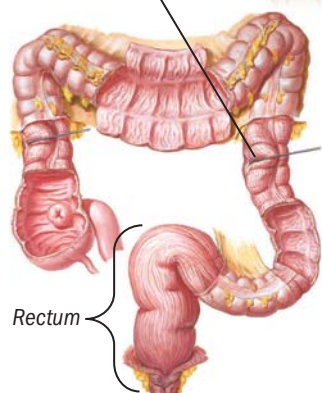


MANAGING YOUR RECTAL CANCER

Rectal cancer is cancer that grows in the rectum. The cause isn't known. It tends to happen more with older age, especially in men, and usually grows slowly. Most of the time, it starts as a small growth called a polyp.



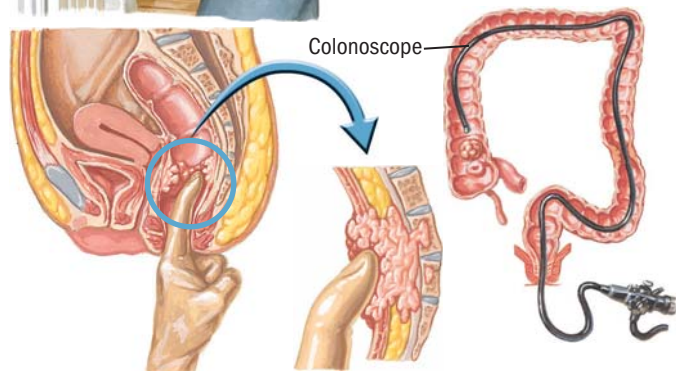
Colon (large intestine)



The rectum is the last 10 inches or so of the colon in the digestive tract. It ends at the anus, which is the opening to the outside.



Symptoms may not occur for a long time, especially if a growth is small. Symptoms include blood in the stools, thinner stool than usual, and an urge to have a bowel movement but nothing comes out.



Your doctor makes a diagnosis from your medical history, physical examination, laboratory tests, and colonoscopy. The doctor inserts a small, flexible, lighted tube into the anus to see inside the whole colon. The doctor can also use the tube to do a biopsy. If cancer is found, the doctor will stage it with CT, x-rays, and blood tests.

What Is Rectal Cancer?

The rectum is part of the colon (large intestine) in the digestive tract. It's the last 10 inches or so of the colon and ends at the anus, which is the opening to the outside. Rectal cancer is cancer that grows in the rectum. It tends to happen more with older age, especially in men, and usually grows slowly. Most of the time, it starts as a small growth called a polyp.

What Causes Rectal Cancer?

The cause is unknown.

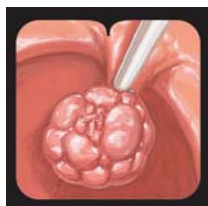
What Are the Symptoms of Rectal Cancer?

People may not have symptoms for a long time, especially if the growth is small. Sometimes, people have blood in the stools (bowel movements). The stool may be thinner than usual, because it squeezes past the cancer. People may also feel urges to have bowel movements, but nothing comes out.

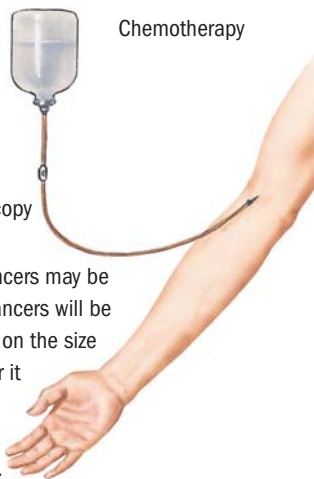
How Is Rectal Cancer Diagnosed?

The doctor makes a preliminary diagnosis from a medical history, physical examination, and laboratory tests. The doctor will do a colonoscopy. The doctor puts a small flexible tube into the anus. The tube has a light at the tip, so the doctor can see inside the rectum and colon. It's long enough to go into the whole colon. It also has a tool at the tip so the doctor can take a small sample of tissue (biopsy) to be checked with a microscope to see if it has cancer cells.

If cancer is found, the doctor will do other tests to see if the cancer has spread. This is called staging. These tests include computed tomography (CT) of the abdomen (belly) and pelvis, x-rays, and blood tests.

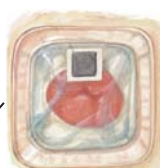
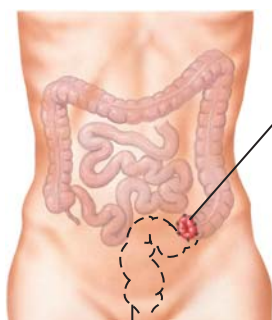


Polyp removal during colonoscopy



Chemotherapy

Small polyps and very small rectal cancers may be removed during colonoscopy. Larger cancers will be removed by surgery. The type depends on the size and location of the cancer and how far it has spread. Anticancer medicines (chemotherapy) and radiotherapy may also be used to shrink the cancer.



Pouch made for stool

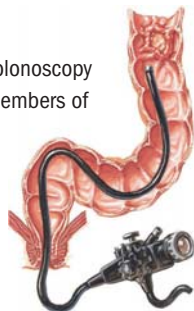
If the cancer is large, the doctor may remove the whole rectum and anus. If this happens, the doctor will perform a colostomy. In this procedure, a pouch is made from the colon and comes out through the skin. Stool will come out into a small bag.

Dashed line shows part removed

Understand the importance of colon screening with colonoscopy for everyone, starting at age 50, or earlier for family members of people with colon cancer.



Don't be afraid to ask your primary doctor about support groups. In these groups, you can share your concerns with others who have also been diagnosed and treated for rectal cancer.



After surgery, make sure that you have a healthy diet. Ask your doctor for guidelines.



How Is Rectal Cancer Treated?

Small polyps and very small rectal cancers may be removed during colonoscopy. Larger cancers will be removed by surgery. The type depends on the size and location of the cancer and how far it has spread. Anticancer medicines (chemotherapy) and radiotherapy may also be used to shrink the cancer. If the cancer is large, the doctor may have to remove the whole rectum and anus. If this happens, the doctor will do a colostomy. In this procedure, a pouch is made from the colon and comes out through the skin. Stool will come out into a small bag.

DOs and DON'Ts in Managing Rectal Cancer:

- ✓ **DO** understand the importance of colon screening for everyone starting at age 50, and earlier for family members of people with colon cancer.
- ✓ **DO** make sure that you have a colonoscopy generally 1 year after surgery and regularly after that, or as recommended by your doctor, to screen for return of cancer.
- ✓ **DO** call your doctor if you have trouble moving your bowels, abdominal pain, or blood in the stool.
- ⊘ **DON'T** miss follow-up appointments with your primary doctor and specialists who treated you for rectal cancer.
- ⊘ **DON'T** be afraid to ask your primary doctor about support groups. In these groups, you can share your concerns with others who have also been diagnosed and treated for rectal cancer.
- ⊘ **DON'T** forget the importance of good nutrition after surgical treatment.
- ⊘ **DON'T** delay telling your doctor about new symptoms or concerns.

FROM THE DESK OF

NOTES

FOR MORE INFORMATION

Contact the following sources:

- American Cancer Society
Tel: (800) 227-2345
Website: <http://www.cancer.org>
- American College of Surgeons
Tel: (312) 202-5000, (800) 621-4111
Website: <http://www.facs.org>