

**SHARED CARE LES GUIDANCE FOR PATIENTS WITH :
LYMPHOCYTOSIS, CHRONIC LYMPHOCYTIC LEUKAEMIA (CLL) AND LOW
GRADE LYMPHOMA WITH OVERSPILL INTO THE BLOOD**

PATIENTS WILL BE DISCHARGED FROM SECONDARY CARE IF

- They are asymptomatic
- Their fbc is stable (no anaemia or very low platelets or rapidly rising white cell count)

GP MONITORING OF PATIENTS RETURNED TO PRIMARY CARE

Review Frequency: 6 monthly

What to check:

- FBC*
- Examine the liver and spleen*
- Up to date with flu and pneumococcal vaccination*
- Absence of symptoms:
 - unexplained weight loss
 - drenching night sweats
 - repeated infections
 - disabling tiredness

Data entry: Via template * indicates important codes to enter into the template to trigger payment

It is advisable to treat bacterial infections promptly with antibiotics and to treat shingles with acyclovir.

REFER BACK TO THE HAEMATOLOGY CLINIC UHNS ON FAX 01782 555286 IF

- Symptoms as above
- Lymphadenopathy that is increasing in size and is uncomfortable
- Development of hepatomegaly or splenomegaly
- HB <10g/dL
- Platelet count <100x10⁹/L and falling
- *An increase in the lymphocyte count – doubling within 6 months

SHARED CARE LES GUIDANCE FOR PATIENTS WITH:
PARAPROTEINAEMIA (MONOCLONAL GAMMOPATHY OF UNCERTAIN
SIGNIFICANCE 'MGUS')

PATIENTS WILL BE DISCHARGED FROM SECONDARY CARE IF

- They are asymptomatic
- Their bloods are stable

GP MONITORING OF PATIENTS RETURNED TO PRIMARY CARE

Review Frequency: 12 monthly

What to check:

- FBC*
- Immunoglobulins*
- Electrophoresis*
- U+E*
- Calcium*
- Examine the liver and spleen*
- Up to date with flu and pneumococcal vaccination*
- Absence of symptoms:
 - unexplained weight loss
 - drenching night sweats*
 - bone pains – a plain X-Ray must be arranged

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REFER BACK TO THE HAEMATOLOGY CLINIC UHNS ON FAX 01782 555286 IF

- Symptoms as above
- Lymphadenopathy that is increasing in size and is uncomfortable
- Development of hepatomegaly or splenomegaly
- Paraprotein concentration rises to IgG >20g/L ; IgA or IgM >15g/L
- X-ray shows lytic lesions
- Renal function deteriorates without other explanation
- HB falls to <11g/L Men, <10g/L Women
- Platelet count drops to <100 x10⁹/L

**SHARED CARE LES GUIDANCE FOR PATIENTS WITH:
ABNORMAL LIVER FUNCTION TESTS WITH A NEGATIVE LIVER DIAGNOSTIC
SCREEN (MOST COMMONLY KNOWN AS 'FATTY LIVER')**

PATIENTS WILL BE DISCHARGED FROM SECONDARY CARE IF

- The risk of liver fibrosis is considered low

GP MONITORING OF PATIENTS RETURNED TO PRIMARY CARE

Review Frequency: 12 monthly

What to check:

- Assessment of alcohol intake*
- Weight*
- Triglycerides*
- LFT's*
- Fasting glucose*
- Examine the liver and spleen to exclude portal hypertension*
- Check BP*
- Check for jaundice and ascites*

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REFER BACK TO SECONDARY CARE LIVER CLINIC IF

- LFT change to > 2x upper limit normal (excluding GGT)
- Development of ascites
- Development of jaundice
- Development of splenomegaly
- If there is a >5% body weight loss (look for muscle wasting)
- Platelets drop to <100 x 10⁹/L

HELPFUL TIPS:

Liver fibrosis is more likely if:
BMI >28
TG > 1.7 fasting
ALT > 1.5x upper limit normal
DM or HBP present
AST/ALT ratio >1

**SHARED CARE LES GUIDANCE FOR PATIENTS WITH:
ALCOHOL RELATED ABNORMAL LIVER FUNCTION TESTS (LFTS)**

PATIENTS WILL BE DISCHARGED FROM SECONDARY CARE IF

- No evidence of decompensation
- No evidence of portal hypertension
- No additional cause of abnormal LFTs

GP MONITORING OF PATIENTS RETURNED TO PRIMARY CARE

Review Frequency: 6 monthly

What to check:

- Assessment of alcohol intake
- LFTs*
- FBC*
- Examine for ascites*
- Examine for jaundice*
- Examine the liver and spleen to exclude portal hypertension*
- Check weight and BMI

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REFER BACK TO SECONDARY CARE LIVER CLINIC IF

- *LFT > 3x upper limit normal (excluding GGT)
- *PI <100
- *Development ascites
- *Development of jaundice
- *Development of signs of portal hypertension
- *If there is a >5% body weight loss (look for muscle wasting)

**SHARED CARE LES GUIDANCE FOR PATIENTS WITH:
STABLE COELIAC DISEASE**

PATIENTS WILL BE DISCHARGED FROM SECONDARY CARE IF

- Negative t-transglutaminase antibody (tTGAb) or normal duodenal biopsy after institution of a gluten free diet
- Good patient understanding of the disease and it's management
- No evidence of osteoporosis (if osteopaenia patient will have clear understanding of the DEXA scan follow up arrangements)

GP MONITORING OF PATIENTS RETURNED TO PRIMARY CARE

Review Frequency: 12 monthly

What to check:

- FBC*
- Calcium*
- Inorganic Phosphate* - in Bone Profile
- tTGAb * (TTG)
- Weight*
- Ferritin*
- B12*
- Folate*
-

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REFER BACK TO THE GASTROENTEROLOGY CLINIC IF

- Calcium low
- Phosphate elevated
- HB fall of >2g/L
- Wt loss of >5%
- Any abdominal symptoms or weight loss whilst pregnant

**SHARED CARE LES GUIDANCE FOR PATIENTS WITH:
STABLE ULCERATIVE COLITIS AND CROHNS DISEASE**

PATIENTS WILL BE DISCHARGED FROM SECONDARY CARE IF

- Good symptom control with no more than one 8 week course of steroids in 1 year
- Not on azathioprine or other immunosuppressants
- No nutritional problems
- Control of perianal disease
- No evidence of unexplained abnormal LFT's
- >12 months since diagnosis made and patient coping with the condition
- If needing surveillance investigations, will have confirmed presence on the surveillance waiting list before discharge

GP MONITORING OF PATIENTS RETURNED TO PRIMARY CARE

Review Frequency: 12 monthly

What to check:

- FBC*
- U+E*
- Bone profile*
- LFTs*
- Weight*
- If terminal ileal resection up to date with B12 injections
- Absence of symptoms:
 - Unmanageable bowel habit
 - Acute or chronic abdominal pain

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REFER BACK TO THE GASTROENTEROLOGY CLINIC IF

- Symptoms requiring > 1 steroid course per year
- HB fall of >2g/L
- Wt loss of >5%
- Deterioration in LFTs

MEDICATION ADVICE:

Crohns disease relapse – mild mesalazine 4g/d ;moderate budesonide 9mg d reduced over 8 weeks ;severe prednisolone 40mg reduced over 8 weeks

Total Colitis relapse; – 2-4g mesalazine or 6.75 mg balsalazide daily.
If no response try prednisolone 40mg od reduced over 8 weeks

Disease to the splenic flexure only 1g mesalazine foam enema plus 2-4g mesalazine or 6.75mg balsalazide daily If no response prednisolone 40mg daily reduced over 8 weeks

Constipation – fybogel