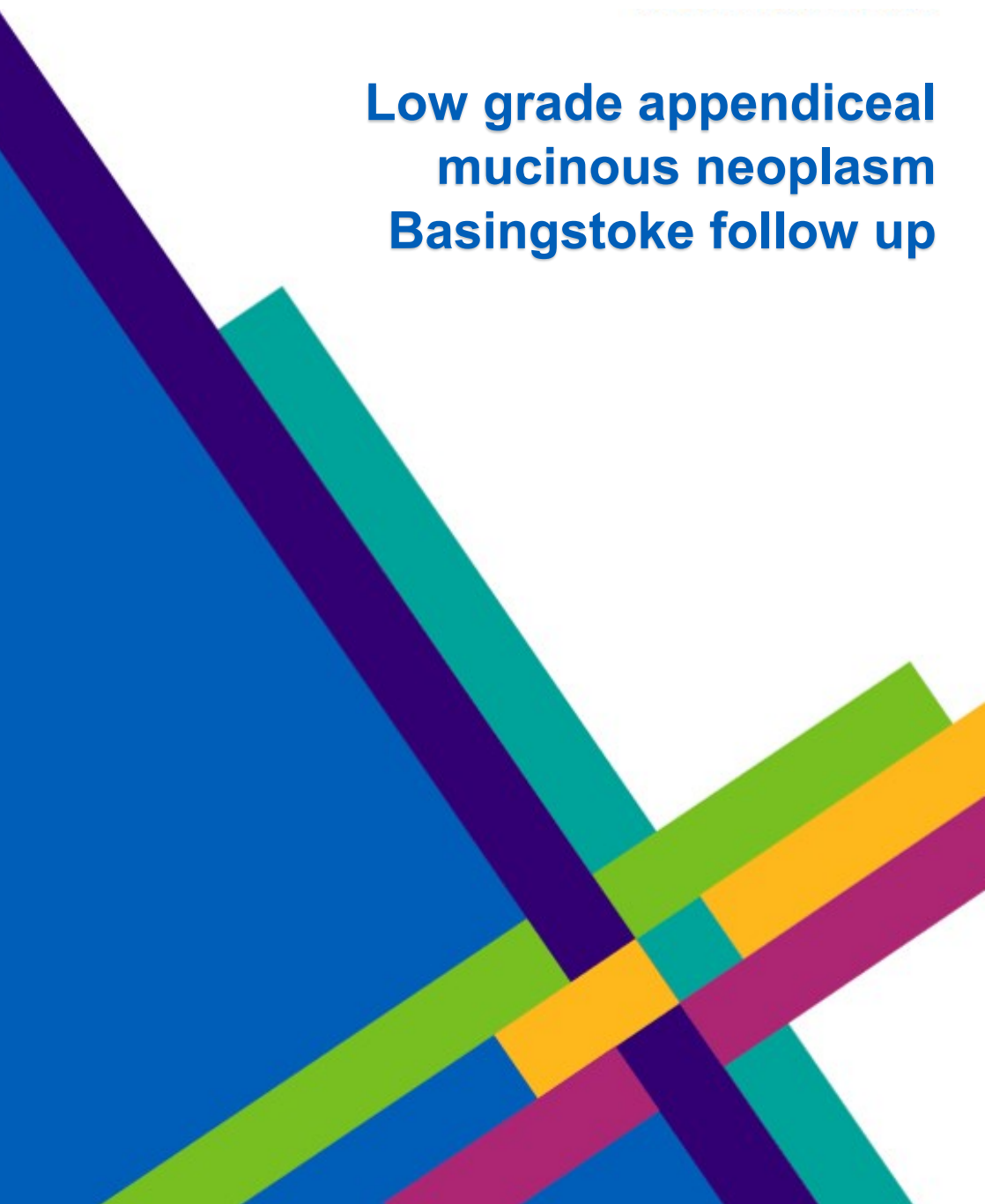




Salisbury
NHS Foundation Trust

Low grade appendiceal mucinous neoplasm Basingstoke follow up



Basingstoke watch and wait

Low grade Appendiceal Mucinous Neoplasm (LAMN)

Nurse Specialist—01722 425194

After having a discussion with your surgeon, you may feel there's a lot to take in. This booklet aims to provide you with general information about LAMNs and your follow up pathway.

Your follow up is called 'Basingstoke watch and wait', this is because Basingstoke Hospital is a national centre for the treatment of LAMNs. We send all your information for them to review and they provide guidance about further investigations, treatments and follow up.

What is the appendix?

Your appendix is part of your digestive system, it's a thin tube around 5-10cm long in your lower right abdomen. It sits at the point where your small intestine meets your large intestine. The appendix doesn't perform any important function and removing it doesn't cause any long-term problems.

What are appendix tumours?

Abnormal growths (tumours) can develop in the appendix. These can be benign (non-cancerous) or malignant (cancerous), with the ability to spread to other parts of the body. They are usually very slow growing and are often picked up incidentally.

Types of appendix tumours and grading

Tumours are categorised based on the type of cells involved and how different they look when compared to normal cells under a microscope. The cell types are named for their behaviours, such as, the likelihood of spreading to other parts of the body, the rate of growth and ability to be removed surgically. 'Low grade' means that these tumour cells are more

likely to grow at a slower rate and are less likely to spread compared to 'high grade' tumour cells.

LAMN

Low Grade Appendiceal Mucinous Neoplasm (LAMN) are tumours that arise from the lining of the appendix. They are often cured by removing the appendix, but sometimes they can spread within the abdomen and cause problems locally, this is called pseudomyxoma peritonei.

Pseudomyxoma peritonei

This is a rare disease and is often referred to as being a 'borderline malignant' condition as it spreads only within the abdominal cavity or peritoneum (thin layer of tissue that holds abdominal organs in place). It produces a large amount of mucinous fluid, which has a similar consistency to jelly, in the abdominal cavity. This is often referred to as 'Jelly Belly'.

Symptoms can include:

- Abdominal pain, swelling and bloating
- Changes in bowel habit
- Loss of appetite
- Feeling of fullness

If you are concerned about these symptoms, please call the team on the number above.

Follow up

Now you have had surgery, your case has been reviewed by the specialist centre and no other treatment has been recommended, a follow up programme has been put in place for you as demonstrated on the next page:

One off colonoscopy (unless specified)				
Post-operative timeline	1 Year	3 Years	5 Years	10 Years
CT scan (abdomen & pelvis)				
CEA				
CA 125				
CA 19-9				

CEA, CA 125 and CA 19-9 are specific tumour markers that we monitor with a blood test, you would also need “U&E”s which ensures your kidneys are healthy and able to process the dye used for scans.

A few weeks before you are due investigations you will receive a letter with a blood test form to have done either at your GP or here in Salisbury Hospital. You will receive a separate letter with the date/time of your scan. Once these have been reviewed by the team in Salisbury you will be sent a letter with the results and when further investigations are due.

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