

Surgery for Rectal Cancer

Colorectal Surgery





What is rectal cancer?

The rectum is the last 20cms of the large bowel. Rectal cancer is a malignant growth that starts in the wall of the rectum. It is classified under the general heading of bowel cancer. Rectal cancer can cause your bowel habits to change. You may get diarrhoea or constipation. The cancer can eventually cause your bowel to become completely blocked. It can also bleed, which can cause you to become anaemic (your body does not produce enough healthy red blood cells). You may see blood when you pass a motion or notice that your motions are darker than usual. If the cancer has spread outside the colon, you may lose weight.

What are the benefits of surgery?

Surgery is aimed at removing all of the cancer and your symptoms should also improve.

Are there any alternatives to surgery?

Removing the cancer by surgery gives the best chance of you being free of rectal cancer. However, radiotherapy may occasionally be used instead of an operation.

Radiotherapy and chemotherapy on their own will usually not lead to you being cured, but can be used to shrink the cancer and so improve your quality of life.


It is possible to have a procedure to form a stoma (opening of the bowel onto the skin). This would ease any blockage but not treat the underlying cancer.

You should discuss the options carefully with your surgeon and oncologist (doctor who specialises in treating cancer with medicines and radiotherapy).

What will happen if I decide not to have the operation?

The cancer will continue to spread and will often bleed slowly. This may lead to anaemia, which can be treated with iron tablets or blood transfusions. The cancer can cause discomfort when you pass a motion and a feeling that you cannot empty your bowel fully (tenesmus). The cancer may grow into surrounding tissue, causing you pain. It can also cause your bowel habits to change and can lead to your bowel becoming completely blocked. The cancer can also spread to other parts of your body.

The healthcare team will arrange for you to have non-surgical treatment and will continue to be involved in your care. Chemotherapy and radiotherapy can improve your quality of life even with advanced disease (palliative treatment).



What does the operation involve?

Before coming in for your operation, you will attend the pre-operative assessment clinic where a number of tests will be carried out to assess your overall fitness. It will include blood tests, ECG (heart tracing) and a health check questionnaire. If any concerns are detected your case will be reviewed by the anaesthetist who will advise if further investigations are required.

You will probably require a stoma (temporary or permanent) depending on the type of operation you require. The stoma team will give you specific training before the operation (including a DVD and practical sessions with the stoma equipment)

Your surgical team has set up an Enhanced Recovery Programme at ASPH to help you recover more quickly after the operation. The Enhanced Recovery Programme has been running for more than 2 years at the Trust, and has been very successful in reducing the complication rate and recovery time from surgery. You will be looked after under this Programme.

At the pre-assessment clinic it will be explained to you how the bowel needs to be prepared for the operation and what the specific diet will be in the days leading up to the operation. You will be asked to drink some fluids that are high in carbohydrates to give you energy for the operation.

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

- **The operation**

The aim of the surgery is to remove the cancer completely. The operation is performed under a general anaesthetic and usually takes about three hours. You may also have injections of local anaesthetic to help with the pain after surgery. You will be given antibiotics during the operation to reduce the risk of infection. There are two main types of operation for rectal cancer, depending on how far the cancer is from the anus. Your surgeon will tell you which type you need. The operation will be performed laparoscopically ('keyhole'), open or as a combination of these two approaches:

- **Abdomino-perineal excision of the rectum (also called APER or AP)**

If the cancer is close to the anus, your surgeon will need to remove the anus to remove all the cancer. You will need a permanent colostomy (the end of the bowel opening into a bag) and your back passage will be closed with stitches. Your surgeon will often remove a larger amount of tissue (extended or cylindrical APER) to give you the best chance of being free of rectal cancer. This involves filling the wound with a flap of muscle and skin taken from your abdomen or buttock.

– **Anterior resection**

If the cancer is not too close to the anus your surgeon will remove the section of bowel containing the tumour and the surrounding blood vessels and glands. The bowel will be reconnected. You will probably need a temporary stoma (loop ileostomy) to rest the new 'join' while it is healing.

What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.

Regular exercise should help prepare you for the operation, help with your recovery and improve your long-term health. Before you start exercising, ask a member of the healthcare team or your GP for advice.

What complications can happen?

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- **Pain** (occurs with every operation). The healthcare team will try to reduce your pain. They will give you medication to control the pain and it is important that you take it as you are told so you can make a good recovery.
- **Bleeding** during or after surgery. You may need a blood transfusion or another operation.
- **Infection of the surgical site** (wound). To reduce the risk of infection it is important to keep warm around the time of your operation. Let a member of the healthcare team know if you feel cold. In the week before your operation, you should not shave the area where a cut is likely to be made. Try to have a bath or shower either the day before or on the day of your operation. After your operation, you should let your surgeon know if you get a temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics, but occasionally requires another operation (risk: 10 to 15 in 100).

- **Difficulty passing urine.** You may find it difficult to pass urine after the catheter has been removed. This is more common if you had problems passing urine before the operation.
- **Blood clots** in the legs (deep-vein thrombosis), which can occasionally move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breathe. The healthcare team will assess your risk. Nurses will encourage you to get out of bed soon after surgery and may give you injections, medication or special stockings to wear.
- **Unsightly scarring** of the skin particularly if the wound becomes infected.
- **Developing a hernia** in the scar, caused by the deep muscle layers failing to heal. This appears as a bulge or rupture called an incisional hernia. If this causes problems you may need further surgery.

3 Specific complications of this operation

- **Anastomotic leak.** This is a serious complication that may happen if the join (anastomosis) between the ends of the bowel fails to heal, leaving a hole. Bowel contents leak into the abdomen, leading to pain and serious illness. This often needs another operation (risk: 1 in 7 to 1 in 10). If your surgeon made a stoma during the operation, you should be largely protected from the most serious effects of any leak.
- **Perineal wound infection** (if you have an abdomino-perineal excision of the rectum – removing the anus). The wound where the anus is removed may become infected, especially if you have radiotherapy before the operation. Sometimes the wound will break open. However, the wound usually heals after a period of time.
- **Urinary disturbance.** The nerves that supply the bladder run close to the rectum. If the nerves to your bladder are damaged, you may need to pass urine more frequently or find it more difficult to pass urine.
- **Chest infection.** After the operation, deep breathing and physiotherapy will help to prevent a chest infection.
- **Sexual disturbance.** The nerves that supply the sexual organs in both men and women run close to the rectum. Sometimes these nerves are damaged when the cancer is removed, leading to impotence (problems having an erection) in men and vaginal dryness in women (risk: unknown, but may be as high as 1 in 4). Your doctor may prescribe medication such as Viagra.
- **Damage to other structures** in the abdomen including the ureters, small bowel and spleen.
- **Death**, which sometimes happens with surgery for rectal cancer (risk 4 to 7 in 100). The risk is less the fitter you are.

How soon will I recover?

- **In hospital**

After the operation you will be transferred to the recovery area and then to the ward. Sometimes you may go to the intensive care unit or high dependency unit for a day or two so that you can be monitored more closely. Your anaesthetist will discuss with you the options for pain control.

It is usual for your bowel to stop working for a few days.

You will be looked after within an Enhanced Recovery Programme, the healthcare team will encourage you to drink and eat as soon as you feel able. They will also help you to get out of bed and walk around the ward on the first day after the operation.

A dietician will advise you if you need to add supplements to your diet.

The healthcare team will tell you if you need to have any stitches removed or dressings changed. The drip and catheter will be removed when you no longer need them.

If you have a temporary or permanent stoma, you will need to learn how to change the bag and care for your stoma. Practising before the operation will help you with this. The stoma nurse will organise sessions to help you with this.

You should be able to go home after two to five days.

If you are worried about anything, in hospital or at home, contact a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

- **Returning to normal activities**

Once at home, you will not feel strong enough to return to normal activities straightaway. It may take up to three months for you to recover fully.

When part of the large bowel has been removed, it is not unusual for your bowels to be looser than they were before the operation and open more frequently each day. This is normal and should improve with time. If loose stools are troublesome, your doctor may prescribe some medication to slow down your bowel.

If you have a stoma, it will take time for you to become confident with it. The stoma nurse will let you know about what to avoid but you should be able to return to a relatively normal lifestyle.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check with your doctor and insurance company first.



- **The future**

You will be asked to attend a follow-up appointment in outpatients. At the clinic the doctors or colorectal nurse will discuss the results with you and the grading of your bowel cancer. If cancer cells were found in some of the lymph nodes which were removed, you may need more treatment (chemotherapy). You will be followed up regularly in the clinics for a period of 5 years following your operation. The follow-up will involve having clinical reviews, CT scans, blood tests and telescope tests at various intervals over the years.

Summary

Removing the rectal cancer by surgery gives the best chance of you being free of rectal cancer. Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

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Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email pals@asph.nhs.uk. If you remain concerned, PALS can also advise upon how to make a formal complaint.

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We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.



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