

Talking to Your GP

This factsheet has been written to help when you visit your GP. **The most important thing is not to be embarrassed when you talk to your doctor. Remember, they deal with many patients with similar problems every day. It is also important to remember that most symptoms do not turn out to be bowel cancer.**

Before your visit

Before your visit it would be useful to make notes of any changes in your normal bowel habit and it is often better to keep a diary of your symptoms than rely on your memory alone. Also, write a list of questions that you may have and want to discuss. Bowel Cancer UK can provide you with a 'Symptom Diary' – contact our **Bowel Cancer Advisory Service on freephone 0800 8 40 35 40** for a copy or you can download it from our website www.bowelcanceruk.org.uk

Questions your GP might ask are:

- Have you noticed a change in your bowel habit?
- How long have any changes been going on?
- Are they continuous or do they come and go?
- Have you noticed blood in your stools?
- Do you have any pain when going to the toilet?
- Are any symptoms waking you at night?
- Do you feel sick or get indigestion?
- Have you lost any weight recently?
- Are you feeling particularly tired for no obvious reason?

Other aspects of your life that your GP may ask you about include:

Changes in Your Lifestyle

- Changes in diet or exercise
- Causes of stress
- Overseas holidays
- Medication (including laxatives, antibiotics, indigestion remedies and pain killers)

Relevant Medical History

- Digestive/bowel problems such as ulcerative colitis, Irritable Bowel Syndrome or Crohn's disease.
- Any past investigations or surgical operations you may have had
- Any other significant illness



Family History

It is important that you talk to your GP if you know that any of the following family cancer histories apply to you:

- One first degree relative (i.e. mother/father/brother/sister/child) in your family was diagnosed with bowel cancer under the age of 45

Or

- Two first degree relatives and/or one first degree and one second degree relative (i.e. grandparent, aunt, uncle) on the same side of your family have had bowel cancer

Or

- There are cases of bowel cancer and also endometrial, ovarian, stomach, pancreatic and biliary or kidney cancer within the family

There are two rare genetic conditions in which people have a high risk of developing bowel cancer. With Familial Adenomatous Polyposis (FAP), many benign tumours, called polyps, are found in the lining of the bowel. People with FAP have a high risk of developing bowel cancer. In another inherited genetic condition known as Hereditary Non-Polyposis Colon Cancer (HNPCC), bowel cancers develop at an early age, sometimes in more than one place in the bowel.

Your GP will be able to advise you on bowel cancer screening options if you have a family history of bowel cancer.

During your visit you may find it helpful to:

- Bring a relative or friend to the consultation
- Make notes
- Ask as many questions as you need
- Speak to your practice nurse for further advice

You may find the following additional factsheets helpful:

- Keeping A Symptom Diary
- Understanding Bowel Cancer
- Knowing The Symptoms And Who Is At Risk
- Reducing Your Risk

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For further information contact the Bowel Cancer Advisory Service on: (Freephone) 0800 8 40 35 40

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