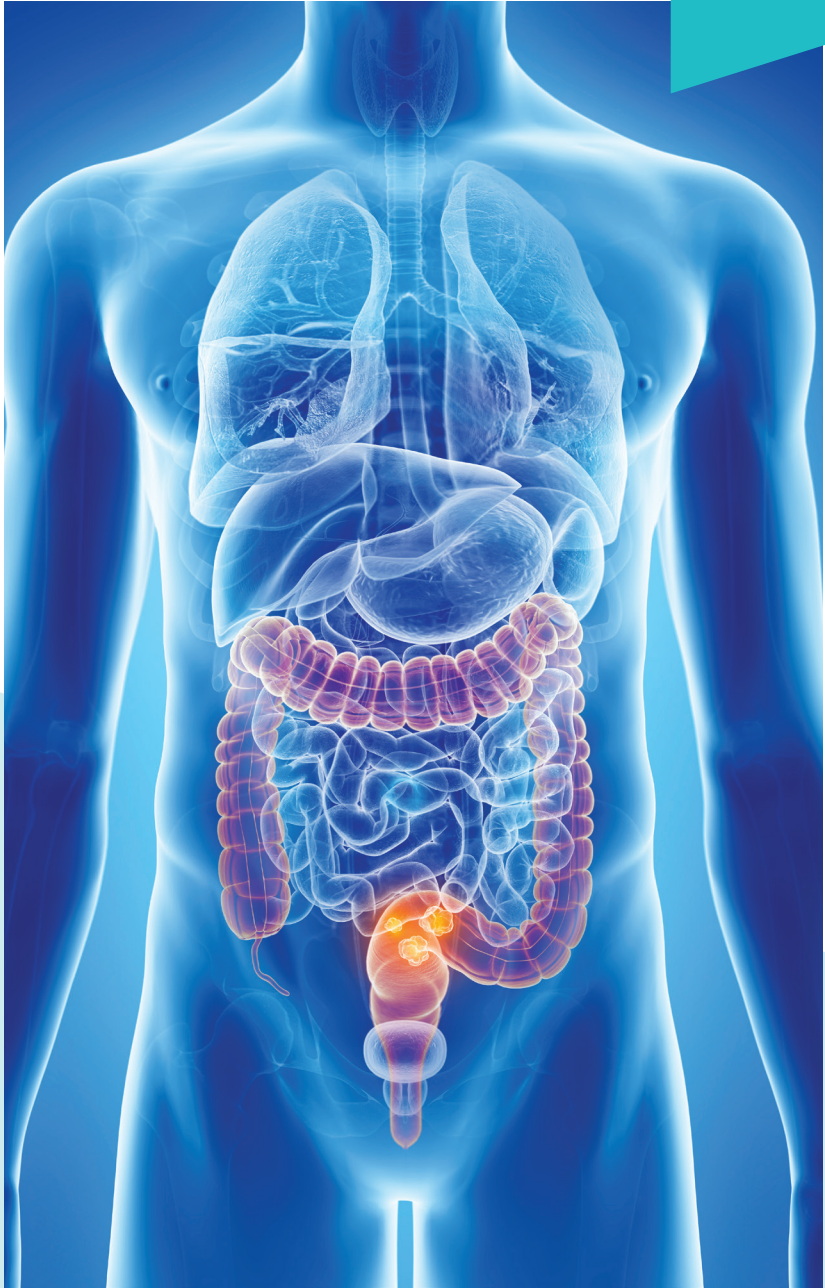


# Rectal cancer



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## Rectal cancer

The last fifteen centimetres of the colon before the anus is called the rectum. A malignant tumour can develop if cells here divide uncontrollably. This kind of tumour is called rectal cancer. The disease is also referred to as rectal carcinoma. Rectal cancer is a form of colon cancer, a disease that occurs mainly at a somewhat older age (over the age of 50).

# Symptoms

Rectal cancer is often detected earlier than tumours in the small and large intestine for example. The further down that food residue is in the intestines, the thicker the mass becomes. Thick stool cannot easily pass a tumour. That is why tumours in the lower rectum cause symptoms sooner than parts of the intestines that are higher up. Things you might notice are:

- Blood in the stool;
- An altered stool pattern (less frequent, different thickness or shape of the stool);
- Stomach ache;
- Occasional and/or constant persistent urge to defecate;
- Vague stomach pain;
- Sensitivity in the abdomen;
- Pain when sitting.

# Examination and diagnosis

A number of tests can determine whether you have colon cancer. We often conduct a combination of these tests. Some examples are:

- endoscopy
- CT-scan

During an endoscopy, the specialist looks at the inside of the colon. A thin tube is inserted through the anus into the colon. At the end of the tube is a small camera (endoscope). A doctor cannot just look but can also remove samples of suspect tissue for examination.



A CT scan produces a whole series of images. A machine accurately images the organs and tissues. The machine takes a series of images, each depicting a different 'slice' of the organ or tissue. These 'slices' indicate the location, size and spread of the tumour and any metastases.

## Examination after diagnosis

If the doctor finds a malignant tumour, further examination is often necessary. The doctor will determine how far the tumour has spread and whether there are secondaries. This way he/she can determine which treatment is most suitable. You might have the following tests:

- CT scan of the liver, abdomen and possibly the lungs
- liver ultrasound
- MRI liver scan
- for rectal cancer: MRI pelvic scan
- lung X-ray
- blood test for CEA level



# Treatment

If your doctor diagnoses colon cancer, he/she will discuss the treatment plan with you. There are various options. Surgery is the most common treatment for rectal cancer. Often a combination of treatments is needed.

## Curative treatment

Curative treatment aims to cure. Whether curative treatment is possible depends on the circumstances. The stage of the disease is especially important. We also look at your physical condition. When in doubt, we start with a curative treatment. If the cancer does not seem to be curable, we can always switch to another treatment. Examples of curative treatment are:

- Radiation therapy.
- Surgery: partial or complete removal of the colon.
- Chemotherapy: (drug treatment).
- HIPEC (combination of surgery and chemotherapy).
- Or a combination of the above treatments.

It is difficult to tell when someone with colon cancer is really cured. There is also a risk that the disease will return after treatment. We therefore prefer to speak of 'survival rates' rather than 'cure rates'. Usually a period of five years is used from diagnosis.

The longer the period that colon cancer is not detected again, the smaller the chance is that the disease will come back.

The sooner we detect and treat the disease, the greater the chance of long-term survival.

The smaller the tumour, the lower the risk of it spreading to lymph nodes or other parts of the body. On average, about 60 per cent of all colon cancer patients survive the disease.

## Palliative treatment

If a cure is no longer possible, we can still treat you. The treatment is then aimed at extending your life with quality of life as much as possible. This is called palliative treatment. Palliative treatment means we can slow down the disease or treat unpleasant symptoms. This phase can sometimes last several years. Types of palliative treatment for colon cancer are:

- Surgery to keep the colon functioning as well as possible.
- Laser and electrocoagulation.
- Palliative radiation (radiotherapy).
- Palliative chemotherapy.
- HIPEC (combination of surgery and chemotherapy).
- Radioembolisation (internal irradiation of liver metastases).

## Colon stoma

Not every patient who is treated for colon cancer needs a stoma but this is the case for some patients. Obviously, no one wants a stoma but it is something that most people can learn to live with. This understandably takes time, and proper help and assistance is necessary.

A stoma is an artificial exit from the colon into the skin of the

abdomen. A stoma does not have a sphincter which means you cannot hold back stool. A plastic collection bag is placed around the stoma. This is where the stool ends up.

Sometimes a stoma is needed temporarily and sometimes permanently. Creating a temporary stoma gives the bowel the opportunity to rest and recover. After a few months, a second operation will follow in which the doctor reattaches the ends of the colon and removes the stoma. The stool then follows its normal path again.



There are two types of intestinal stomas:

- a large intestine stoma: colostomy, named after colon, the Latin word for large intestine
- a small intestine stoma: ileostomy or jejunostomy, named after ileum or jejunum, the Latin word for small intestine

# Colostomy

With a colostomy, the stool is often normal in thickness. The stoma usually releases a normal amount of stool once a day. You may also lose small amounts throughout the day. If you have a colostomy on the last part of the large intestine then you can empty your intestines by 'irrigation'. This is only possible after permission from your doctor. Irrigation can be compared to an enema. Water is instilled into the colon through the stoma. The water stimulates the colon so that it empties after some time. Consequently, you do not defecate for a longer period of time. To be on the safe side, you must cover the stoma.



## Living with a stoma

A stoma often means a huge change in your life. A change that raises questions and uncertainties. Particularly in the beginning everything to do with the stoma is awkward. In the hospital you will still be given help and care, but at home you have to learn to live with it yourself.

You may wonder whether you can live normally with a stoma or you may be concerned that others will see, hear or smell the stoma and collection bag. It is good to know that the collection material is skin-friendly and easy to use. Air can form in the intestines. Normally, that air escapes as wind. With a stoma, the air ends up in the stoma bag. The collection bags have an odour filter.

A stoma is generally not an obstacle to returning to work. In case of heavy physical work, consult your doctor and company physician. If you want to exercise, discuss this with your doctor. Most sports are possible with a stoma.

## Questions

If you have any questions about this rectal cancer brochure, you can contact the oncology nurse on workdays during office hours on telephone number: 7800493.

For further detailed information about rectal cancer see [www.kwf.nl](http://www.kwf.nl)



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