

You have been diagnosed with a tumour (cancer) in your back passage (rectum).

This leaflet aims to answer some of the questions you may have.

What is a cancer of the rectum?

The tissues and organs of the body are made up of cells. Cells age and become damaged and need to repair and reproduce themselves continuously. When this process gets out of control, the cells reproduce and multiply to form an abnormal mass (or tumour).

Tumours can be benign (not cancerous) or malignant (cancer). A malignant tumour consists of cancer cells that can spread to other organs in the body.

What causes a rectal cancer to happen?

It is not known what causes tumours to grow.

Unfortunately, rectal tumours are fairly common. They often arise from a polyp, which starts as benign tissue and over a period of time can then turn cancerous. Although rectal cancers are slightly more common in people who smoke and who do not eat a diet rich in fruit and vegetables, most rectal cancers arise without any particular cause being known. Very occasionally, cancers can run in families but this is NOT very often. If caught early enough, many rectal cancers can be cured.

What will happen now?

You will be given information about your treatment and plans. To help us decide how to treat the cancer it is very important that we get the necessary information about the cancer and the rest of the body. We call this gathering of information 'STAGING' the cancer. This may involve several tests which you will be told about. These may include:

•CT scan –

A CT (CAT) scan is a painless, detailed x-ray examination of the body. It is done to look for obvious abnormalities elsewhere in your body and in particular to see if there is any evidence that the cancer may have spread.

•Colonoscopy

If you have not already had this test or a barium Xray, a colonoscopy may be done. This is a flexible endoscopy where a telescope is passed through the rectum into the large bowel to examine it for

abnormalities. This is done with sedation. It helps us check that the other parts of the large bowel are normal and gives us a clear idea of what the tumour is like

•TRUScan -

A Trans Rectal Ultrasound Scan is a special, simple scan of the cancer done through anus. It assesses your tumour and the surrounding tissues to guide us how best to treat it.

•MRI scan –

An MRI scan is a painless, detailed scan of the tissue of the back passage and pelvis. It gives us further information to help decide on the best treatment plan.

How is rectal cancer treated?

Rectal cancer can be treated with several different therapies.

Surgery

If it is possible and sensible to do so, the main aim of treatment is usually to remove the cancer and the part of the rectum which contains it by an operation. Exactly what operation will be needed depends on exactly where the cancer is and the information our various scans will give us.

Radiotherapy may be used to treat the cancer before an operation. The radiotherapy is often used to shrink the cancer down or help kill off the cancer cells prior to surgery.

If radiotherapy is felt necessary, it will be explained to you in detail.

The radiotherapy may have a little dose of chemotherapy given at the same time to make the cancer more sensitive to the effects of the radiation.

Chemotherapy is used for some patients with rectal cancer but NOT all. Chemotherapy MAY be considered as an extra treatment after the operation but this usually depends on the appearances of the cancer under the microscope. For many patients the surgery alone is adequate treatment to aim for a cure.

Are there procedures other than major surgery possible?

Major surgery is sometimes not sensible or necessary.

For a FEW very early cancers, it may be possible to remove them through your anus (tail end) without a big operation.

In some cancers, major surgery is not advisable and the cancer may be treated by less major surgery or another treatment such as radiotherapy.

If I have an operation, will I have a stoma bag?

The majority of rectal cancers can now be removed and the bowel joined back up again. In these cases although it may be necessary to make a temporary stoma bag to help the operation heal up, this is usually only kept for a matter of a few months. Fortunately, with modern surgery, relatively few cancers of the rectum are treated by removing the entire tail end and making a permanent stoma bag. If surgery is planned for you, you will normally be given a booklet explaining about your particular operation



*A Patient's guide to
Rectal Cancer*

Mr Neil R Borley
Consultant Colorectal Surgeon

Imperial Medical Group
Cheltenham & Gloucester Nuffield Hospital
Hatherley Lane
Cheltenham, GL51 6SY
01242 246526

www.cheltenham-colorectal.org.uk