



Education

Colon and Rectal Cancer

What is colon or rectal cancer?

Colon or rectal cancer is an abnormal growth of cells in the colon or rectum. The growth of cells is called a malignant tumor. The colon and rectum are sections of the large intestine, also called the large bowel. The colon is the first part of the large bowel. The rectum is the last few inches of the large bowel. The rectum is at the end of the colon and just above the anus.

It is important to diagnose and treat colon or rectal cancer as soon as possible. If not treated, the cancer can spread through the bowel wall to lymph nodes and the bloodstream and to other parts of the body.

The large intestine is one of the 4 most common sites for cancer to occur. (The other 3 most common sites are the lungs, the breasts, and the prostate.)

Another term for this type of cancer is colorectal cancer.

How does it occur?

Cancer cells are abnormal cells that grow in an uncontrolled way. They can invade other tissue and spread (metastasize) beyond their original site. Most colorectal cancers develop from a type of polyp called an adenomatous polyp, which can form on the surface of the wall of the colon.

Colorectal cancer is more common in countries where obesity is common, where the diet is high in fat and low in fiber, and where daily exercise is less common. It is not known how this combination of obesity, diet, and lack of exercise combine to increase the risk for colorectal cancer. Colon or rectal cancer usually occurs after age 50.

You have a greater risk of developing colon cancer if you:

- have a personal or family history of colon cancer, polyps, or inflammatory bowel disease
- have had uterine, ovarian, or breast cancer
- eat a high-fat and low-fiber diet.

What are the symptoms?

At first there are no symptoms. When symptoms do occur they may include:

- visible blood in bowel movements (stools)
- constipation
- diarrhea
- a change in the shape, color, and frequency of your bowel movements
- pain, discomfort, or sense of fullness in the abdomen
- tiredness
- unexpected weight loss.

How is it diagnosed?

Your health care provider will review your symptoms and examine your abdomen and rectum. A sample of a bowel

movement will be tested for the presence of blood.

Procedures called sigmoidoscopy or colonoscopy allow your health care provider to look at the inside of the colon and rectum. During a sigmoidoscopy or colonoscopy your provider inserts a slim, flexible, lighted tube through your anus to view the inside of your colon and rectum. Your provider may remove a small piece of tissue that looks abnormal to examine and test for cancer (a test called a biopsy). Colorectal cancer is common enough that colonoscopy after the age of 50 is recommended as a routine screening procedure.

Another test you may have is a barium enema. In this procedure fluid that contains barium is put into your colon. (Barium shows up clearly on an x-ray film.) X-rays are then taken that show the inside of your colon. If the x-ray images show a polyp or cancer, you will need to have a colonoscopy to get a sample of tissue (biopsy) for lab tests.

How is it treated?

Your health care provider will determine the stage of the cancer. The stage (or amount of spread) of the cancer determines the treatment choices and the future course of the illness.

The tumor and any organs or parts of organs that are affected by the tumor may be removed with surgery. The surgeon will remove the section of colon or rectum that contains the cancer and then rejoin the ends of the intestine. This procedure is called resection and anastomosis.

Another procedure, called a colostomy, is necessary when the cancer is so near the anus that there is not enough colon remaining above the anus after surgery to allow the ends to be rejoined. In this case, the surgeon makes an opening in the abdominal wall and passes the healthy end of the shortened colon through the opening. The end of the bowel is attached to the skin. After this procedure you will pass bowel movements through this opening. You will wear a colostomy bag outside your body and under your clothes to collect bowel movements. You will be taught how to manage the colostomy. In some cases the colostomy is temporary and at other times it is permanent. You are much less likely to need a colostomy if the cancer is diagnosed in the earliest stages.

Other possible treatments are:

- chemotherapy, which uses anticancer drugs to kill cancer cells
- radiation therapy, which uses x-rays or other high-energy rays to kill cancer cells and shrink tumors.

How long will the effects last?

If it is detected early, colorectal cancer may be cured with surgery alone. In later stages, you may need additional treatment, such as chemotherapy and radiation therapy, to reduce the risk of a return of the cancer. Your health care provider may ask you to consult a medical oncologist after surgery to determine whether treatment with chemotherapy, called adjuvant treatment, is needed.

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. The chance of survival decreases with advanced stages.

If you have a colostomy, your health care team will help you adapt to living with a colostomy. Most people lead healthy, active lives with colostomies. Your provider may suggest dietary changes that restrict gas-forming and odor-causing foods such as beans, eggs, fish, and carbonated drinks. In time, you will learn which foods you can tolerate and which cause problems. You will be encouraged to return to full and normal activities as you recover and learn to manage your colostomy.

How can I take care of myself?

Follow the treatment that you and your health care provider determine. 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 health care provider'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.
- Learn which foods you should try to avoid because they cause excess gas or make bowel control difficult.
- 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. Let members of your care team know what you are thinking.

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 health care provider gives you. Also, you should:

- Keep all of your follow-up appointments with your provider.
- Have routine colonoscopies to check for polyps according to your provider's recommendations.
- Check yourself for symptoms or signs.
- Call your provider if changes occur.

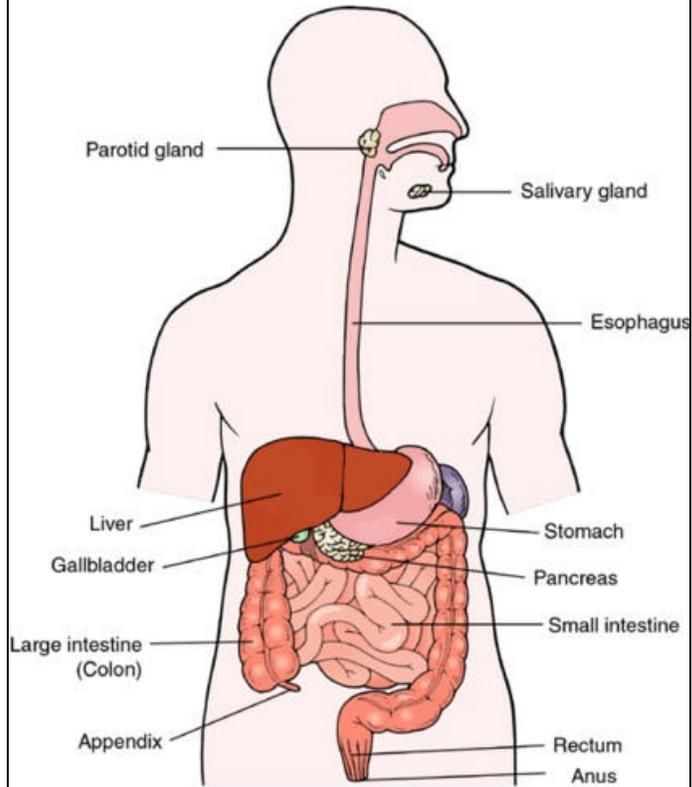
If you do not have colorectal cancer but have a family history of colon cancer, tell your health care provider so he or she can arrange for you to be tested regularly. If you are over 50 years old, your provider may recommend occult blood screening, sigmoidoscopy, or colonoscopy. (Occult blood screening is a test for traces of blood in bowel movements.) These tests can allow early detection of cancer. Discuss the advantages and limitations of screening with your provider.

For more information on cancer, contact national and local organizations such as:

- American Cancer Society, Inc. Phone: 800-ACS-2345 (800-227-2345) Web site: <http://www.cancer.org>
- AMC Cancer Research Center and Foundation Phone: 800-525-3777 Web site: <http://www.amc.org>
- Cancer Information Service Phone: 800-4-CANCER (800-422-6237) Web site: <http://cis.nci.nih.gov>

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Digestive System



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