

After a diagnosis of bowel cancer



After finding out you have bowel cancer, you may feel shocked, upset, anxious or confused. These are normal responses. A diagnosis of bowel cancer affects each person differently. For most it will be a difficult time, however some people manage to continue with their normal daily activities.

You may find it helpful to talk about your treatment options with your doctors, family and friends. Ask questions and seek as much information as you feel you need. It is up to you as to how involved you want to be in making decisions about your treatment.

Bowel cancer is the third most common cancer in Australia after non-melanoma skin cancer and prostate cancer, with 14,860 people diagnosed in 2010.

How is bowel cancer treated?

You may have a number of different health care professionals involved in your treatment and care.

The type of treatment you have will depend on whether or not the cancer has spread or is at risk of spreading. Although nearly all treatments have side-effects, most can be effectively managed. Ask your doctor to explain what side-effects to expect and how best to manage these.

Surgery is the usual treatment for bowel cancer. The cancer and surrounding tissue are removed to make sure no part of the cancer is left behind. Usually the bowel can be joined together again to restore normal function. If for some reason it cannot be rejoined, an artificial opening (colostomy) for body waste (faeces) is made in the wall of the abdomen. A temporary colostomy can be reversed in a few weeks. Less than five per cent of people need a permanent colostomy.

Bowel surgery is a major operation with an average hospital stay of five to ten days followed by a recovery period of four to six weeks. For very early bowel cancers there is usually no need for additional radiation therapy or chemotherapy. For those with larger cancer or whose cancer has spread to the lymph nodes, the best results are often achieved by combining surgery, radiation therapy and chemotherapy.

Chemotherapy uses anti-cancer drugs to help destroy cancer cells that may have spread to other areas of your body, but cannot be detected. Chemotherapy after surgery can be an effective treatment to reduce the chance of the cancer coming back. It is usually injected into a vein in the arm, but other methods are available.

Radiation therapy uses X-rays to destroy cancer cells. It is used prior to surgery for cancer in the rectum to reduce the cancer size to make surgery easier. It is also used to decrease the chance of cancer returning at the site. Timing of treatment is different for each individual. Chemotherapy may be used in addition to radiation therapy.

What about my physical and emotional wellness?

Eating a healthy diet including a variety of foods will ensure you have what your body needs to cope with treatment and recovery. Be sure to discuss your diet with your dietician and doctor.

Regular physical activity can improve your cancer recovery and reduce side-effects such as fatigue. Talk to your physiotherapist or exercise physiologist and doctor.

- Don't be afraid to ask for professional and emotional support.
- Consider joining a cancer support group.
- Learn to ignore unwanted advice and 'horror stories'.
- Live day-to-day and remember that every day is likely to be different.

Complementary therapies can work alongside medical treatments and some have been shown to improve quality of life or reduce pain. There is no evidence that these therapies can cure or prevent cancer. Some of these therapies have not been tested for side-effects, may work against other medical treatments and may be expensive. Let your doctor know about all complementary therapies you are thinking of using.

Remember, if you have any concerns or questions, please contact your doctor.

Where can I get reliable information?

Cancer Council 13 11 20

Information and support for you and your family for the cost of a local call anywhere in Australia.

Cancer Council Australia website

www.cancer.org.au