Bowel cancer

This information is about bowel cancer and treatments for bowel cancer.

Any words that are underlined are explained in the word list at the end. The word list also includes the pronunciation of the words in English.

If you have any questions about this information, ask your doctor or nurse at the hospital where you are having treatment.

You can also call Macmillan Cancer Support on freephone 0808 808 00 00, 7 days a week, 8am to 8pm. We have interpreters, so you can speak to us in your own language. When you call us, please tell us in English which language you need (say “xxxxx”).

There is more cancer information in [LANGUAGE] at macmillan.org.uk/translations

This information is about:

- The bowel
- Bowel cancer
- How treatment is planned
- Talking to your healthcare team
- Questions to ask about your treatment
- Treatments for bowel cancer
- Possible side effects of your treatment
- Follow up
- Your feelings
- How Macmillan can help you
- Word list
- More information in [language]
- References and thanks
The bowel

The bowel is part of the digestive system. The digestive system breaks down and absorbs food so that the body can use it. It has two parts, the small bowel and the large bowel.

The large bowel has three parts. These are:

- the colon
- the rectum
- the anus.

Bowel cancer

All parts of the body are made up of tiny cells. Bowel cancer happens when the cells in the bowel grow in an uncontrolled way and form a lump called a tumour (primary cancer).

Cancer can affect different parts of the bowel. The two main types of large bowel cancer are:

- colon cancer
- rectal cancer.

Cancer of the large bowel is also called colorectal cancer. Small bowel cancer and cancer of the anus are rare. We have information about these cancers in English.
Sometimes, cancer cells spread to other parts of the body through the blood and the lymphatic system. This is called secondary cancer.

Bowel cancer is not infectious and cannot be passed on to other people.

**Stages and grades of bowel cancer**

- The stage of a cancer means how big it is and if it has spread.
- The grade of a cancer is how quickly the cancer may grow.

**How treatment is planned**

Your healthcare team will meet to plan the best treatment for you. After this meeting, your doctor or nurse will talk to you about:

- the stage and grade of the cancer
- your general health
- the treatments and possible side effects
- what you think about the available treatments.

**Talking to your healthcare team**

It is important to talk about any treatment with your doctor, so that you understand what it means. After talking with you, your doctor will ask you to sign a form to show that you understand and agree to the treatment. This is called giving consent. You will not be given treatment unless you have agreed to it.

It is a good idea to take someone with you who can speak both [language] and English. Or your hospital can arrange an interpreter for you. Let your nurse know if you need one.

**Questions to ask about your treatment**

- What does my diagnosis mean?
- What is the stage and grade of the cancer?
- What treatments are available?
- What are the benefits, risks and side effects of each treatment?
- How will the treatment affect my daily life?
- Who can I talk to about how I am feeling?

We have more information in your language about being diagnosed with cancer.

**Treatments for bowel cancer**

Treatments for bowel cancer include:

- an operation (surgery)
- drugs (chemotherapy or targeted therapy)
- radiotherapy
Many people have more than one type of treatment, such as an operation and then chemotherapy or radiotherapy. People who have colon cancer may have different treatment to people who have rectal cancer.

**An operation**

An operation (surgery) to remove the cancer is the most common treatment for bowel cancer.

Sometimes, very early stage bowel cancers can be removed with an operation called a local resection. The surgeon does not need to make a cut in the tummy (abdomen). They remove the cancer using surgical tools passed through the anus.

Most people will have an operation to remove part of the bowel. The surgeon will usually also remove some lymph nodes that are near the cancer. This is because cancer cells can spread to lymph nodes near the cancer.

You may have your operation as:

- open surgery
- keyhole (laparoscopic) surgery.

Open surgery means the surgeon makes a large cut before removing the cancer.

Keyhole surgery means the surgeon makes 4 or 5 small cuts. They put surgical tools through the cuts to remove the cancer. You usually recover more quickly from keyhole surgery than from open surgery.

**A surgeon performing keyhole (laparoscopic) surgery**

![Image of a surgeon performing keyhole surgery]

**Types of operation for colon cancer**

- **Hemi-colectomy** – half of the colon is removed. This may be the right or left side, depending on where the cancer is.
- **Sigmoid colectomy** – the sigmoid colon is removed.

After removing the part of the bowel where the cancer is, the surgeon joins the two ends of the bowel together.
Right hemi-colectomy

Left hemi-colectomy

Sigmoid colectomy

Area removed
Some people may need to have all the colon removed. This is called a total colectomy. Your doctor will tell you more about this if you need this type of operation.

**Stomas**
Some people need to have a stoma. This is when the surgeon connects the end of the bowel to the surface of the tummy (abdomen). You will pass poo (stools) out through the stoma into a special bag you wear.

- If the stoma is made from the colon, it is called a **colostomy**.
- If the stoma is made from the small bowel (**ileum**), it is called an **ileostomy**.

**A stoma and stoma bag**

A stoma nurse will show you how to look after the stoma and give you more advice and information.

You may only need a stoma for a short time after an operation, to allow the bowel to heal. But sometimes it will be permanent. Your doctor can tell you if you may need a stoma and how long you may have it for.

**Types of operation for rectal cancer**

A surgeon usually removes most of the rectum, and the fatty tissue and the lymph nodes around the rectum.

**Anterior resection** – the surgeon removes the part of the rectum that is affected by the cancer. They join the two ends of the bowel together.

**Abdomino-perineal resection** – this is usually used for cancers near the anus. The doctor removes the rectum and anus. After this operation, you will have a permanent stoma.
Types of operation for bowel cancer that has spread
Sometimes, the cancer blocks the bowel and stops poo from passing through. This can cause tummy pain and vomiting. The doctor may put a thin tube (called a stent) into the bowel to keep it open.

Some people may need to have the blocked part of the bowel removed during an operation.
If the cancer has spread to another part of the body, such as the liver or lungs, you can sometimes have an operation to remove it.

We have more information in [language] about surgery and some of the side effects you may have.

**Chemotherapy**
Chemotherapy uses anti-cancer drugs to destroy cancer cells. You do not usually need chemotherapy for early stage bowel cancer.

Chemotherapy may be given:
- after surgery to reduce the risk of cancer coming back
- before surgery, to shrink the cancer and reduce the risk of it coming back
- as the main treatment for cancer that has spread.

Chemotherapy drugs can cause side effects that make you feel unwell. Different drugs can cause different side effects. These include:
- being more likely to get an infection
- feeling tired
- feeling sick or being sick
- a sore mouth
- hair loss.

Your doctor can talk to you about the side effects you may have and how to manage them. Most side effects can be controlled with drugs. Most side effects go away after treatment has finished.

We have more information in [language] about chemotherapy and some of the side effects you may have.

**Radiotherapy**
Radiotherapy uses high-energy x-rays to destroy the cancer cells. You do not usually have radiotherapy for colon cancer but it is a common treatment for rectal cancer.

You may have radiotherapy before an operation to remove rectal cancer. It can:
- make the cancer smaller and easier to remove
- reduce the chance of the rectal cancer coming back.

You will have the operation a few weeks after finishing the radiotherapy.

Radiotherapy may be used after an operation if there is a chance that some cancer remains.

If rectal cancer has spread or comes back, you may have radiotherapy to make it smaller. It can also help with symptoms such as pain.
Side effects of radiotherapy for rectal cancer include:

- tiredness
- changes to your skin
- bowel changes
- bladder changes.

We have more information in [language] about radiotherapy and some of the side effects you may have.

**Chemoradiation**

If you have a rectal cancer, you may have chemotherapy and radiotherapy together. This is called chemoradiation. It can work better than having either chemotherapy or radiotherapy on their own. Having the treatments together can make the side effects worse.

**Targeted (biological) therapies**

Targeted therapy drugs target something in or around a cancer cell that is helping it grow and survive. Targeted therapies are sometimes used to treat bowel cancers that have spread to other parts of the body.

Side effects include:

- feeling tired
- dry skin or a rash
- diarrhoea
- flu symptoms.

Most side effects can be controlled with drugs and go away when treatment is over.

**Possible side effects of your treatment**

Below are some side effects that you may have during and after bowel cancer treatment.

**Bowel changes**

After treatment, your bowel may work differently for a while. You may:

- have diarrhoea
- need to poo more often
- not get much warning when you need to poo
- have a sore bottom.

These usually improve over time. Tell your doctor or nurse if you have these side effects or if they do not improve. They can give you advice and medicines to help.
Protect your skin
Having loose or watery poo can make the skin around your bottom sore. These tips may help:

- Keep the skin around your anus (back passage) clean and dry.
- Use unperfumed wet wipes as they are softer on your skin than toilet paper.
- Use a barrier cream to help protect your skin. Only use creams that your doctor and nurse have recommended.
- Wear cotton underwear to keep your skin dry and cool.

Diet changes
Your doctor may advise you to follow a specific diet while your bowel recovers after an operation.

Sometimes food such as fruit and vegetables may make your poo loose and make you go to the toilet more often. It can help to keep a diary of what you eat and how this affects you.

If you do not feel like eating, it can help to eat several small meals a day instead of 1 or 2 large meals. If you continue to have problems with what you can eat, speak to your nurse or doctor.

Anxiety
Feeling anxious or worried can make your poo looser. Learning how to relax may help your bowel to settle and is also good for your general health and recovery.

If you have a stoma
If you have a temporary or permanent stoma after your operation, you will need some time to adjust to it. You may find it helps to talk to someone else with a stoma. Your nurse may be able to arrange this for you. Your nurse will teach you how to manage your stoma at home.

Macmillan toilet card
You may worry about going out if you need to use a toilet urgently. It may help to carry a free Macmillan toilet card. You can show this in places such as shops, offices and cafes. We hope it will help you get access to a toilet but it may not work everywhere.

You can get one by calling our Macmillan Support Line on 0808 808 00 00. Or, you can order one at be.macmillan.org.uk

You can also use disabled toilets. They have a wash basin and space to change your clothes. Disabled toilets are sometimes locked. You can buy a key from Disability Rights UK.

More information on side effects
We have more information in your language about common cancer treatment side effects. Our information about tiredness and eating problems may also be helpful. You can find this information online at macmillan.org.uk/translations. Or you can phone 0808 808 00 00 and ask for information in your language.
Follow up
After your treatment has finished, you will have regular check-ups and may also have tests. These usually continue for several years.

Your feelings
You may feel overwhelmed when you are told you have cancer and have many different emotions. There is no right or wrong way to feel. There are many ways to cope with this. Talking to a close friend or relative may help. Your doctor or nurse can help too.

How Macmillan can help you
Macmillan is here to help you and your family. You can get support from:

- **The Macmillan Support Line (0808 808 00 00).** We have interpreters, so you can speak to us in your language. Just tell us, in English, the language you want to use. We can answer medical questions, give you information about financial support, or talk to you about your feelings. The phone line is open 7 days a week, 8am to 8pm.

- **The Macmillan website (macmillan.org.uk).** Our site has lots of English information about cancer and living with cancer. There is more information in other languages at [macmillan.org.uk/translations](http://macmillan.org.uk/translations)

- **Information and support services.** At an information and support service, you can talk to a cancer support specialist and get written information. Find your nearest centre at [macmillan.org.uk/informationcentres](http://macmillan.org.uk/informationcentres) or call us. Your hospital might have a centre.

- **Local support groups** – At a support group you can talk to other people affected by cancer. Find a group near you at [macmillan.org.uk/supportgroups](http://macmillan.org.uk/supportgroups) or call us.

- **Macmillan Online Community** – You can also talk to other people affected by cancer online at [macmillan.org.uk/community](http://macmillan.org.uk/community)
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<thead>
<tr>
<th>Word (target language)</th>
<th>In English</th>
<th>How to say in English</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barrier cream</td>
<td></td>
<td></td>
<td>Waterproof cream that protects the skin from body fluids.</td>
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<tr>
<td>Cells</td>
<td></td>
<td></td>
<td>The tiny building blocks that make up the organs and tissues of our body.</td>
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<tr>
<td>Chemotherapy</td>
<td></td>
<td></td>
<td>A cancer treatment that uses drugs to kill cancer cells.</td>
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<tr>
<td>Colostomy</td>
<td></td>
<td></td>
<td>A stoma made from part of the colon.</td>
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<tr>
<td>Diagnosis</td>
<td></td>
<td></td>
<td>Finding out whether you have an illness or not.</td>
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<tr>
<td>Diarrhoea</td>
<td></td>
<td></td>
<td>When you have soft or watery poo. You might need the toilet more than usual or very urgently. You may also have tummy pain.</td>
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<tr>
<td>Early stage</td>
<td></td>
<td></td>
<td>Cancer that has only just started to grow and has not spread to other parts of the body.</td>
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<tr>
<td>Ileostomy</td>
<td></td>
<td></td>
<td>A stoma made from part of the small bowel.</td>
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<tr>
<td>Ileum</td>
<td></td>
<td></td>
<td>The part of the small bowel that joins with the colon.</td>
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<tr>
<td>Lymphatic system</td>
<td></td>
<td></td>
<td>A network of vessels and glands throughout the body that helps to fight infection.</td>
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<tr>
<td>Lymph node</td>
<td></td>
<td></td>
<td>A gland that is part of the lymphatic system.</td>
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<td>Primary cancer</td>
<td></td>
<td></td>
<td>The first tumour to grow in the body.</td>
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<tr>
<td>Radiotherapy</td>
<td>A cancer treatment that uses high-energy x-rays to kill cancer cells.</td>
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<td>---------------------------------------------------------------------</td>
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<tr>
<td>Side effects</td>
<td>Unwanted effects of cancer treatment.</td>
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<tr>
<td>Stoma</td>
<td>An opening into the body made by a surgeon.</td>
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<tr>
<td>Stoma nurse</td>
<td>Nurse who will show you how to care for the stoma.</td>
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<tr>
<td>Surgery</td>
<td>Having an operation</td>
<td></td>
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<tr>
<td>Targeted therapy</td>
<td>Drugs that attack cancer cells and do less harm to normal cells.</td>
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<tr>
<td>Tumour</td>
<td>A group of cells that are growing in an abnormal way. The abnormal cells keep multiplying and form a lump.</td>
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More information in [language]

We have information in [language] about these topics:

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<th>Types of cancer</th>
<th>Coping with cancer</th>
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<td>• Breast cancer</td>
<td>• If you are diagnosed with cancer – a quick guide</td>
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<td>• Large bowel cancer</td>
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<td>• Lung cancer</td>
<td>• End of life</td>
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<td>• Prostate cancer</td>
<td>• Financial support – benefits</td>
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<td><strong>Treatments</strong></td>
<td>• Financial support – help with costs</td>
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<td>• Chemotherapy</td>
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<td>• Surgery</td>
<td>• Side effects of cancer treatment</td>
</tr>
<tr>
<td></td>
<td>• What you can do to help yourself</td>
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To see this information, go to [macmillan.org.uk/translations](http://macmillan.org.uk/translations)

Speak to us in [language]

You can call Macmillan free on **0808 808 00 00** and speak to us in [language] through an interpreter. You can talk to us about your worries and medical questions. Just say [language] in English when you call (say “xxxxx”).

We are open 7 days a week, 8am to 8pm.
References and thanks

This information has been written and edited by Macmillan Cancer Support’s Cancer Information Development team. It has been translated into [language] by a translation company.

The information included is based on the Macmillan booklets Understanding colon cancer and Understanding rectal cancer. We can send you copies, but the full booklets are only available in English.

This information has been reviewed by relevant experts and approved by our Chief Medical Editor, Dr Tim Iveson, Consultant Medical Oncologist and Macmillan Chief Medical Editor.

Thanks also to the people affected by cancer who reviewed this information.

All our information is based on the best evidence available. For more information about the sources we use, please contact us at cancerinformationteam@macmillan.org.uk

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We make every effort to ensure that the information we provide is accurate but it should not be relied upon to reflect the current state of medical research, which is constantly changing. If you are concerned about your health, you should consult your doctor. Macmillan cannot accept liability for any loss or damage resulting from any inaccuracy in this information or third-party information such as information on websites to which we link.

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