

## If you require a special edition of this leaflet

This leaflet is available in large print. Arrangements can also be made on request for it to be explained in your preferred language. Please contact the Patient Advice and Liaison Service (PALS) email: [Pals@rjah.nhs.uk](mailto:Pals@rjah.nhs.uk)

Author: Elizabeth Nicholls  
Date of publication: January 2015  
Date of review: January 2017  
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### Hospital Stop Smoking Service

For advice and information on quitting smoking, or for an informal chat, please contact the Hospital Stop Smoking Sister on:  
**01691 404114**

### Where to find more information

Freephone telephone help services  
Cancerbackup  
0808 800 1234  
Macmillan Cancer Support  
0808 808 2020  
**Useful websites**  
[www.sarcoma-uk.org](http://www.sarcoma-uk.org)  
[www.cancerhelp.org.uk](http://www.cancerhelp.org.uk)  
[www.cancerbackup.org.uk](http://www.cancerbackup.org.uk)

# Information for patients

## Follow-up Information for patients



# Musculoskeletal Tumour Service

The Robert Jones and Agnes Hunt  
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[www.rjah.nhs.uk](http://www.rjah.nhs.uk)

## This leaflet will help you understand the follow-up procedures necessary following your surgery.

The risks of developing recurrent disease will depend upon

- The type of tumour you have had treated
- its location
- the type of surgery you have undergone
- and the effectiveness of any other treatment (chemotherapy, radiotherapy etc)

## There are two main ways which the tumour can return:

### 1. In the lungs

This is the most common site for seedlings (metastases) to appear. It is unlikely that an early metastasis in the lungs will cause you any symptoms so the aim of follow up is to detect any metastases when they are small.

The best way to do this is with regular Chest X Rays (CXR). If these show anything unusual you would then usually have a CT scan to give further details about the abnormality.

The frequency with which you need a CXR will be decided by your treating doctors but standard follow up would entail a CXR every 3 months for 2 years from diagnosis and then 6 monthly until 5 years, followed by yearly appointments until 8-10 years.

People at high risk might have more frequent scans whilst those at lower risk might need less frequent ones.

Although Lung metastases are usually without any symptoms – they can usually be detected by regular chest X-Ray's

### 2. Or in the same area where the first tumour was

This is known as local recurrence and may occur if one or two microscopic cells have not been removed.

Local recurrence usually presents with a new lump or pain appearing in the area of the previous operation. It is important that you examine the area on a regular basis and report any new lump or concerns to the unit immediately They will offer you an urgent appointment for review. You may well need more scans (MRI) to assess if local recurrence is present or not and you may also need a biopsy.

Local recurrence is often detected first by patients – any new lump or pain at the site of your original tumour has to be considered suspicious until proved otherwise

We appreciate this may be a worrying time, but we are only a phone call away if you have any questions or if concerned about new symptoms:

### Further Information

Please contact the tumour unit with any questions or if you are concerned on **01691 404107**.

If there is no one to take your call please leave your name and number on the answer machine.