Cancer of the Colon, Treatment by Resection

You and your caregiver have decided that surgical removal of your colon cancer is the best form of treatment for you. Your surgeon or surgeons will do their best to remove your entire tumor. To do this, some normal tissue must also be removed to give you the best chance for a cure. The following will help describe what happens when you have this surgery.

TREATMENT

Surgery is the most common treatment for colorectal cancer. It is a type of local therapy. It treats the cancer in the colon or rectum and the area close to the tumor by removing the tumor and some of the healthy tissue around it. For larger cancers, your surgeon must make an cut (*incision*) into the belly (*abdomen*) so he or she can see the area of the tumor and remove it as well as part of the healthy colon or rectum. Some nearby lymph nodes also may be removed. The surgeon checks the rest of the abdomen, the intestine and the liver to see if the cancer has spread.

When a section of the colon or rectum is removed, the surgeon can usually reconnect the healthy parts. However, sometimes reconnection is not possible. In this case, the surgeon creates a new path for waste to leave the body. The surgeon makes an opening (a *stoma*) in the wall of the abdomen. The upper end of the intestine is then connected to the stoma. The other end is closed. The operation to create the stoma is called a *colostomy*. A flat bag fits over the stoma to collect waste, and a special adhesive holds it in place.

Some colostomies are temporary. The colostomy is needed only until the colon or rectum heals from surgery. After healing takes place, the surgeon reconnects the parts of the intestine and closes the stoma. Other patients need a permanent colostomy.

ASK YOUR CAREGIVER THESE QUESTIONS BEFORE HAVING SURGERY:

- What kind of operation do you recommend for me?
- Do I need any lymph nodes removed? Will other tissues be removed? Why?
- What are the risks of surgery? Will I have any lasting side effects?
- Will I need a colostomy? If so, will it be permanent?
- How will I feel after the operation?
- If I have pain, how will it be controlled?
- How long will I be in the hospital?
- When can I get back to my normal activities?

FOLLOW-UP CARE

Follow-up care after treatment for colorectal cancer is important. Even when the cancer seems to have been completely removed or destroyed, the disease sometimes returns. Undetected cancer cells may still remain somewhere in the body after treatment. The doctor keeps checking the person's recovery and checks for *recurrence* of the cancer. Recurrence means that the cancer comes back.

Checkups help make sure that changes in health are found. Checkups may include:

- A physical exam (including a digital rectal exam). This means your caregiver checks you to see if there are any abnormal changes they can see or feel.
- Lab tests (including fecal occult blood test and CEA test) may be done. The “fecal occult blood test” checks for blood in the stool. The CEA (carcinoembryonic antigen) is a blood test that looks for a marker of colon cancer in the blood.
- A colonoscopy is a test where your caregiver examines your colon with a flexible instrument like a thin telescope which looks at the inside of the large bowel.
- Other specialized x-rays, CT scans, or other tests may be performed.

Between scheduled visits you should contact your caregivers as soon as any health problems appear.

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