

Patient Information Guide
Rectal Cancer

Radiotherapy before surgery may either be a short course with treatment everyday for a week or a more prolonged course, typically once a week for 6 weeks. Radiotherapy after surgery is usually a long course (6 weeks). Whether you need radiotherapy or not will be decided by the specialist team looking after you and if it is necessary you will be seen by the radiotherapist (one of the specialist on the team) and they will explain it to you in greater detail.

What is chemotherapy?

Chemotherapy is a combination of treatments that are given as tablets by mouth or via needle into a vein (a drip). It is usually given after surgery but sometimes maybe given before the operation. The aim of chemotherapy is to kill any cancer cells that may have spread to other parts of the body before the main tumour has been removed. Chemotherapy does have some side effects but these are usually flu like symptoms. The sort of chemotherapy that you might receive will not make you particularly unwell or make your hair drop out.

Whether or not you require chemotherapy depends on whether there is any suspicion that the main tumour has spread. This maybe decided before your operation if scans of the rectum suggest it could be necessary but is usually decided 10 days after the operation when the laboratory doctors have examined the rectum under the microscope. If you do

need chemotherapy you will be seen by the Oncologist (another one the cancer specialist on the team) to discuss it further. Chemotherapy treatment is usually carried on for about 6 months after the operation.

Who do you see after going home?

When you leave the hospital your GP will be fully informed of the treatment you have received and any further treatment that maybe needed. If you have any problems you can contact your GP or contact one of the specialist nurses from the team.

Once you have recovered from the operation and are back to your normal life style you will be seen in the surgical out-patients by the surgical team that performed the operation. This is to check that you have fully recovered, that the wounds have healed and that your bowels are working without any problems. You may also see the Oncologist or Radiotherapist if you are having chemotherapy or radiotherapy.

Most patients have regular test arranged to ensure that the cancer is not coming back. These may include blood test, x-rays, scans and colonoscopy (a flexible telescopic camera to examine the bowels). You may be invited to return to out-patients at intervals to discuss any symptoms and be examined by a doctor.

If anytime after your operation you have symptoms then you will be able to contact one of the nurses on the team who will discuss them with you and can arrange for you to be seen urgently.

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Although your GP may only see one new patient a year with this disease, to us it is a common condition and we have a great deal of experience treating this disease. At the hospital we see new patients with rectal cancer every week so we have put together a team of people who specialise in its treatment.

The information in this leaflet is an explanation of your condition and should be used to help you understand a bit more about your illness and the treatment that you may require.

Is it serious?

Rectal cancer is a serious disease. If untreated it may cause an obstruction in the bowel preventing the passage of stool into the toilet and it can, like all other types of cancer, spread to other parts of the body and become a fatal disease. However there is a lot we can do to prevent this from happening and many patients are now cured of their rectal cancer.

What are the treatments?

Surgery, chemotherapy and radiotherapy are all effective treatments when used in the right circumstances. Most patients require surgery with many needing chemotherapy and some needing radiotherapy as well. Your Consultant will explain to you which combination of treatments is the best for you individually.

Surgery for rectal cancer

The rectum is the last part of the bowel and is where motions are stored before they are passed into the toilet. Surgery is aimed at curing rectal cancer by removing it before it has spread to other parts of the body. In order to remove the cancerous tissue some or all of the rectum has to be removed as well. This is a major operation and sometimes other treatments such as radiotherapy or chemotherapy have to be given before it can be done. Your surgeon will explain to you whether some or all of the rectum has to be removed and whether you can have it all done in one operation.

Will you need either a colostomy or ileostomy bag?

A colostomy is an opening onto the front of the tummy (a stoma) for the bowel to pass its motions into a bag that is worn under the clothing. An ileostomy is very similar to a colostomy but is an opening for the small bowel rather than the colon. These bags are very discreet and most people with a colostomy or ileostomy, including many famous people, have them without anybody realising. Over recent years we have improved the surgical treatment required for rectal cancer so that, usually, it is now possible to join the bowel back together again after removing the rectum and avoid a permanent colostomy or ileostomy. A temporary bag is sometimes used to reduce the risks of leakage from the join until it has fully healed. A temporary stoma is usually closed after 6 to 12 weeks at a second

(much smaller) operation once the joining of the bowel has sealed.

Unfortunately even now there are still a few patients who need a permanent colostomy.

If it is anticipated that you might require either a temporary or permanent colostomy or ileostomy then you will be seen by the stoma care team before and after your operation to prepare you for the procedure and to help you look after the stoma.

How long will it take to recover from the operation?

It is usual to remain in hospital for about 10-14 days. How soon you go home after your operation depends on how quickly you heal and who there is at home to help you. Once you have left the hospital you will gradually return to normal activities. By about 6 weeks most people are getting back to a normal life but it may take several months before you can really say that you have completely recovered.

What if you need radiotherapy before the rectum is removed?

A small number of patients cannot have the rectum removed at the first operation as they require radiotherapy first. If this is the case then the initial operation is often a small one to create a colostomy for the motions. This is done to prevent the bowels becoming blocked by the cancer while the radiotherapy is being given. Sometimes, in special circumstances, a metal stent can be inserted via the bottom through the

cancer to prevent this blockage. The main operation to remove the rectum is then done at a later date (usually about 3-4 months later) after the radiotherapy course has finished. Sometimes it is then possible to close the colostomy.

Will you need any chemotherapy or radiotherapy after surgery?

After your operation the rectum and the cancer are examined under the microscope in the laboratory to see if there is any evidence of the cancer starting to spread to other parts of the body. Overall, the laboratory results show that in about half of the patients who have their rectum removed the cancer is small, has been completely removed and has not shown any sign of spreading. These patients do not need any other treatment after surgery. In the other half of the patients either chemotherapy or radiotherapy maybe recommended in order to reduce the risk of cancer coming back at a later date.

What is radiotherapy?

Radiotherapy is treatment with x-rays that kill cancer cells. Not all patients require radiotherapy. Sometimes it is given before surgery to reduce the size of the cancer before it is removed. Sometimes it is given after surgery to kill any cancer cells that might not have been removed.