

SWAG Cancer Alliance GP Treatment Summary: Post Radical Prostatectomy

National Cancer Survivorship Initiative (NCSI) - Working in Partnership



Department of Health



Name	Born	Gender	Hospital No	NHS No
------	------	--------	-------------	--------

Diagnosis:	Information will already be in place		
Date of Diagnosis:			
Organ/Staging:			
Treatment Aim:	Drop Down Options: Curative	Indicate from drop down treatment plan	
Treatment Aim Comments:			
This treatment summary relates to the completion of surgical treatment only and discussion in the specialist urology MDT. It may change with subsequent consultations and if so you will be notified by the consultant or urology clinical nurse specialist.			
Local/Distant	No		
Summary of treatment and relevant dates	Need to state – Operation, Date of Operation, Postoperative Complications and Histology if not already in place		

Comments:
<p>The following to be used for all patients UNLESS YOU STATE OTHERWISE:</p> <p>In future may be at risk of:</p> <p>Urinary urgency, frequency, incontinence and stricture – this should improve within the first 3-6 months</p> <ul style="list-style-type: none"> • Encouragement to do pelvic floor exercises daily and continue with these long term • Avoid excess caffeine, fizzy drinks and acidic drinks such as orange juice • Incontinence pads not available in the community until 6 months post-op and following assessment with the continence team • Referral to specialist physiotherapy continence service can be made by GP or Clinical Nurse Specialist if required • Urinary sheath available on prescription if all other options are unsuitable <p>Sexual function & infertility including erectile dysfunction and dry orgasms</p> <ul style="list-style-type: none"> • Information about the vacuum pump available • Patient can be referred to Erectile Dysfunction clinic to see an Andrology specialist • Penile shortening can occur and penile rehabilitation is encouraged <p>Lethargy, poor concentration and low stamina – these should all improve after treatment ends; regular exercise speeds up recovery</p> <p>Emotional problems/ anxiety/ depression – advice from urology clinical nurse specialist team, patient support groups and counselling services are available</p> <p>Hernia from wound site. Please refer to general surgical team</p> <p>Alert symptoms that require referral back to specialist team</p> <p>The following will be automatically inserted UNLESS YOU STATE OTHERWISE:</p> <p>Detectable PSA above 0.1ug/l</p> <p>If urine flow decreases significantly or patient has difficulties passing urine then referral back to urologist is recommended</p> <p>Secondary Ongoing Management Plan (Tests Appointments etc.)</p> <p>State if for –</p> <p>Radiotherapy – this treatment will be co-ordinated by (insert relevant treatment centre e.g. Bristol Haematology and Oncology centre / Bath/ Cheltenham/ Taunton)</p> <p>PSA surveillance testing will be ongoing and the frequency of this will depend on individual patient needs. These tests are recommended to be performed by the patient’s GP practice and the results will be inputted onto the patient tracker/ are required in preparation for clinic appointment or telephone review (delete as appropriate)</p>

Advise entry onto primary care palliative or supportive care register	Drop Down Options:	Indicate Yes /No
DS1500 application completed	Drop Down Options:	No
Prescription Charge exemption arranged	Drop Down Options:	Indicate Yes/ No
Contacts for re-referrals or queries: In Hours Out of Hours	In Hours: (provide number) Out of hours: (provide number) Urology Clinical Nurse Specialists (provide number)	

Referrals made to other services:			Tick relevant boxes or advise secretary which boxes to tick
AHP	Menopause/Endocrine support	Sexual dysfunction therapist	
Benefits/Advice Service	Occupational Therapist	Social Worker	
Bowel or bladder Incontinence service	Other	Speech and language therapist	
Clinical Nurse Specialist	Physical activity	Stoma service	
Complementary Therapist	Physiotherapy	Support Group	
Dietitian	Prosthetics service	Vocational Rehabilitation (work)	
District Nurse	Psychologist	Wig service	

Required GP actions in addition to GP Cancer Care Review (e.g. ongoing medication, osteoporosis and cardiac screening):

State the following AS APPROPRIATE:
Regular PSA tests will be required to monitor for any signs of disease recurrence. These will be inputted into the PSA tracker at the hospital and the patient will be contacted with the results. The patient has been advised to ask for the actual PSA result if they contact the urology department. **Please amend this section if your hospital does not have a PSA tracker or you use a different protocol**

Summary of information given to the patient about their cancer and future progress:

The following will be inserted UNLESS YOU STATE OTHERWISE:
..... is aware of all the details regarding his prostate cancer treatment and ongoing surveillance plan as documented in the information above. He understands the aim of treatment was curative and that all treatments have been given with the aim of reducing the future risk of relapse as much as possible. He understands that if he has any symptoms of concern he should contact the urology clinical nurse specialists who will advise on an appropriate course of action.
After treatment patients will receive information regarding a Holistic Needs Appointment and a date to attend a Health and Well-being Event.

Additional information relating to lifestyle and support needs:
We have explained the importance of a healthy lifestyle after cancer treatment encouraging a healthy weight, well balanced diet, minimal alcohol, regular exercise and smoking cessation.
There are many services available to support patients in their recovery and the urology clinical nurse specialists and our Macmillan Support Worker(s) are very happy to discuss any concerns or help with referrals

Insert relevant local information about Cancer Information & Support centres, exercise schemes, self-management programmes, fatigue management services, prostate charities e.g. Prostate Cancer UK and relevant local prostate support groups etc.