Your operation
Bowel Cancer Surgery

Here for you
beatingbowelcancer.org
Introduction

For the majority of patients who are told they have bowel cancer, surgery will be an important part of their treatment plan and still provides the best possible chance of curing the disease.

Being diagnosed with bowel cancer comes as a terrible shock to most people. Many bowel cancer patients describe everything being ‘a bit of a blur’ after they are told. Every instinct may be telling you to go ahead with any treatment that will help to remove or kill the cancer cells as soon as possible, but it is important to remember that bowel cancer grows fairly slowly.

Unless your diagnosis is discovered as the result of an emergency admission, you will safely be able to take a bit of time to consider all your options.

This booklet aims to take away the fear of the unknown by providing simple explanations about what will happen before, during and after your bowel cancer operation, as well as providing an overview of the different types of operation you may be offered.

If your cancer is diagnosed following an emergency hospital admission, you may not know what your full diagnosis is, or be able to discuss your options in any detail before your operation. However, emergency patients will be discussed at a multidisciplinary team meeting after surgery.

Who will do my operation?

A surgeon who specialises in colorectal surgery should perform your operation. You will be referred to the nearest specialist surgeon and hospital where they have this expertise. You do also have the right to ask for a second opinion from another specialist if you want it. This should not delay the start of your treatment.

Who else will look after me?

Unless advised otherwise, a colorectal nurse specialist will be your main point of contact (key worker) at the hospital. These specialist nurses usually work Monday-Friday, but have direct contact telephone numbers or bleeps, so you can contact them easily or leave a message if you need them.

If you are being considered for any kind of stoma (please see pages 12-13), you will be cared for by a stoma specialist nurse who will be able to offer you support and advice before and after your operation.

Some hospitals may also have an enhanced recovery nurse who specialises in preparing you for surgery and helping your recovery.

Contents

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>p3</td>
<td>Your hospital team</td>
</tr>
<tr>
<td>p4</td>
<td>Understanding bowel cancer</td>
</tr>
<tr>
<td>p5</td>
<td>Planning your surgery</td>
</tr>
<tr>
<td>p6</td>
<td>Enhanced recovery programme</td>
</tr>
<tr>
<td>p8</td>
<td>Going into hospital</td>
</tr>
<tr>
<td>p9</td>
<td>What to take with you</td>
</tr>
<tr>
<td>p10</td>
<td>Types of surgery</td>
</tr>
<tr>
<td>p12</td>
<td>About ileostomy</td>
</tr>
<tr>
<td>p13</td>
<td>About colostomy</td>
</tr>
<tr>
<td>p14</td>
<td>Keyhole surgery</td>
</tr>
<tr>
<td>p15</td>
<td>Open surgery</td>
</tr>
<tr>
<td>p16</td>
<td>After surgery</td>
</tr>
<tr>
<td>p17</td>
<td>Recovering at home</td>
</tr>
<tr>
<td>p19</td>
<td>Patient stories</td>
</tr>
<tr>
<td>p20</td>
<td>Your pathology report</td>
</tr>
<tr>
<td>p21</td>
<td>Further treatment</td>
</tr>
<tr>
<td>p22</td>
<td>Who else can help?</td>
</tr>
<tr>
<td>p23</td>
<td>Support our work</td>
</tr>
</tbody>
</table>
Understanding bowel cancer

‘Plumbing’ basics
The principles of bowel cancer surgery have been established for many years. The section of the bowel that contains the cancer tumour is removed and the two open ends are joined up. Some surgeons describe it as ‘replumbing’ the bowel.

The technical term for this method of joining up the two ends of the bowel is ‘anastomosis’. This technique, where the remaining ends of the bowel are fastened back together, uses special stitching techniques with dissolving stitches, or tiny staples. Sometimes, the join will need time to heal, and a stoma is formed, somewhere above it, to divert the flow of the faeces (stools/poo). Your surgeon will usually remove all the lymph glands in the area at the same time, to check whether or not any of the cancer cells have spread out of the bowel.

Planing your surgery

Deciding on the best operation for you
Surgery still offers the best chance of a cure for bowel cancer. Even if you know that the cancer has been diagnosed at a later stage, try to think of your operation as a positive step on the way to treating your cancer.

If your operation is planned, your surgeon will have time to discuss with you the best type of surgery for you. This depends on many factors, including where the tumour is located and any signs that it may have spread. The results of the tests you will have had (e.g. CT scan, colonoscopy, barium enema, ultrasound, MRI scan) will be discussed at the multi disciplinary team meeting where all the specialists involved in your care can tailor your treatment plan for the maximum chance of cure. Treatment options will then be discussed with you.

Whether you are having keyhole or open surgery (see pages 14 and 15), ask your surgeon to explain all the options. There may well be more options in the case of rectal cancer.

Informed consent
Before having any surgery, the surgeon who is going to do the operation should explain to you why you need the operation. As part of the consent process they will also explain:

• what type of operation is being recommended for you
• what will be removed during the operation
• what the alternative options might be
• what the side-effects and risks of the surgery might be
• what kind of wound you will have
• what to expect when you come back from the operating theatre
• how your pain and other needs will be managed
• what happens if you don’t want any treatment.

It may be helpful to have someone with you who can help you to ask questions and take notes about what is being said. Once you are sure that you understand all this information and are happy that this is the right treatment for you, you will be asked to sign a consent form.

Understanding bowel cancer

Treatment before surgery
Some patients will need to have some treatment before their operation (called neo-adjuvant treatment). The aim of this treatment is to reduce the size of your tumour so that it can be removed as completely as possible. This is much more common in the case of rectal cancer, where the neo-adjuvant treatment will be in the form of radiotherapy and/or chemotherapy. This is explained more in our booklet ‘Bowel Cancer Treatment – Your Pathway’.
Enhanced recovery programme

Your hospital should be following an 'enhanced recovery programme' for colorectal patients who have laparoscopic (keyhole) surgery. This is also known as rapid, accelerated recovery or fast track surgery. Many elements of the programme are now also used as best practice for open surgery patients.

The aim of the enhanced recovery programme is to get you back to full health as quickly as possible after your operation. Research has shown that the earlier you get out of bed after surgery and start moving, eating and drinking, the quicker your recovery and the less likely that complications will develop.

Some of the benefits include:
- bowel function returns more quickly
- reduced chest infections
- a quicker return to usual mobility
- decreased fatigue
- reduced risk of developing blood clots after surgery

There may be cases where the programme is not suitable for you and, if so, the alternatives will be discussed with you.

The enhanced recovery programme depends on good communication between you and the hospital team and your cooperation to get yourself in the best possible health before your operation.

The surgeon will see you in Outpatients to explain your operation. You will then be sent a date to attend the pre-operative assessment clinic and have some tests to ensure you are fit and prepared for surgery.

In addition, if you are on the enhanced recovery programme, a pre-assessment nurse or a specialist enhanced recovery nurse will see you when you attend the clinic and explain the programme to you and your family. You may also be referred to the anaesthetist, who will be responsible for the type of pain relief that you will be given immediately after surgery. The nurse will discuss your arrangements at home and if necessary make a plan for any help you may need after your operation.

Your nurse will also discuss diet and exercise with you, and may refer you to a dietician if you have lost a lot of weight. You may be given samples of nourishing supplement drinks to take before and during your hospital stay. This nutrition will help you to be in the best shape for your operation and can help with wound healing to reduce the risk of infection and aid your overall recovery.

You will be given advice on keeping active before your hospital stay and now is a good time to stop smoking.

At your pre-assessment appointment you will have a chance to meet your colorectal nurse specialist and/or stoma nurse specialist, so if you have any questions or concerns, this is a good time to ask them.

“I was diagnosed with bowel cancer in 2009 after finding a little blood and mucus on the toilet paper. A sigmoidoscopy, followed by a CT scan showed that I had a tumour in my sigmoid colon and a pre-cancerous tumour on my uterus, which came as a massive shock. I was admitted for surgery three weeks later and placed on ‘enhanced recovery’, which consisted of special nutritional drinks which I was asked to take before I was admitted to hospital.

My surgeon explained that he would carry out a high anterior resection by laparoscopic surgery. He made the entry through my tummy button, leaving a very tiny scar. The procedure was carried out first thing in the morning and I was able to sit by the side of my bed by about 8pm that evening – very pleased that I did not need a stoma.

I was given nutritional drinks which quickly built up my strength, and was home just two days after my operation. About a week later I went to the loo for the first time – a bit scary, but all was working as it should. I walked a little further each day and began to eat more solid food. It was my choice to stay at home during my chemotherapy – but I could have returned to work about six weeks after my operation. Now life is back to normal (but more precious) and I can eat and drink what I like. And even that very tiny scar has almost disappeared.”

Elaine aged 57
Going into hospital

Depending on whether or not you are on an Enhanced Recovery Programme, patients having planned bowel surgery may be admitted to hospital one or two days beforehand, or may come into hospital on the day of the surgery. Your specialist team will ensure you are given a pack with all the information you need, so you arrive on the correct day at the right time. They will also give you some information about what to take with you to make your stay more comfortable.

The nursing staff will show you around the ward and allow you to familiarise yourself with your surroundings. They will take you through the admissions process. They will also be able to answer any questions you might have about visiting times, and put your mind at rest over any other worries you might have.

Before surgery
You will be able to eat up to six hours before your operation. However you may be required to take a preparation to clear your bowel before surgery. The bowel preparation will vary from hospital to hospital, depending on local policy and the type of surgery. You may be given medication to clear out the bowel or just a couple of laxative tablets the night before. Alternatively you may be given an enema on the day of surgery. It is important to drink plenty of water or clear fluid to keep yourself hydrated.

You may be given special ‘pre op’ carbohydrate drinks the night before and on the morning of your operation.

To prevent blood clots, you will be given support stockings (known as TEDS) which gently compress your legs. You will also be given a daily injection to thin your blood.

What to take with you

These are the things that members of the Beating Bowel Cancer online forum have recommended to pack in your case:

- **Sleep aids**
  - eye mask
  - ear plugs with expanding foam

- **Toiletries**
  - body wash
  - deodorant
  - toothbrush and toothpaste
  - moisturising cream
  - lip balm
  - tissues
  - feminine supplies/shaving kit
  - nail file and hand cream
  - flannel

- **Clothing**
  - nightie/pyjamas
  - dressing gown
  - slippers
  - underwear
  - socks

- **Food and drink**
  - chewing gum and/or peppermint tea bags (to relieve wind and pain)
  - snacks

- **Entertainment**
  - phone
  - MP3 player
  - Kindle
  - iPad and chargers
  - double plug adaptor
  - puzzle books
  - notebook and pen
  - books
  - magazines

- **“Check if you will have a locker to keep valuables safe.”**

- **“Face wipes, moist toilet tissues, or even baby wipes are quick and refreshing.”**

- **“I took my own toilet paper and bathroom spray. And mouth spray for when you have a mouth like the bottom of a bird cage!”**

- **“My hospital had free wi-fi for in-patients.”**

- **“If you’re taking any regular medication, don’t forget to take it with you and show it to your nurse.”**

- **“I also brought my own mug which I found great for making my own drinks (don’t like plastic cups).”**
Types of surgery

The aim of surgery is to remove the bowel cancer along with normal tissue around it (called a margin), making sure that the remaining bowel still has a good blood supply. Sometimes, quite a large section of bowel needs to be removed in order to achieve this.

The most common types of surgery are:

1. **Right hemi-colectomy**, where the right half of the bowel is removed.
2. **Left hemi-colectomy**, where the left half of the bowel is removed.
3. In an **abdomino-perineal resection**, the rectum and the anus (including the sphincter muscles) are removed and a new kind of permanent bowel opening is made on the lower left hand side of the surface of the abdomen called a stoma (colostomy) (see page 16).
4. The operation to remove cancer in the rectum is called an **anterior resection**.

Depending on the position of the tumour in your rectum, you may need a high anterior resection (4a) or a low anterior resection (4b). Doing a **total mesorectal excision** at the same time is the gold standard and has been shown to reduce the risk of a recurrence. It involves removing all the visible cancer and surrounding fatty tissue in the pelvis around the rectum, to check the lymph nodes for signs of spread.

Patients who have an anterior resection often need to have a temporary stoma (ileostomy) for a few weeks or months to allow the join in the rectum to heal. The opening onto the abdomen for this is usually on the right hand side (see page 12).

Other, less common types of surgery you might be offered are:

5. **Sigmoid colectomy** where the sigmoid colon is removed and the two ends are joined back together.
6. **Hartmann’s procedure** where the sigmoid colon and upper rectum are removed, and an end colostomy formed (as for an abdomino-perineal resection). This operation is not as common as it used to be, but is still carried out when necessary, often during emergency surgery.
7. **Total colectomy** where the entire colon is removed, leaving behind the rectum. This will result in either a permanent ileostomy or your small bowel will be joined to your rectum.
8. **Pan proctocolectomy** where the colon, rectum and anus are removed, and results in a permanent ileostomy.

Transanal surgery such as TEMS, TEO or TAMIS – can be suitable for small, very early cancers (T1 and T2 tumours) in the rectum and is a minimally invasive technique. The procedure is carried out through the anus using a sigmoidoscope (type of telescope) connected to a light source and high resolution monitor. The tumour is removed using specialist forceps and diathermy (to seal the blood vessels).

This technique is not available in every hospital, but you can request to be referred to a specialist centre if your multidisciplinary team feels that you might be a suitable candidate.
About ileostomy

Having a temporary or permanent ileostomy
It may be necessary to form a temporary ileostomy to rest the new join in the bowel (anastomosis), giving it time to heal. An ileostomy is made from a loop of small bowel which is brought to the surface of the tummy (abdomen) on the right hand side, near the belly button (umbilicus). The stoma nurse will have discussed with you the most suitable place to form the stoma on your tummy, taking into account skin folds, clothing, etc, and marked it for the surgeon.

An ileostomy produces liquid, loose stools so the disposable ileostomy appliance (bag) will have an opening at the end which can be emptied directly into the toilet. You will probably need to do this 6 or 7 times a day. The bag itself will need changing 2-3 times a week. Your stoma nurse is an expert and will be able to give you advice and support to make sure you are comfortable and confident in managing your stoma.

When the join has healed, you will have a smaller, second operation to close the ileostomy, usually 3-6 months later, but this may be extended if you have chemotherapy following surgery or delayed healing.

If you have more than one cancer tumour in your bowel, the surgeon may advise that the large bowel is completely removed, to prevent the possibility of another cancer developing. In this case you will need a permanent ileostomy. Your specialist nurse will provide you with lots of help and support as you learn to adapt your lifestyle and diet to manage and regulate your stoma.

About colostomy

Having a temporary or permanent colostomy
For about 10% of patients with rectal cancer, it is just not possible to join the two ends of the bowel together safely after the cancer has been removed. This is particularly true for patients who have a tumour in the lower third of the rectum. In these cases, the colon has to be brought to the surface on the left side of the abdominal wall as a permanent colostomy (or stoma).

A special disposable bag or appliance (stoma or colostomy bag) is worn over the colostomy, which collects the contents of the bowel, and can be emptied when full, approximately 2-3 times a day. The stools from an established colostomy are usually soft and formed; similar to what you were used to before you became ill.

If you are admitted to hospital as an emergency with a tumour in the sigmoid colon or upper rectum, the surgeon may need to perform an operation involving a temporary colostomy. The top of the rectum is sealed temporarily, so that a reversal operation can be done at a later date, as described in the Ileostomy section.

An ileostomy or colostomy should not prevent you leading a full and normal life. You will be supported by a stoma team, before and immediately after surgery, and in the longer term in your home or a follow up clinic.

You can find more information in our 'Stoma Reversal' and ‘Regaining Bowel Control’ factsheets.
Keyhole surgery

**Keyhole (laparoscopic) surgery**
Some patients may now be given the option to have their operation done using keyhole (laparoscopic) surgery. This specialised surgery is done with a number of smaller cuts on the abdominal wall (tummy) and the tumour is removed using a telescope with precision equipment viewed on video screens. Some specialised centres can also do single incision laparoscopic surgery (SILS).

New techniques such as Transanal Total Mesorectal Excision allow more complex operations to be done, even for very low rectal cancers. This technique minimises damage to the anal sphincter, or the need to remove the anus completely, which would result in a permanent colostomy.

**Disadvantages**
- not all hospitals/surgeons offer this type of surgery
- not all patients are suitable for keyhole surgery, especially if the tumour is too large or difficult to access and remove
- unexpected complications during surgery can mean that an open operation is needed to complete the removal of all the visible cancer safely and effectively

**Advantages**
- patients can usually eat and drink more quickly after surgery
- fewer problems getting up and mobile again
- tend to recover more quickly after the operation
- usually go home within 3-5 days if there are no other complications
- full recovery within 3-6 weeks, depending on individual circumstances

---

Open surgery

**Open surgery (laparotomy)**
Open surgery will be offered if your hospital does not have laparoscopic surgeons, if you are admitted for emergency bowel surgery, or if the tumour is too large or difficult to access. If you are obese you are more likely to have open surgery.

**Disadvantages**
- larger wound, longer healing
- hospital stay can be 6-9 days
- slower recovery time

**Advantages**
- well established techniques
- widely available across the UK
- surgeon can see whole abdomen

---

“I was diagnosed with Dukes C bowel cancer and was offered a right hemi-colectomy by ‘keyhole’ surgery. The consultant explained the advantages: three small incisions as opposed to one big one, shorter recovery time and less post-operative pain. ‘That suits me fine’, I thought! But I was warned that if things got complicated they would have to move to an open procedure to achieve the best possible outcome. So in great anticipation I signed the forms giving permission for both keyhole and open just in case. When I woke up the surgeon told me I had a neat nine inch scar! He had tried keyhole first, but things were too ‘stuck together’ so he had to proceed to open. As a result recovery of bowel function was delayed quite a bit; I needed more pain relief than would have been the case with keyhole surgery and I had a longer hospital stay. Was I disappointed? Yes, in some ways. But come on! It was a small price to pay to be on the road to recovery.”

Brian, aged 59
After surgery

After your surgery, you may well remain in the recovery area for several hours to ensure you are stable. You may then spend a few hours in a high dependency unit before being transferred back to your ward.

Post-operative routines have changed a lot in the past few years, mainly due to the research which has led to the Enhanced Recovery programme (ERP). Getting patients moving and eating normally as soon as possible after their operation reduces complications and helps them to recover more quickly. Whether you are on an Enhanced Recovery programme or not, you will receive similar care.

On return to the ward you will have a drip in your arm to replace fluids and you may have a tube into your bladder (catheter) for a day or two. This is important as it allows monitoring of your urine output. These will be removed as soon as you are able to eat and drink.

You will be encouraged to eat and drink soon after your return to the ward. Most people find that small meals and bland, low fibre foods are easier to digest initially.

You may be given some more supplement drinks. Recent studies have shown that chewing gum can help your bowel to return to its normal function. It can also help relieve trapped wind and the colicky pains that you might experience after bowel surgery.

If you have an ileostomy or colostomy, you will be visited on a regular basis by the stoma nurse specialist who will help you to learn how to care for your stoma and give you more specific dietary advice. If you did not need a stoma, you may find your bowel movements vary in consistency, frequency and urgency. Your medical team may prescribe you some medication that can help with this. Things will settle down in most cases, as you return to your normal activities of daily living.

Pain relief is very important. It will help you to get up and move around comfortably and speed up your recovery. It is important to let the team know if you feel your pain is not controlled.

You will be encouraged to sit out of bed soon after your operation, and to walk around the ward several times a day as soon as you are able.

To prevent blood clots you will be given compression stockings and daily blood thinning injections. You should also do frequent leg exercises (rotating the feet and pushing the feet up and down) while sitting in a chair or lying in bed.

The nurse or physiotherapist will show you how to do deep breathing exercises until you are up and about. These exercises will help clear secretions from your lungs and help prevent a chest infection. Patients are sometimes worried about coughing, but this is a good way of clearing your chest. It is best to gently support your abdomen with a towel or pillow so it is more comfortable to cough.

Once you are eating and drinking, walking around the ward (and able to go upstairs if you need to do this at home), your wound is healing well, and you are managing your stoma if applicable, your consultant will be happy for you to go home.

Going home is a milestone in your recovery but it will still take some time for your energy levels to improve, your appetite to come back and bowel control to become more regular again. It is often said that it will take at least six weeks or so to start feeling back to normal. Once home, your first point of contact for any concerns you may have is still your colorectal nurse specialist. If they are not available for any reason, you should contact your GP.

If you have a stoma, you will be given the contact details of the stoma nurse who may also see you at home after discharge or she may refer you to a community stoma nurse who can visit you at home. This is important as you adjust to caring for your stoma.

In the first few days, you may find even simple tasks exhausting. It is common to feel very tired, and to need to sleep and rest much more frequently. This can be due to a combination of things, including side-effects of the anaesthetic, lack of sleep while you were in hospital, the side-effects of your pain killers or discomfort from the surgery itself.
Patient stories

Michael, aged 66
“I was diagnosed in autumn 2011 with a large rectal tumour and seven or so enlarged lymph nodes, which was classified as stage 3 cancer. I had radiotherapy and chemotherapy for 6 weeks with an excellent response, and then an anterior resection with an ileostomy in May 2012. I got an infection in the wound, which took a few weeks to clear up. I then had 4.5 months’ adjuvant chemotherapy, followed by stoma reversal surgery in April 2013. I expected it to be a smaller operation than the previous one and it was, but still big enough.

I was glad to get rid of the stoma bag lifestyle. After a few days, my system started working again, but I took far too many trips to the toilet for several weeks. It took a couple of months or more for my bowel habits to get back to something like normal. I am now nearly two years on from the reversal and my system has been improving bit by bit. Life is pretty normal; I can go out for 4 or 5 hour bike rides or play the whole evening in our band and not worry about it.”

Val, aged 75
“My tumour was very low down, and my main symptom was urgency to get to the loo. The weeks between the end of my initial radio-chemotherapy and surgery were the worst of my bowel cancer journey, but I was helped through it with support from my Macmillan nurse. Although I was uncomfortable, I was soon up and shuffling around. The district nurse removed my stitches, during a month spent recuperating at home. After a while, I moved from using bags to regular colonic irrigation, every other day, meaning I can get on with my life and I now feel very well.”

Recovering at home

It is also common to feel low at times, not only because of the physical effects on your body, but also because you are coming to terms with a diagnosis of bowel cancer. It is often not until you come home from the hospital that you have time and space to think about everything that has gone on in the last few weeks. Talking to friends and family about how you are feeling can help, but if your spirits don’t improve, you should have a chat with your nurse.

Exercises you have been given by your physiotherapist will help you to gain strength. Do get out of bed each day and get dressed – it is good for your morale and encourages a sense of getting better. Try some gentle exercise such as walking to the shops for a newspaper, but don’t attempt a big supermarket run! Heavy domestic chores such as gardening, vacuuming and strenuous physical exercise should be avoided for at least 6-10 weeks.

Start with light meals and eat them slowly. A large plate of food can be off-putting, so try small, nutritious meals and then build up to normal portions. Drink plenty of fluids and eat nutritious snacks throughout the day to increase your calorie intake, giving your body the extra energy it needs to heal.

Please see our ‘Living with Bowel Cancer – Eating Well’ booklet for advice on eating after surgery.

If your bowels really aren’t settling into a new routine or you are experiencing ongoing weight loss, do talk to your surgeon or nurse. They may recommend referring you to a dietician or prescribe medication to control the symptoms.

Please see our ‘Regaining Bowel Control’ booklet for more information.

Contact your specialist nurse or GP immediately if you experience any of these symptoms, which may be the result of an infection:

- a high temperature
- unable to eat or drink for any reason
- persistent diarrhoea, nausea or vomiting
- constipation for three days or more
- pain, swelling, redness or unexpected leakage around your wound or stoma

Start with light meals and eat them slowly. A large plate of food can be off-putting, so try small, nutritious meals and then build up to normal portions. Drink plenty of fluids and eat nutritious snacks throughout the day to increase your calorie intake, giving your body the extra energy it needs to heal.

Please see our ‘Living with Bowel Cancer – Eating Well’ booklet for advice on eating after surgery.

If your bowels really aren’t settling into a new routine or you are experiencing ongoing weight loss, do talk to your surgeon or nurse. They may recommend referring you to a dietician or prescribe medication to control the symptoms.

Please see our ‘Regaining Bowel Control’ booklet for more information.

Contact your specialist nurse or GP immediately if you experience any of these symptoms, which may be the result of an infection:

- a high temperature
- unable to eat or drink for any reason
- persistent diarrhoea, nausea or vomiting
- constipation for three days or more
- pain, swelling, redness or unexpected leakage around your wound or stoma
Your pathology report

The final report and cancer staging
It usually takes about 10-14 days after the operation for the final report to come from the pathologist, assessing all the tissue and tumours that were removed by the surgeon. This helps your specialist team advise you on whether further treatment might be necessary. Treatment after surgery is called adjuvant treatment. This may be offered with the intention to reduce the risk of the cancer returning.

It is unlikely that the results will be given to you while you are still in hospital and it is more usual that they will be shared with you at your follow up appointment.

In general, bowel cancers are classified into different stages according to how advanced they have become and which parts of the body they have affected. The old staging system involved a classification known as Dukes A, B, C and D. More recently, clinicians have started using a Stage 1, 2, 3 and 4 model, and a Tumour, Node, Metastases (TNM) classification score for a more accurate description of all types of cancers.

Further treatment

Adjuvant (additional) treatment
Patients with Stage 1 bowel cancer will not have additional treatment after surgery.

Patients who have Stage 2 bowel cancer – where there is no evidence that the cancer has broken through the bowel into the pelvis or lymph nodes – may not need to have any further treatment. However, in some circumstances, where the tumour is larger or invading deeper within the bowel wall, adjuvant treatment may be offered to ‘mop up’ any cancer cells that may be left in the body, which the surgeon could not see.

One large study has shown that having adjuvant chemotherapy for Stage 2 bowel cancer could reduce the risk of the cancer returning by 4%.

There is no strong evidence to suggest that this is beneficial for everyone and it should therefore be discussed and considered carefully on an individual basis.

If the cancer has spread
Patients with Stage 3 cancer are nearly always offered further treatment because the cancer has spread from the bowel into lymph nodes in the pelvis. There is good evidence that adjuvant treatment reduces the risk of recurrence by 23%.

Cancer that has spread to distant parts of the body is classified as Stage 4. Bowel cancer can spread to organs such as the liver or lungs, as well as locally into the pelvis. You will usually be referred to an oncologist and offered further treatment – such as chemotherapy – to shrink the tumours. You should remain under the care of a specialist with experience of treating such cancers in that particular organ.

You may also be offered further surgery to remove these tumour(s) at a specialist centre, or as part of approved clinical trials.
Support our work

We provide practical and emotional support

- We provide specialist support and information to anyone affected by bowel cancer.
- Our online forum which is free to join enables all those affected by bowel cancer, patients, relatives and carers to share information and experiences and gain support from one another. It includes a private area for relatives and friends. For many people talking to others who have been through similar experiences can be very helpful.
- You may need support at any stage of the bowel cancer journey, but many find us of particular help and comfort when they are having a break from treatment, or have finished treatment and are no longer receiving that day-to-day support from the hospital.

We campaign for the highest quality treatment and care

- Everyone affected by bowel cancer, no matter who they are or where they live, should get the best possible support, care and information. We campaign nationally and locally to make sure Governments and health services do better by providing the highest quality care and treatments, and by making beating bowel cancer a priority.

We raise money to fund our vital work

- We are a charity that relies entirely on voluntary donations and gifts in Wills. By giving a donation you will help fund a range of vital services that give people affected by bowel cancer help, hope and reassurance.
- We need you to help us continue our work. Please join us and together we can beat bowel cancer.

To make a donation please visit beatingbowelcancer.org/donate or call 020 8973 0000.

We bring people with bowel cancer together

- Bowel cancer affects people physically and emotionally and a problem shared can make a world of difference.
- We connect people through the power of our website, social media and major events such as our Patient Days.

We promote early diagnosis

- 9 in 10 people with bowel cancer will survive if they’re treated early. That’s why we campaign to promote and extend bowel cancer screening.

Who else can help?

Nurse advisors at Beating Bowel Cancer

Whilst you will receive all your medical support and help from your healthcare professionals, you may also like to contact the charity to talk to a nurse advisor, or receive further information about any aspect of your disease.

Patients, and their families, contact us at every stage of their bowel cancer journey, but many find us of particular help and comfort when they are having a break from treatment, or have finished treatment and are no longer receiving that day-to-day support from the hospital.

Our contact details are on the back cover.

Bowel Cancer Voices

The charity also has a unique patient to patient network for people with bowel cancer and their relatives. We can put people in touch with each other, by phone or email, matching them by bowel cancer stage or treatment received. Talking to someone else who has been through a similar experience can be hugely reassuring. You can also receive support through our patient forum beatingbowelcancer.org/forum

Other useful contacts

Colostomy Association
W: colostomyassociation.org.uk
T: 0800 328 4257

Ileostomy & Internal Pouch Support Group
W: iasupport.org
T: 0800 0184 724

Bladder & Bowel Foundation
W: bladderandbowelfoundation.org
T: 0845 345 0165

RADAR
Specialist keys for secure public toilets, and regional lists of locations
W: disabilityrightsuk.org
T: 020 7250 3222

Gary Logue Colorectal Nurse Awards

These awards were set up in memory of our nurse advisor, Gary Logue, who passed away in 2014. Bowel cancer patients are warmly invited to show recognition of the fantastic work that nurses do by nominating their colorectal cancer nurse specialist for an award. Each year, two nurses will receive £500 each towards their personal development.

Please visit www.beatingbowelcancer.org/nurse-awards and tell us why your nurse deserves this special recognition.

Who else can help?

Nurse advisors at Beating Bowel Cancer

Whilst you will receive all your medical support and help from your healthcare professionals, you may also like to contact the charity to talk to a nurse advisor, or receive further information about any aspect of your disease.

Patients, and their families, contact us at every stage of their bowel cancer journey, but many find us of particular help and comfort when they are having a break from treatment, or have finished treatment and are no longer receiving that day-to-day support from the hospital.

Our contact details are on the back cover.

Bowel Cancer Voices

The charity also has a unique patient to patient network for people with bowel cancer and their relatives. We can put people in touch with each other, by phone or email, matching them by bowel cancer stage or treatment received. Talking to someone else who has been through a similar experience can be hugely reassuring. You can also receive support through our patient forum beatingbowelcancer.org/forum

Other useful contacts

Colostomy Association
W: colostomyassociation.org.uk
T: 0800 328 4257

Ileostomy & Internal Pouch Support Group
W: iasupport.org
T: 0800 0184 724

Bladder & Bowel Foundation
W: bladderandbowelfoundation.org
T: 0845 345 0165

RADAR
Specialist keys for secure public toilets, and regional lists of locations
W: disabilityrightsuk.org
T: 020 7250 3222

Gary Logue Colorectal Nurse Awards

These awards were set up in memory of our nurse advisor, Gary Logue, who passed away in 2014. Bowel cancer patients are warmly invited to show recognition of the fantastic work that nurses do by nominating their colorectal cancer nurse specialist for an award. Each year, two nurses will receive £500 each towards their personal development.

Please visit www.beatingbowelcancer.org/nurse-awards and tell us why your nurse deserves this special recognition.

Support our work

We provide practical and emotional support

- We provide specialist support and information to anyone affected by bowel cancer.
- Our online forum which is free to join enables all those affected by bowel cancer, patients, relatives and carers to share information and experiences and gain support from one another. It includes a private area for relatives and friends. For many people talking to others who have been through similar experiences can be very helpful.
- You may need support at any stage of the bowel cancer journey, but many find us of particular help and comfort when they are having a break from treatment, or have finished treatment and are no longer receiving that day-to-day support from the hospital.

We campaign for the highest quality treatment and care

- Everyone affected by bowel cancer, no matter who they are or where they live, should get the best possible support, care and information. We campaign nationally and locally to make sure Governments and health services do better by providing the highest quality care and treatments, and by making beating bowel cancer a priority.

We raise money to fund our vital work

- We are a charity that relies entirely on voluntary donations and gifts in Wills. By giving a donation you will help fund a range of vital services that give people affected by bowel cancer help, hope and reassurance.
- We need you to help us continue our work. Please join us and together we can beat bowel cancer.

To make a donation please visit beatingbowelcancer.org/donate or call 020 8973 0000.

We bring people with bowel cancer together

- Bowel cancer affects people physically and emotionally and a problem shared can make a world of difference.
- We connect people through the power of our website, social media and major events such as our Patient Days.

We promote early diagnosis

- 9 in 10 people with bowel cancer will survive if they’re treated early. That’s why we campaign to promote and extend bowel cancer screening.
Beating Bowel Cancer is the support and campaigning charity for everyone affected by bowel cancer.

We provide practical and emotional help – digitally, by phone and email, and face to face.

We bring patients together to share invaluable experience and support, through our website, social media and major events.

Our high impact campaigns have led to the introduction of the bowel cancer screening programme, which is helping save lives, as well as new funding and greater patient access to life-changing cancer treatments.

beatingbowelcancer.org

Nurse Advisory Service
24 hour answerphone and callback service

020 8973 0011
nurse@beatingbowelcancer.org

The production and distribution of this booklet has been made possible by educational grants from:

[Merck] [Olympus] [Servier Oncology] [SIRTeX]

The content was independently written and no company had editorial control.

If you have any questions or comments about this publication, or would like information on the evidence used to produce it, please write to us, or email info@beatingbowelcancer.org

Beating Bowel Cancer

Harlequin House | 7 High Street | Teddington | Middlesex | TW11 8EE

Registered Charity Nos. 1063614 (England & Wales) SC043340 (Scotland)

Version 8.0 Published May 2017 Scheduled review date May 2019