

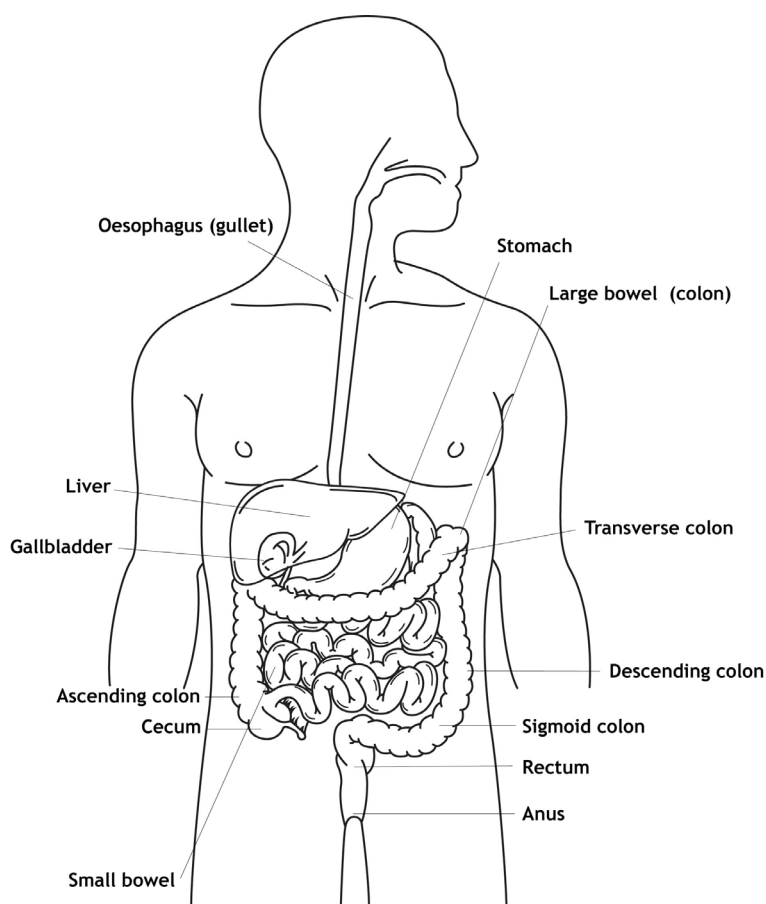
Bowel Cancer/Matepukupuku Puku Hamuti



This Information Sheet has been prepared to provide you with information about cancer of the bowel.

It provides information about diagnosis, treatment, practical support and the emotional impact of cancer.

Bowel cancer is named according to where in the bowel it is found: for example, cancer of the colon, cancer of the rectum or colorectal cancer. This cancer occurs when the cells in some part of the bowel grow abnormally and form a lump or tumour. Most cancers are in the large bowel (see diagram below). Cancer in the small bowel is less common.



The digestive system

How common is bowel cancer?

The latest provisional information available from the New Zealand Cancer Registry¹ recorded 2,759 new cases of colorectal cancer in 2008. It is one of the most common cancers among both men and women in New Zealand. It may occur at any age, although 90 percent of cases are found in people over the age of 50.

1. New Zealand Health Information Service

Retrieved from <http://www.moh.govt.nz/moh.nsf/> (retrieved 10/12/09).

Symptoms

Common signs and symptoms of bowel cancer may include:

blood in your bowel motions (this may look like red blood or black bowel motions)

- a change in bowel habits
- diarrhoea, constipation or feeling that your bowel doesn't empty completely
- bowel motions that are narrower than usual
- general abdominal discomfort (frequent gas pains, bloating or cramps) that can be confused with indigestion
- unexplained weight loss
- tiredness
- anaemia.

Although symptoms are often caused by other conditions, it is important to get them checked by your doctor without delay.

When you're diagnosed with bowel cancer, you may also be concerned about your family's risk of bowel cancer. While your family may not be at increased risk, you may wish to discuss with them the importance of reporting symptoms to their doctor early.

Diagnosis

A number of tests can be performed to diagnose bowel cancer. You may have some or all of the following tests:

Rectal examination

The doctor inserts a gloved finger into your rectum (back passage) to check for any lumps, swelling or bleeding.

Abdominal examination

The doctor will gently feel the surface of your abdomen to check for any lumps.

Blood count

A sample of your blood is taken to count the number of red cells in your blood (a low level (anaemia) can be a sign of bowel cancer).

Carcinoembryonic antigen (CEA)

CEA is a blood test that looks at a protein in the blood. It is sometimes raised in people with bowel cancer. However, it is not a reliable test to diagnose bowel cancer.

A test for blood in the bowel motions

A sample of your bowel motion is checked for blood.

Barium enema

The barium shows up on the X-rays and gives a clear picture of your bowel.

CT colonography (also known as virtual colonoscopy)

This X-ray technique is increasingly replacing barium enemas. The colon is emptied with a laxative. Air is then gently pumped into your bowel via your anus (back passage). CT scans are taken of your abdomen. If abnormalities are found then this would usually lead onto a colonoscopy.

Sigmoidoscopy

The doctor examines your rectum and the lower part of your bowel using a short tube (usually straight but may be flexible) called a sigmoidoscope. The doctor may also take a biopsy (a small sample of tissue).

Colonoscopy

The doctor or nurse inspects the entire length of your large bowel by gently inserting a long, flexible tube with a video camera in it called a colonoscope. This is passed through your anus and rectum into your colon. A sedative may be given before the colonoscopy.

Treatment

In most cases there are a number of ways of treating bowel cancer.

These treatments include:

- surgery
- chemotherapy
- radiation treatment
- monoclonal antibodies.

Most people will have surgery. Some people receive a combination of two or more treatments. The treatment depends upon the size of the cancer, where it is and whether it has spread. Your general health and your wishes are also important in the decision making.

Surgery

The type of operation you have will depend on:

- where the cancer is in the bowel
- the type and size of the cancer
- whether the cancer has spread.

How long you stay in hospital will depend on the type of operation you have.

Other tests

You may have the following tests before or after surgery:

- chest X-ray
- CT scans, MRI scans and ultrasound.

These can examine parts of your body, such as the liver, chest and abdomen. Ask the medical staff if it is appropriate for your partner or friend to stay with you when the tests are carried out.

Staging the bowel cancer—to see how far it has spread

After the operation, the laboratory will examine the cancer and surrounding tissue to assess the stage (size and extent) of the cancer, and whether it has spread to the lymph nodes or other organs, such as the liver.

With this information, the doctor will decide if further treatment is recommended. This can be an anxious time as it may take up to 10 days for the results to come back.

Chemotherapy

Chemotherapy is the treatment of cancer using anti-cancer (cytotoxic) drugs. The aim is to destroy cancer cells while doing as little harm as possible to normal cells. Usually, treatment is given in cycles, spread over weeks or months. Some chemotherapy drugs are given as tablets or capsules.

Other chemotherapy drugs are given by injection or drip into a vein, usually in your arm or hand, or via a portable infusion pump worn on the body to deliver the drugs continuously into your bloodstream. Chemotherapy is usually given as an outpatient.

For more information, ask for the *Chemotherapy/Hahau* booklet at your local Cancer Society or call the Cancer Information Helpline **0800 cancer (226 237)** for a copy.

Radiation treatment

Radiation treatment is the use of high-energy radiation to destroy cancer cells or prevent them from reproducing. Radiation treatment only affects the part of the body at which the beam(s) is aimed, so is localised.

Radiation treatment is commonly used in rectal cancer. It is given most commonly before the operation to shrink the cancer so that the surgeon can remove it more easily. Less commonly, it is given after surgery to destroy any remaining cancer cells. Radiation is usually given daily for five days a week. It can continue for six to seven weeks, depending on the size of your cancer, the kind of treatment being used and the dose required. Blood tests and scans may be needed, and you will see your doctor once a week.

For more information, ask for the booklet *Radiation Treatment/Haumanu Iraruke* at your local Cancer Society or phone the Cancer Information Helpline **0800 cancer (226 237)** for a copy.

Chemo-radiation (chemotherapy and radiation treatment together) before surgery for rectal cancer

Research has shown that for people at greater risk of rectal cancer coming back, the combination of chemotherapy and radiation treatment before surgery is more effective than radiation treatment alone. This treatment would be for a five-week period, usually followed by a six-week break while the radiation treatment continues to work. After this break, surgery would be done. However, having chemotherapy and radiation treatment together increases the chance and severity of side effects, such as diarrhoea, feeling sick (nausea) and low blood counts.

Making decisions about treatment

Sometimes it is difficult to make decisions about what is the right treatment for you. You may feel that everything is happening so fast that you do not have time to think things through. However, it is important not to be rushed into a decision — it must be the right one for you.

If you are offered a choice of treatments, including no treatment for now, you will need to weigh their advantages and disadvantages. If only one type of treatment is recommended, ask your doctor to explain why other treatment choices have not been advised.

You may want to ask your doctor questions, such as: “What is the aim of this treatment?” and “If I have treatment, how will it affect my quality of life?”

Talking with doctors

You may want to see your doctor a few times before making a final decision on treatment. It is often difficult to take everything in, and you may need to ask the same questions more than once. You always have the right to find out what a suggested treatment means for you, and the right to accept or refuse it.

A second opinion

You may want to ask for a second opinion from another specialist. Your specialist or general practitioner can refer you to another specialist and you can ask for your records to be sent to the second doctor.

You may be interested in looking for information about bowel cancer on the internet. While there are very good websites, some websites provide wrong or biased information. We recommend you begin with the Cancer Society's site (www.cancernz.org.nz) and use our links to other good cancer websites. See the end of this Information Sheet for a list of recommended websites.

Taking part in a clinical trial

Research into the causes of bowel cancer and ways to prevent, detect and treat it is ongoing. Your doctor may suggest that you consider taking part in a clinical trial. You could also ask if there is a clinical trial for your particular kind of cancer.

After treatment

During your illness you will be monitored frequently. This usually involves regular CEA blood tests and colonoscopy. After the completion of your treatment, you will need to have regular check-ups. Your doctor will decide how often you will need these check-ups as everyone is different. Check-ups will gradually become less frequent if you have no further problems.

Support

Emotional support

People react in different ways when they learn they have bowel cancer. Feelings can be muddled and change quickly. This is quite understandable and there is no right or wrong way to feel.

It may be helpful to talk about your feelings with someone you are close to. The Cancer Society has a telephone support service, Cancer Connect, where we can link you to someone who has had bowel cancer. For more information, phone the Cancer Information Helpline **0800 CANCER (226 237)**.

Your local Cancer Society can provide information and support. The Cancer Information Service is a Cancer Society service where you can talk about your concerns and needs with specially trained nurses. Call your local Cancer Society and speak to support services staff or phone the Cancer Information Helpline **0800 CANCER (226 237)**.

Local Cancer Society centres offer a range of services for people with cancer and their families. These may include:

- volunteer drivers providing transport to treatment
- accommodation while you're having treatment
- support and education groups.

The range of services offered differs in each region, so contact your local centre to find out what is available in your area.

What can I do to help myself?

Many people feel that there is nothing they can do when they are told they have cancer. They feel out of control and helpless for a while. However, there are practical ways you can help yourself.

Diet and food safety

A balanced, nutritious diet will help to keep you well and able to cope with any side effects of treatment. The Cancer Society's booklet *Eating Well/Kia Pai te Kai* provides useful advice about eating well during treatment. Phone your local Cancer Society office or call the Cancer Information Helpline **0800 CANCER (226 237)**.

Exercise

Research has indicated that people who keep active cope better with their treatment. Discuss with your doctor what exercise is best for you.

Relaxation techniques

Some people find relaxation or meditation may help them feel better. The hospital social worker, nurse or your local Cancer Society may know whether the hospital runs any relaxation programmes, or may be able to advise you on local community programmes.

Complementary and alternative therapies or medicines

These terms are used to describe any treatment or therapy that is not part of the conventional treatment of a disease. Complementary therapies are not given to cure disease, but they may help control symptoms and improve well-being. They are often used alongside conventional treatment.

Alternative therapies is a term used to describe any treatment or therapy that may be offered instead of conventional treatments. Alternative therapies are sometimes promoted as cancer cures. They are unproven, as they have not been scientifically tested, or, if tested they were found to be ineffective.

It is important to let your doctor know if you are taking any complementary or alternative therapies because some treatments may be harmful if they are taken at the same time as conventional treatments.

Relationships and sexuality

For some people, having cancer and treatment for it has no effect on their sexuality. However, the anxiety and/or depression felt by some people after diagnosis or treatment can affect their sexual desire. We are all sexual beings and intimacy adds to the quality of our lives. Cancer treatment and the psychological effects of cancer may affect you and your partner in different ways.

You may find the Cancer Society's booklet *Sexuality and Cancer/Hōkakatanga me te Matepukupuku* helpful. You can obtain it from your local Cancer Society, by phoning the Cancer Information Helpline **0800 CANCER (226 237)** or by downloading it from our website at **www.cancernz.org.nz**

Suggested websites

The following websites also have information on bowel cancer:

Macmillan Cancer Support (UK)
www.macmillan.org.uk

CancerHelp UK
www.cancerhelp.org.uk

Colorectal Surgical Society of Australia and New Zealand
www.cssa.org.au/

National Cancer Institute (USA)
www.cancer.gov/cancerinfo

Beating Bowel Cancer (UK)
www.bowelcancer.org

The suggested websites are not maintained by the Cancer Society of New Zealand. We only suggest sites we believe offer credible and responsible information, but we cannot guarantee that the information on such websites is correct, up-to-date or evidence-based medical information.

We suggest you discuss any information you find with those involved in your care.

Questions you may wish to ask

Ask as many questions as you want to. It's easy to forget the questions you want to ask when you see your specialist or nurse, so write them down as you think of them and take your list with you to your appointment. Here are some questions you may like to ask:

1. What type of cancer do I have?
2. How extensive is my cancer? What stage is it?
3. What treatment do you advise for my cancer and why?
4. Are there other treatment choices for me?
5. What are the risks and possible side effects of each treatment?
6. How long will the treatment take? Will I have to stay in hospital?
7. If I need further treatment, what will it be like and when will it begin?
8. How much will it cost if I decide to be treated privately?
9. How frequent will my check-ups be and what will they involve?
10. Will I be able to continue working? If not, when will I be able to return to work?
11. When can I drive again?
12. Will the treatment affect my sexual relationships?
13. Will the treatment affect my fertility?
14. Will I be affected by incontinence?
15. If I choose not to have treatment either now or in the future, what services are available to help me?
16. Are there any problems I should watch out for?
17. I would like to have a second opinion. Can you refer me to someone else?
18. Is my cancer hereditary?

If there are answers you do not understand, feel comfortable to say:

“Can you explain that again?”

“I am not sure what you mean by ...”

“Would you draw a diagram, or write it down.”