



Colon and Rectal Cancer

What is colon or rectal cancer?

Colon or rectal cancer is an uncontrolled growth of cells in the colon or rectum. The growth of cells is called a tumor. The colon and rectum are two sections of the large intestine. The tumor disrupts blood vessels in the colon or rectum and can obstruct normal bowel function.

It is important to diagnose and treat the tumor as soon as possible. If not treated, the cancer can spread to other parts of the body.

The large intestine is one of the three most common sites for cancer to occur. (The other two most common sites are the lungs and the breasts.) This type of cancer usually occurs after age 50. Another term for this type of cancer is colorectal cancer.

How does it occur?

Cancer cells are abnormal cells that grow, change in size and shape, and can continue to grow and spread beyond their original site. They sometimes regrow in the same area from which they have previously been surgically removed. Most colorectal cancers arise from a certain type of polyp that forms on the surface of the wall of the colon.

There are several suspected, but as yet unproven, causes of colorectal cancer. Diet may contribute to colorectal cancer. The disease is more common in countries whose residents eat highly refined, low-fiber diets. A diet with high animal fat content is also suspected. Calcium supplementation and a high-fiber diet are currently thought to reduce the risks of colorectal cancer.



What are the symptoms?

The condition may exist without symptoms. However, if symptoms do occur they may include:

- blood in bowel movements (stools)
- constipation
- diarrhea
- weight loss
- anemia
- pain or discomfort in the abdomen
- fullness in the abdomen.

How is it diagnosed?

The doctor reviews your symptoms and examines your rectum and abdomen. A stool sample will probably be tested for the presence of blood.

Procedures called sigmoidoscopy or colonoscopy allow your doctor to look at the inside of the colon and rectum. Before these tests you are given a sedative to help you relax. During a sigmoidoscopy or colonoscopy the doctor inserts a slim, flexible, fiberoptic scope into your rectum to view the inside of your colon. The doctor may remove a small piece of any abnormal-looking tissue to test it for cancer.

Your doctor may do a procedure called a barium enema. In this procedure you are given an enema that contains dye. X-rays are then taken which show the inner contour of the colon.

How is it treated?

Your doctor will determine the stage of the cancer, from early to advanced. Your doctor may suggest surgery and conduct more tests to see if the cancer has spread to other organs. The stage



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(or amount of spread) of the cancer determines the treatment choices and the future course of the illness.

The tumor or any organs or parts of organs that are affected may be removed with surgery. The surgeon may cut out the section of the colon that has the cancer and then rejoin the ends of the intestine. This procedure is called resection and reanastomosis.

In another procedure called a colostomy, the surgeon makes an opening in the abdominal wall, removes the cancerous portion of the colon, and attaches the healthy end of the shortened colon to the opening in the outside wall of the abdomen. It is then through this opening that your bowel movements will be passed. You will wear a colostomy bag outside your body, under your clothes, to collect the bowel movements. In some cases the colostomy is temporary and at other times it is permanent.

How long will the effects last?

In some cases the cancer may be cured with surgery alone. But additional treatment such as chemotherapy or radiation may be needed to prevent or treat the spread of cancer to other vital organs.

Your chance of cure depends on how far the cancer has advanced. When a cancer is removed before it has spread into the wall of the colon, more than 90% of people survive 5 years or longer. This percentage decreases if the cancer has spread at the time of surgery.

If you have a colostomy, your health care team will help you adapt to living with a colostomy. Your doctor may suggest dietary changes to restrict gas-forming and odor-causing foods such as beans, eggs, fish, and carbonated drinks. Many people live healthy, active lives with colostomies.



How can I take care of myself?

Follow the treatment that you and your doctor determine, and seek the advice of other health professionals as needed. In addition, maintain a lifestyle that allows you to:

- Get enough rest and sleep.
- Eat nutritious foods, following your after-surgery diet instructions.
- Exercise according to your doctor's recommendations.
- Relax using techniques such as positive mental imaging, muscle relaxation exercises, and diaphragmatic breathing exercises.
- Seek enjoyable and humorous experiences to relieve stress.
- Talk with a mental health professional about anxiety concerning cancer if you think it might help.

If you have a colostomy:

- ❖ Learn how to take care of your colostomy.
- ❖ Allow yourself time to adjust to changes in your body image. You may need to change your style of clothing to accommodate the colostomy.
- ❖ Seek sexual counseling for yourself and your partner if you feel you need it.
- ❖ You may feel anger, frustration, grief, and embarrassment about the cancer and colostomy. Ease your emotional stress by expressing your feelings.

What can be done to help prevent colorectal cancer from occurring or recurring?

To prevent or detect recurrence of the cancer, follow the guidelines your doctor gives you. Also, you should:



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- Keep your doctor's appointments and exam dates for future follow-ups.
- Check yourself for symptoms or signs
- Call your doctor if changes occur.
- If you do not have colorectal cancer but have a family history of colon cancer, tell your doctor so he or she can arrange for you to be tested regularly. It is prudent for people over 50 with known risk factors for colorectal cancer to have occult blood (blood that appears from a nonspecific source) screening, sigmoidoscopy, or colonoscopy. People without known risk factors for colorectal cancer should discuss the advantages and limitations of screening with their doctor.
- A low-fat, high-fiber diet may help prevent colorectal cancer, as may calcium supplements. Eat foods low in animal fat and high in fiber, including cruciferous vegetables (cabbage, broccoli, cauliflower, and Brussels sprouts).

The American Cancer Society is an important resource. Contact the American Cancer Society for more information. Call or write:

American Cancer Society, Inc.

1599 Clifton Road, NE

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