

## SPSO decision report

**Case:** 201303728, Highland NHS Board  
**Sector:** health  
**Subject:** clinical treatment / diagnosis  
**Outcome:** not upheld, no recommendations

### Summary

Mrs C complained about the care and treatment provided to her late husband (Mr C) following his diagnosis and treatment for cancer in 2010. Mr C was diagnosed with cancer of the oesophagus (gullet), and in November 2010 had chemotherapy (treatment with toxic drugs to kill or reduce cancer cells) and surgery. He attended regular follow-up appointments, firstly with the surgeon who treated him, and then with a nurse specialist from the surgeon's team. During these appointments Mr C reported that he was suffering nausea and 'gagging' when eating and that although he had a reduced appetite, he was forcing himself to eat to try to regain his health. In the late summer of 2012 he became increasingly unwell and his GP referred him back to the surgeon.

The surgeon reviewed Mr C and ordered a computerised tomography scan (CT scan - which uses a computer to produce an image of the body), which took place in early October. As Mr A continued to deteriorate, he was admitted to Raigmore Hospital a few days later. When the scan was reviewed Mr C was diagnosed with a recurrence of his cancer, which was inoperable. He died later that month after being transferred to a hospice.

During our investigation we took independent advice from a medical adviser who is a cancer specialist with experience of oesophageal cancers. Mrs C told us that she was concerned that no CT scan was carried out after surgery to confirm that all the cancer had been removed, and that regular CT scanning was not part of the follow-up programme. The adviser said that there is no scan or test that can definitely say that all cancer has been removed and, similarly, national guidance on the management of oesophageal cancers did not recommend regular CT scanning as no benefit has been found in this. The board's local follow-up protocol mirrored that guidance. The adviser also said that Mr C's ongoing symptoms were common in patients who have had oesophageal cancers, and can take a year or more to settle down. The adviser noted that the symptoms were recorded and monitored and that relevant advice, for example from a dietician, had been given. We were satisfied that Mr C was appropriately followed up and that, when he became unwell, the board took appropriate and timely action to investigate this.