral algorithm based on result
  - Referral to *Prehabilitation Service* (if appropriate)
  - Appointment made for *CPET* (if appropriate)
4. Patient given *Nurse led preop assessment* (+/- CPET) appointment time for **following Monday**

Surgery

### Patient visit number 2:

All patients will have the following on a single visit

1. 'Nurse led preop assessment' appointment (all patients)
2. CPET appointment (if required)
3. IV Iron administration (if required)

Ideally a minimum of 2 weeks allowed for prehab & effects of IV Iron

Surgery