

National Institute for Health and Clinical Excellence

**Colorectal cancer
Stakeholder Comments**

Please enter the name of your registered stakeholder organisation below.

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Name:		John Goddard
Stakeholder Organisation:		British Pain Society
Comment No.	Section number <small>Indicate section number or '<u>general</u>' if your comment relates to the whole document</small>	Comments Please insert each new comment in a new row. Please do not paste other tables into this table, as your comments could get lost – type directly into this table.
1	4.3.1.s	<p>Anaesthesia, and particularly postoperative pain management, is an issue which strongly affects the patient's experience of major colorectal surgery. Epidural analgesia can provide better analgesia than all other forms of analgesia and it has been argued that this is an unambiguous clinical indication for postoperative epidural analgesia (1). There is also some evidence that patient mortality and morbidity are directly influenced by anaesthetic provision for colorectal surgery. Improved pain relief, reduced duration of ileus and no effect on anastomotic leak rates have been reported (2). There may also be potential for cost savings (3).</p> <p>We would suggest that this aspect of patient management is specifically addressed by the guideline.</p> <ol style="list-style-type: none"> 1. Barrington MJ, Scott DA. Lancet 2008; 372: 514-516. 2. Gendall KA et al. Colorectal disease 2007; 9: 584-598. 3. White PF et al. Anesth Analg 2007; 104: 1380-1396.
2		

Please add extra rows as needed

Please email this form to: colorectalcancer@nice.org.uk

Closing date: 5pm on 18 March 2009

PLEASE NOTE: The Institute reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of the Institute, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.