

FINDING OF COLORECTAL MALIGNANCY

- Ensure accurate documentation of location of lesion(s)
 - For rectal lesions ensure straight scope and document distance from anal verge on report
- Biopsy lesion (**at least 6 biopsies**)
- Tattoo **distal** to lesion at three circumferential sites
 - It is recommended to inject a saline bleb prior to tattoo
 - **Do not** tattoo cancers within 12cm of anal verge (Colorectal Department recommendation)
- **Do not** remove any polyps distal to the tumour as there is a risk of implantation metastases
 - Accurately document any other findings on the endoscopy report
- Request staging CT Thorax / Abdomen / Pelvis
 - Patients not having had an eGFR check in last 3 months will need this taking whilst in endoscopy department
- For lesions <20cm from anal verge request MRI Rectum (**not MRI pelvis**)
- If patient on colorectal 2WW pathway, request histology and staging scans under "Colorectal 2ww – Mrs D Nicol". For all other pathways, these should be requested in the name of the responsible consultant
- Inform the relevant teams:
 - Inform consultant by email (if named consultant requesting test)
 - Colorectal MDT (wah-tr.colorectalmdt@nhs.net)

Colorectal Clinical Nurse Specialists (wah-tr.colorectal2wwtriage@nhs.net)