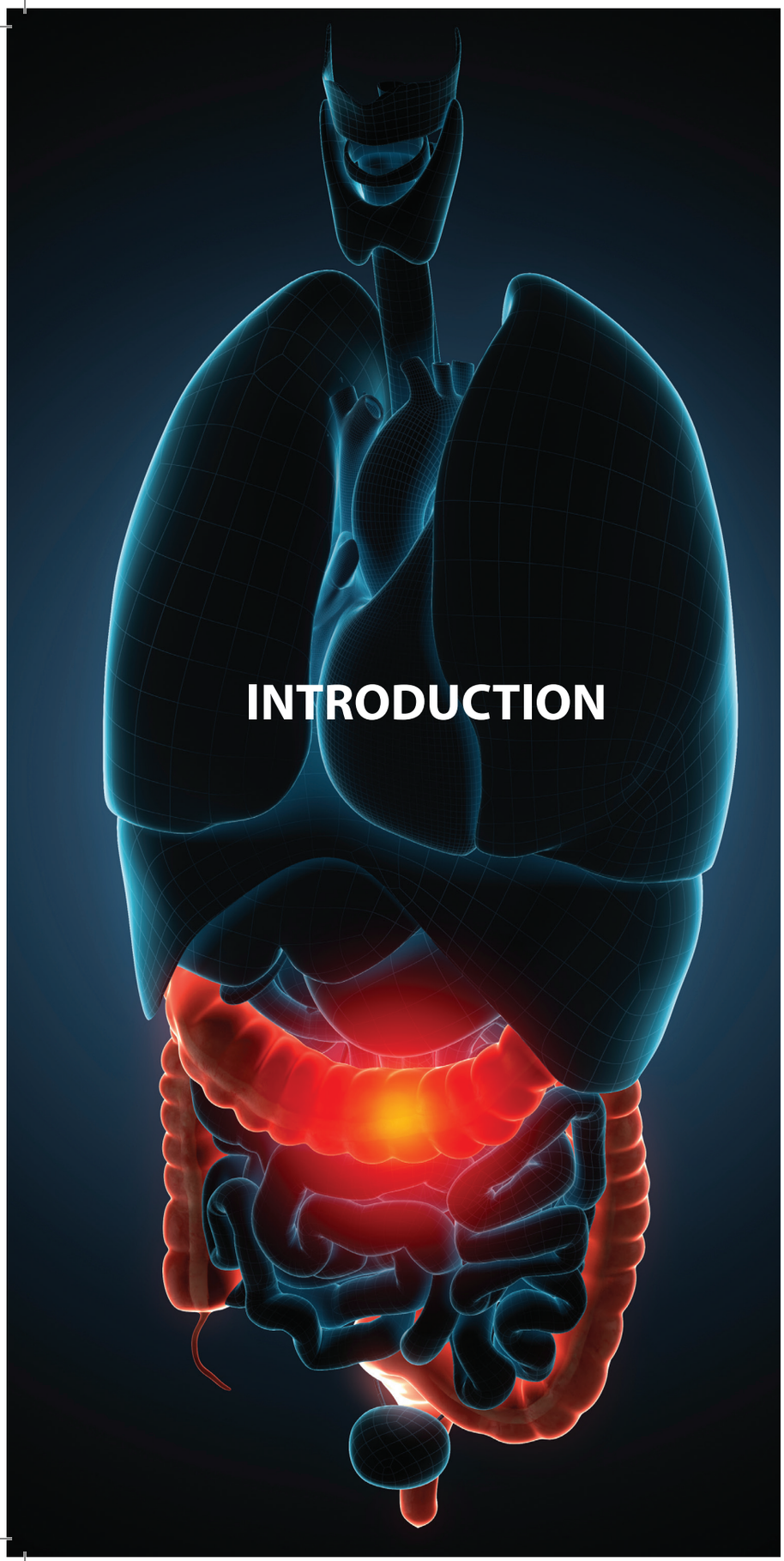
colorectal cancer

Department of Surgical Oncology

VPS healthcare

برجيل
burjeel
cancer institute



INTRODUCTION

Colorectal cancer is a common cancer that affects the large bowel at the beginning. Depending on where the cancer starts, large bowel cancer is sometimes called colorectal cancer. Globally this condition is on the rise and is affecting younger people more.

Data from the USA and UK NHS show that bowel cancer is one of the most common types of cancer diagnosed. About one in every 20 people will develop bowel cancer during their lifetime.

signs and symptoms

The three main symptoms of bowel cancer are blood in the stools (faeces), changes in bowel habit (such as more frequent, looser stools) and abdominal (tummy) pains. However, these symptoms are very common in other conditions and most people that have them do not necessarily have bowel cancer. For example, blood in the stools is more often caused by haemorrhoids (piles), and change in bowel habit or abdominal pains can be due to something you have eaten.

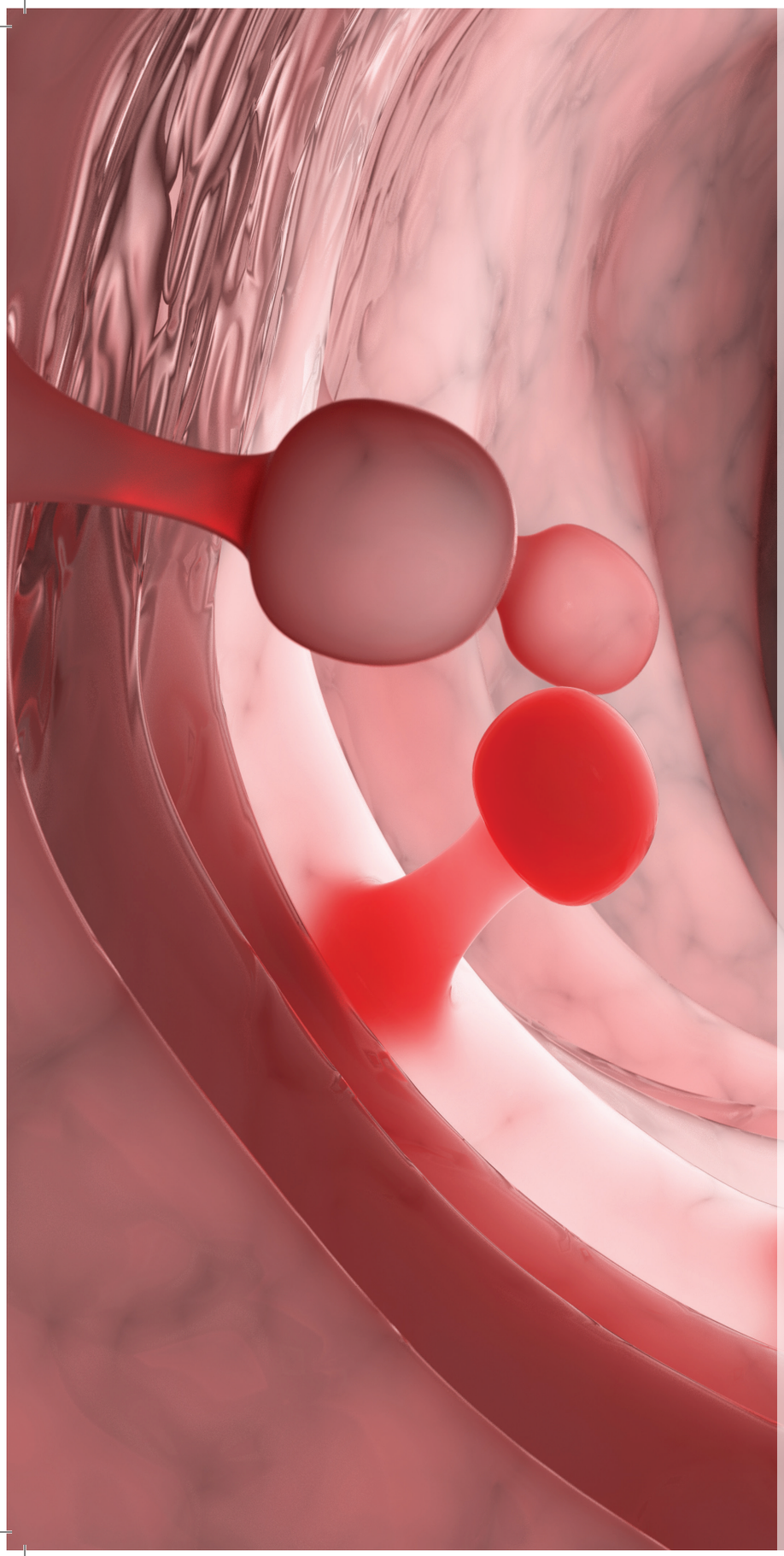
self-help methods

As almost nine out of 10 people with bowel cancer are over 60 years old, these symptoms are more important as we get older. They are also more significant when they persist despite simple treatments.

Most people who are eventually diagnosed with bowel cancer have one of the following symptom combinations:

- a persistent change in bowel habit causing them to go to the toilet more often and pass looser stools, usually together with blood on or in their stools
- a persistent change in bowel habit without blood in their stools, but with abdominal pain
- blood in the stools without other symptoms such as soreness, discomfort, pain, itching or a lump hanging down outside the back passage
- abdominal pain, discomfort or bloating always provoked by eating, sometimes associated with weight loss.

  The symptoms of bowel cancer can be subtle and don't necessarily make you feel ill.



when to seek medical advice?

If you have any of the above symptoms or you do not feel yourself any more, it is advisable to see a surgeon to discuss whether any tests are necessary to put your mind at ease.

Initially your surgeon will probably carry out a simple examination of your tummy and bottom to make sure you have no lumps. In some cases, your doctor may decide it is best for you to have simple tests in hospital to make sure there is no serious cause for your symptoms. If your symptoms persist or keep coming back regardless of their severity or your age, make sure you return to your doctor.

known risk factors

Having a close relative (mother or father, brother or sister) who developed bowel cancer below 50 years of age puts you at a greater lifetime risk of developing the condition. Some people are also at an increased risk of bowel cancer because they have another condition that affects their bowel, such as severe ulcerative colitis or Crohn's disease over a long period of time.

bowel cancer screening

Cure depends on early detection. To detect cases of bowel cancer sooner, tests need to be done. For example:

- FOB (faecal occult blood) test
  The FOB test checks for the presence of blood in a stool sample, which could be an early sign of bowel cancer.

- Colonoscopy (camera) examination
  It involves the use of a thin flexible instrument to look inside the large bowel and removing any small growths, called polyps that could eventually turn into cancer.

Screening plays an important part in the fight against bowel cancer because it can help detect bowel cancer early before it causes obvious symptoms. That increases the chances of cure.

treatment and outlook

Bowel cancer can be treated using a combination of different modalities, depending on where the cancer is in your bowel and how far it has spread.

the main treatments are

- Surgery to remove the cancerous section of bowel, this is the most effective way of curing bowel cancer and is all that many people need
- Chemotherapy where medication is used to kill cancer cells
- Radiotherapy where radiation is used to kill cancer cells
- Biological treatments a newer type of medication that increase the effectiveness of chemotherapy and prevent the cancer from spreading

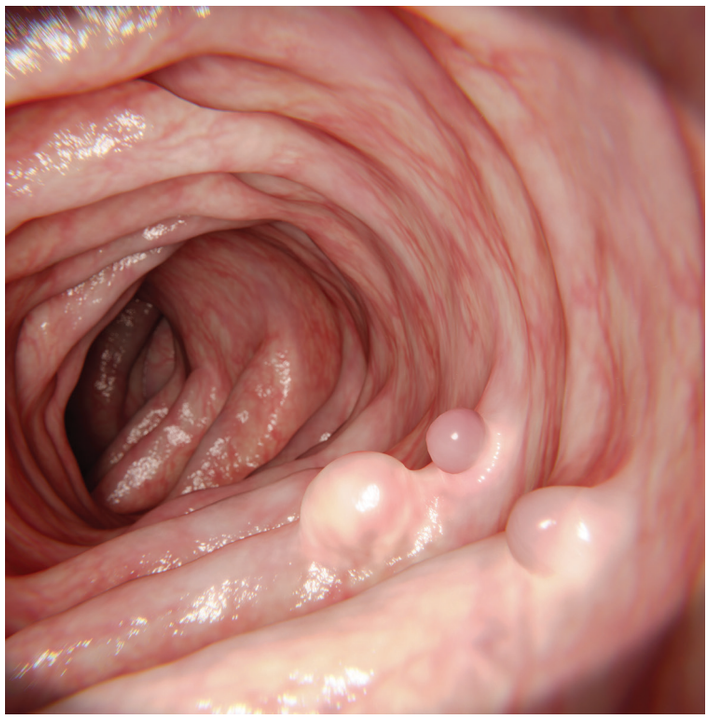
As with most types of cancer, the chance of a complete cure depends on how far the cancer has advanced by the time it is diagnosed. If the cancer is confined, then surgery will usually be able to remove it completely. If the cancer is confined to the bowel, then the surgery will be able to remove it completely.

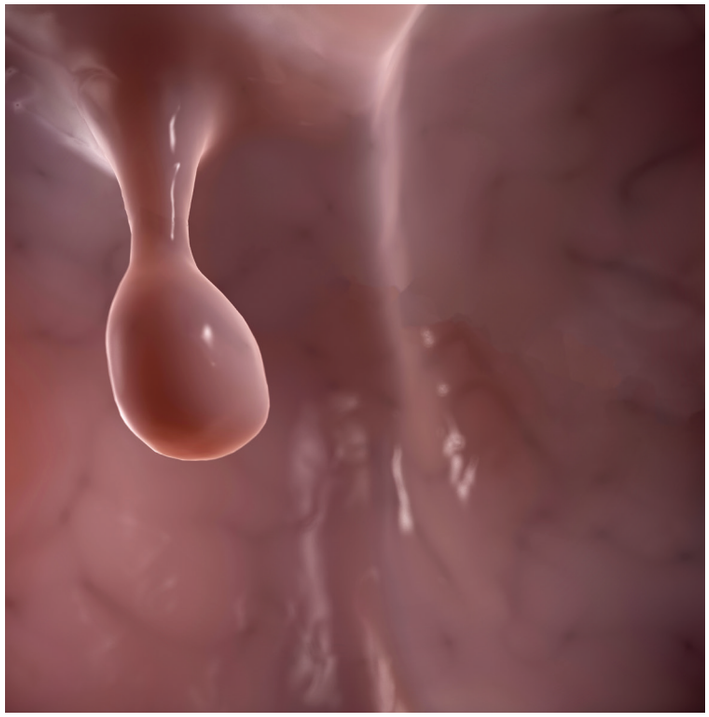
Overall, about eight in every 10 people with bowel cancer will live at least one year after diagnosis & more than half of those diagnosed will live at least another 10 years or more.

Treating bowel cancer

Surgery is usually the main treatment for bowel cancer, and may be combined with chemotherapy, radiotherapy or biological treatments, depending on your particular case.

The treatments recommended for you will depend on which part of your bowel is affected and how far the cancer has spread, but surgery is usually the main treatment. If it's detected early enough, treatment can cure bowel cancer and stop it coming back. Unfortunately, however, a complete cure is not always possible and there is sometimes a risk that the cancer could recur at a later stage. In more advanced cases in which the cancer cannot be removed completely by surgery, a cure may not be possible. However, symptoms can be controlled and the spread of the cancer can be slowed using a combination of surgery, Chemotherapy, Radiotherapy and Biological treatments where appropriate.





treating team in burjeel medical city, abu dhabi

If you are diagnosed with bowel cancer, you will be cared for by a multidisciplinary team that includes cancer surgeons, oncologists, radiotherapy and chemotherapy specialists, radiologist and specialist nurses. When deciding what treatment is best for you, your care team will consider your wishes as well as the type and size of the cancer, your general health, whether the cancer has spread to other parts of your body and how aggressive the cancer is.

surgery for colon cancer

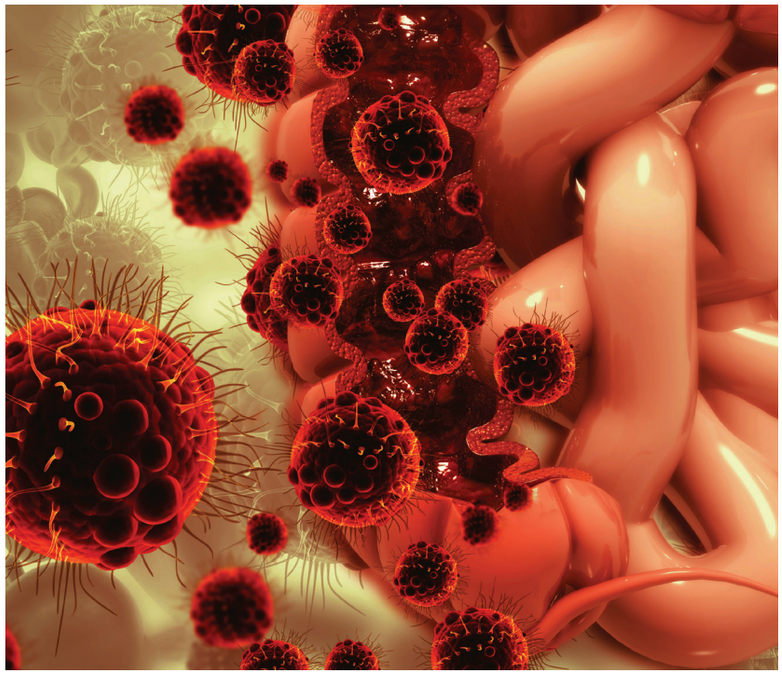
If colon cancer is at a very early stage, it may be possible to remove just a small piece of the lining of the colon wall. This is known as local excision. If the cancer spreads into muscles surrounding the colon, it will usually be necessary to remove an entire section of your colon. Removing some of the colon is known as a colectomy.

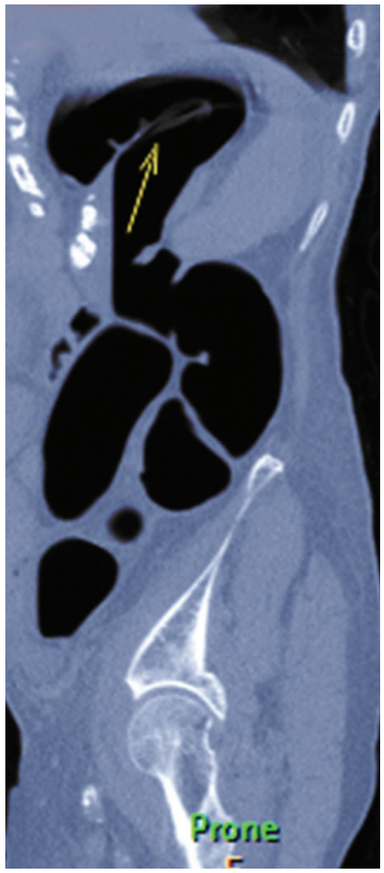
There are two main ways surgery can be performed:

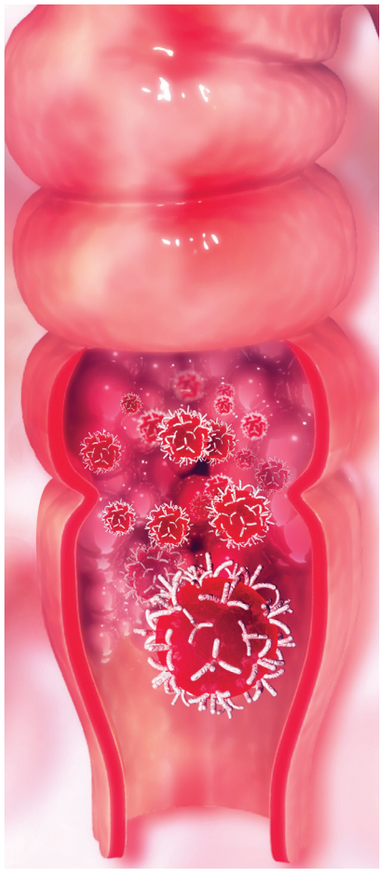
- Open where the surgeon makes a large incision in your abdomen and removes a section of your colon

- Laparoscopic (keyhole) where the surgeon makes a number of small incisions in your abdomen and uses special instruments guided by a camera to remove a section of bowel.

During surgery, nearby lymph nodes are also removed. It is usual to join the ends of the bowel together after bowel cancer surgery, but very occasionally this is not possible and a stoma (see below) is needed. Both open and laparoscopic colectomies are thought to be equally effective in removing cancer and have similar risks of complications. Laparoscopic colectomies, however, have the advantage of a faster recovery time and less post-operative pain.







surgery for rectal cancer

There are a number of different types of operation that can be carried out to treat rectal cancer, depending on how far the cancer has spread. Some of the main techniques used are described below.

- Local resection
  If you have a very small, early stage rectal cancer, your surgeon may be able to remove it in an operation called a local resection (Trans-anal resection). The surgeon puts an endoscope (a flexible tube with a light) in through your back passage and removes the cancer from the wall of the rectum.

- Total mesenteric excision
  In many cases a local resection is not possible. Instead, a larger area of the rectum will need to be removed, along with the surrounding tissue around the bowel. Depending on exactly where in your rectum the cancer is located, one of two main TME operations may be carried out. These are outlined below.

- Low anterior resection
  Low anterior resection is a procedure used to treat cases where the cancer is i the upper section of your rectum. The surgeon will make an incision in your abdomen and remove the upper section of your rectum, as well as some surrounding tissue to make sure any lymph glands containing cancer cells are also removed. They will then attach your colon to the lowest part of your rectum or upper part of the anal canal. Sometimes, they turn the end of the colon into an internal pouch to replace the rectum. You will probably require a temporary stoma (see below) to allow the joined section of bowel below time to heal.

- Abdominoperineal resection
  Abdominoperineal resection is used to treat cases where the cancer is in the lowest section of your rectum. In this case, it will be necessary to remove the whole of your rectum and surrounding muscles to reduce the risk of the cancer coming back.

This involves removing and closing the anus and having a permanent stoma (see below) after the operation. Bowel cancer surgeons always do their best to avoid giving people permanent stomas wherever possible.

colostomy & stoma surgery

Where a section of the bowel is removed and the remaining bowel joined, the surgeon may sometimes decide to divert your stool away from the newly joined ends to allow it to heal. The stool is temporarily diverted by bringing a loop of bowel out through the abdominal wall and attaching to the skin – this is called a stoma. A bag is worn over the stoma to collect the stool. Where the stoma is made from small bowel (ileum) it is called an ileostomy and where it is made from large bowel (colon) it is called a colostomy.

A specialist nurse, known as stoma care nurse, is usually available to advise you, prior to surgery, on the best site for a stoma. The nurse will take into account factors such as your body shape and lifestyle. This may not be possible when surgery is performed as an emergency.

During the first few days, post-surgery after the stoma care nurse will advise on how to look after the stoma and advise about the type of bag suitable.

Once the bowel joined ends has safely healed, the stoma can be closed by another operation. In some people, for various reasons, re-joining the bowel may not be possible or detrimental leading to problems controlling bowel action. The stoma may then become permanent.

Before having surgery, the care team will advise whether it may be necessary to form an ileostomy or colostomy and the likelihood of this being temporary or permanent.

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