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ਜੇਕਰ ਇਹ ਲੀਫਲੈੱਟ (ਛੋਟਾ ਇਸ਼ਤਿਹਾਰ) ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ (ਪੰਜਾਬੀ) ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰ ਕੇ ਪੇਸ਼ਟ ਇੰਨਫਰਮੇਸ਼ਨ ਕੋ-ਆਰਡੀਨੇਟਰ ਨਾਲ 0800 0730510 ਟੈਲੀਫੋਨ ਨੰਬਰ ਤੇ ਸੰਪਰਕ ਕਰੋ।

यदि आपको यह दस्तावेज़ अपनी भाषा में चाहिए तो पेशन्ट इनफरमेशन को-आरडीनेटर को टैलीफ़ोन नम्बर 0800 0730510 पर फ़ोन करें।

જો તમને આ પત્રિકા તમારી પોતાની ભાષા (ગુજરાતી)માં જોઈતી હોય, તો કૃપા કરીને પેશન્ટ ઈન્ફોર્મેશન કો-ઓર્ડિનેટરનો 0800 0730510 પર સંપર્ક કરો.

আপনি যদি এই প্রচারপত্রটি আপনার নিজের ভাষায় পেতে চান, তাহলে দয়া করে পেশেন্ট ইনফরমেশন কো-অর্ডিনেটরের সাথে 0800 0730510 এই নম্বরে যোগাযোগ করুন।

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0800 0730510 على التلغون Information Co-ordinator

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Cancer of the rectum: What to expect before and after surgery Patient Information Leaflet

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Introduction

Your doctor may have explained that you have a cancer/possible cancer of the rectum and that the treatment for this is surgery.

This booklet aims to provide information to help you understand more about cancer of the rectum, your proposed operation or other forms of treatment. We hope you find it useful and it will help you understand the care you will receive.

At the end of this booklet you will find a glossary of terms that you may need when you attend hospital appointments. There is also a list of useful organisations you may wish to contact to gain further information or support.

Haemorrhoids

Swollen arteries and veins in the area of the anus, which bleed easily and may prolapse (protrude from the anus).

Heredity

The transmission of characteristics from patient to child.

Histology

The examination of tissues under the microscope to assist diagnosis.

Dysplasia

Alteration in size, shape and organisation of mature cells that indicate a possible development of cancer.

Electrolytes

Salts in the blood e.g. sodium, potassium and calcium.

Endoscopy

A collective name for all visual inspections of body cavities with an illuminated telescope e.g. colonoscopy, sigmoidoscopy.

Enema

A liquid introduced into the rectum to encourage the passing of motions.

Exacerbation

An aggravation of symptoms.

Faeces

The waste matter eliminated from the anus (other names - stools, motions).

Fistula

An abnormal collection, usually between two organs, or leading from an internal organ to the body surface.

Your Colorectal Team

Consultant leading your care

.....

Your colorectal/stoma nurse/key worker leading your nursing care

.....

Other doctors that may be involved in your care

.....

Date for admission to Russells Hall Hospital

.....

Date of operation

.....

What happens while I am waiting for my operation?

While you are waiting to come in for your operation, it is important that you try to prepare yourself physically. If you are able to, try and eat a well-balanced diet, unless you have been instructed to take a special diet by your doctor and take gentle exercise such as walking and get plenty of fresh air. If you are a smoker, cutting down or preferably stopping smoking will help your recovery.

You will be given/sent an appointment to attend the pre-assessment unit where we can perform your pre-operative tests to check your general fitness for surgery, for example blood tests, Electrocardiogram (ECG - a tracing of your heart), check your blood pressure, height, weight and urine, and possibly do a chest x-ray.

Enhanced Recovery Programme

When you are admitted to hospital for your operation you will be taking part in an enhanced recovery programme. This programme of care aims to help you recover quickly and safely.

During your hospital stay there will be daily goals which you will be encouraged to achieve. A team of doctors, nurses and other healthcare professionals will be monitoring your progress and will support you in reaching your goals.

Colonoscopy

Inspection of the colon by an illuminated telescope called a colonoscope.

Constipation

Infrequency or difficulty in the passage of bowel motions.

CT scans

A type of x-ray. A number of pictures are taken of the abdomen and fed into a computer to form a detailed picture of inside of the body.

Defaecation

The act of passing faeces.

Diagnosis

Determination of the nature of the disease.

Diarrhoea

An increase in frequency, liquidity and weight of bowel motions.

Distal

Further down the bowel towards the anus.

Diverticulum

Small pouch like projections through the muscular wall of the intestine, which may become infected, causing diverticulitis.

Anus

The opening to the back passage.

Barium Enema

A diagnostic x-ray of the large bowel (colon).

Benign

Non-cancerous.

Biopsy

Removal of small pieces of tissue from parts of the body (e.g. Colon - colonic biopsy) for examination under the microscope for diagnosis.

Caecum

The first part of the large intestine forming a dilated pouch into which the ileum, the colon and the appendix opens.

Chemotherapy

Drug therapy used to attack cancer.

Chronic

Symptoms occurring over a long period of time.

Colon

The large intestine extending from the caecum to the rectum.

Bowel preparation

When you are admitted you may be required to take a laxative medication to clear out the contents of your bowel. If you are required to take this medication you may also have a fluid drip put into your arm, as it is important to replace the fluids and salts in your body which will be lost. Some patients may be asked to start/take this preparation at home prior to admission.

If you are not required to take the laxative bowel preparation you may just need to have a phosphate enema at 6pm the day before surgery and 6am the day of your surgery to clear the lower end of the bowel. If you are being admitted on the day of the surgery your consultant will inform you of alternative arrangements for this bowel preparation to be administered. Some patients may not require any bowel preparation at all.

Your surgeon will see you again on admission or on the morning of surgery to discuss your operation details with you. Once you have understood these details and are happy to continue with surgery, he/she will obtain your written consent.

Possible risks/complications of surgery

You should be aware that you are about to have major surgery, which like all operations carries the possible risk of complications, such as: infection and bleeding, including formation of blood clots in the blood vessels to the heart, lungs, legs or brain.

It is also possible for the surgical join in your bowel to breakdown, which would result in you going back to theatre and possibly having a stoma formed.

Colorectal surgery carries a risk of sexual dysfunction. When men undergo such surgery, important nerves, which control the supply of blood to the penis, can be damaged. These nerves are mainly situated between the lower bowel and the bladder, and are often very close to the affected area of the rectum, which needs to be removed. This can lead to erectile dysfunction (impotence). It is often difficult to tell if a man will suffer from erectile dysfunction after surgery. For some men this can take time. The effects of surgery need time to subside before the situation can be properly assessed.

For those who are unable to achieve any erection at all, there is no need to be resigned to a life without sex. Fortunately there are now clinics in most hospitals that specialise in treatments for the problems, as well as counselling for you and your partner if it is needed.

For some women major bowel surgery can carry a risk of sexual dysfunction, such as loss of desire and alteration of arousal and orgasm.

When a woman undergoes this form of surgery, important nerves situated mainly between the vagina and the rectum can be damaged.

Glossary of terms

These are some of the medical words and terms you may come across during your appointments for colorectal investigation.

Abscess

A localised collection of pus in a cavity formed by decay of diseased tissues.

Acute

Sudden onset of symptoms.

Adjuvant therapy

Chemotherapy and radiotherapy in addition to surgery.

Aetiology

Cause.

Anaemia

A reduction in the number of red cells, haemoglobin (iron) or volume of packed cells in the body.

Analgesia

Pain relief.

Anastomosis

The joining together of two ends of healthy bowel after diseased bowel has been cut out (resected) by the surgeon.

Stourbridge Ileostomy Association
Tel: 01562 755630
Email: Lorraine@cadfam.entadsl.com

National Ileostomy Association
Peverill House
1-5 Mill Road, Ballyclare
BT39 9DR, Freephone: 0800 0184 724
Fax: 028 9332 4606
Email: info@iasupport.org www.iasupport.org

National Association for Colitis and Crohn's Disease (NACC)
4 Beaumont House
Sutton Road, St. Albans
Hertfordshire, AL1 5HH
Tel: 017277 844296
(Information line 10am - 1pm weekdays) www.nacc.org.uk

Dudley Citizen Advice Bureau
Marlborough House
11 St James Road
Dudley, DY1 1JG
Tel: 01384 816222 (advice line)
08080486486 (care & disability line CADAL) Mon-Fri 9am-4pm
Email: dudleybureau@dudleycabx.org
CADAL@dudleycabx.org
www.adviceguide.org.uk

These nerves deliver messages to the vagina and parts of the external sex organs. Damage occurs when specific areas of the rectum need to be removed or resituated and is more commonly caused by inflammation and swelling in the surrounding tissue, scarring and occasionally infection. For most women the effect is usually minimal and many will not have any problems at all.

Some women do experience diminished sensation to the genital area and others have noted a lack of vaginal lubrication as well as a general loss of interest in sexual activity. This can happen for many reasons and difficulties can often be easily overcome. If you feel you would like to have more information, there are associations dedicated to specific issues that have a wealth of knowledge and experience with people who have had similar experiences to yourself. Also remember that surgery does not usually prevent a woman from becoming pregnant and your usual method of contraception must still be used.

Do not forget you can speak to the colorectal clinical nurse specialists about any of these issues. There is no need to keep anything that you are concerned about to yourself, as there is always someone willing to help you.

Your operation

During the operation the piece of rectum that contains the cancer is removed along with the lymph nodes near the bowel to assess if the cancer may have spread.

If the bowel cannot be rejoined, it can be brought out onto the skin of the abdominal wall to form an external opening known as a stoma. This can either be a colostomy or an ileostomy. A bag is worn over the stoma to collect the stool. Sometimes the stoma is only needed temporarily and a further operation to rejoin the bowel can be done a few months later.

If such an operation is not possible the stoma is permanent. Life can carry on as normal with a stoma, including sporting and sexual activities.

You may go to the surgical high dependency unit or ward after your operation, this is routine and is usually for a day or so (if open surgery) as you will be attached to several tubes and monitoring devices. If you have undergone laparoscopic surgery you will most likely return to the ward.

You may have a drip in your arm or neck to give you the fluids that you require. You will also have a catheter into your bladder to drain urine away so that we can measure the amount of urine that you pass.

Following your operation

A few hours after your operation you will be able to start drinking, and you may even be able to have something light to eat later that day if you are not feeling sick.

Ileostomy and Internal Pouch Support Group
PO Box 132
Scunthorpe
DN 15 9YW
Tel: 0800 0184 724

Institute for Complimentary Medicine
PO Box 194
London
SE16 7OZ
Tel: 020 7237 5165
(Between 10am - 6pm)
www.icmedicine.co.uk

Lynn's Bowel Cancer Campaign
5 St. George's Road
Twickenham, TW1 1QS
www.bowelcancer.tv

Macmillan Cancer Relief
Anchor House
15 - 19 Britten Street
London
SW3 3TZ
Tel: 0171 351 7811
08088080000 - Mon to Fri 9am-8pm
0207844921, Email: be.mac@macmillan.org.uk

British Colostomy Association
15 Station Road
Reading
Berkshire
RG11 1LG
Tel: 01189 391 537

Cancer BACUP
3 Bath Place
Rivington Street
London
EC2A 3JR
Tel: 0808 800 1234
www.cancerbacup.org.uk

Colon Cancer Concern
9 Rickett Street
London
SW6 1RU
Tel: 08708 506050
www.coloncancer.org.uk

Digestive Disorders Foundation
PO Box 251
Edgware
Middlesex
HA8 6HG
www.digestivedisorders.org.uk

In addition to normal food you will also be encouraged to take nutritional supplement drinks every day during your hospital stay. These are called Fortisips or Fortijuices and are provided in various flavours. It is important that you eat and drink early after your operation, as your body benefits from optimal nutrition and this will help your overall recovery.

Sickness

After an operation some people may feel or occasionally be sick. Many things may contribute to this but your anaesthetic is designed to reduce the risk of sickness as much as possible. If it occurs it is usually short-lived and can be effectively dealt with by administering medication via your drip. If you feel sick, please ensure that you tell a member of staff who can act to reduce it. It is important that we relieve your sickness so that you feel better and can eat and drink normally.

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Pain control

Effective pain control is an essential part of your enhanced recovery programme; it will allow you to breathe deeply, start walking around, feel relaxed and sleep well, all of which are very important components in the post-operative period. The pain control which you receive will depend on the type of operation but usually involves a combination of local anaesthetic (put in at the time of the operation) and painkillers (given into the drip), as well as tablets/syrup taken by mouth.

Please let a member of staff know if the pain control you are receiving is not adequate; there are several extra things that can be done to ensure you are as comfortable as possible.

Tubes and drips

Whilst you are in theatre, a tube (catheter) will be placed in your bladder so that your urine output can be measured, and a drain may be inserted into your abdomen to allow any bloody fluid from the operation to be drained away. These will usually be removed after you have been reviewed by your specialist doctors.

You will also have a drip put into a vein in your arm so that we can give you fluid to prevent dehydration. This will usually be stopped 2 days after your operation when you should be drinking normally.

Important Information

If you have had keyhole (laparoscopic) surgery and have any problems within 3 days of discharge from hospital please contact the number below

B3 GP Surgical Assessment Unit

01384 244717.

List of useful addresses and contact details

Cancer Support
The White House,
10 Ednam Road,
Dudley,
West Midlands.
DY1 1JX
Tel: 01384-231232
Email: info@support4cancer.org.uk

Beating Bowel Cancer
36 Crown Road
Twickenham
TW1 3EJ
Tel: 020 8892 5256
www.beatingbowelcancer.org.uk

Finally...

If you have a problem or concern, or if you have any questions which have not been answered in this booklet, then please contact us on the following numbers provided.

Hopefully we will be able to deal with your enquiry over the phone; however if you have a problem which requires a physical assessment then we will advise you whether you should come back to see a member of the colorectal team at the hospital or make an appointment to see your GP.

Contact numbers

Russells Hall Hospital - colorectal/stoma care specialist nurses

Monday - Thursday 08:00 - 18:00

Friday 08:30 - 17:00

Tel: 01384 244286 or via switchboard: 01384 456111 extension 2286.

Out of hours (Monday to Friday) and at weekends

Ward B4 (West wing) on Tel: 01384 244126 or via switchboard: 01384 456111 extension 2126.

Ask to speak to the nurse in charge. If the nursing staff are unable to address your questions, they will suggest alternative contacts.

Exercises

When you wake from your operation, it is important to start doing deep breathing exercises as soon as possible. This will help to prevent a chest infection.

- Breathe in through your nose as deeply as you can, hold for 3 seconds, sniff inwards, then breathe out slowly through your mouth. Repeat this a further 5 times
- Breathe in deeply, support your abdomen, lean forward and cough strongly to clear any phlegm
- Repeat this whole cycle a further 3 times
- To improve circulation you should point your feet up and down and circle your ankles as often as possible (at least every hour).

Getting out of bed and walking

The ward staff or physiotherapist will help you to get out of bed as soon as possible after your surgery. This may be on the same day as your operation if you are well enough.

You will spend 2 hours out of bed on the first occasion, and then at least 6 hours each subsequent day (this could be 3 hours in the morning and 3 in the afternoon, or 3 sets of 2 hours). You will be encouraged to walk 20 metres 3-4 times a day on the first day after surgery, increasing to 60 metres 4-6 times a day, from the second day.

Being out of bed in a more upright position and walking regularly improves your lung function which will help to prevent a chest infection. It is beneficial for your circulation and helps prevent blood clots. It also improves other body functions where gravity plays a part, e.g. promoting normal bowel habits.

Important discharge information

Complications do not happen very often but if they do, it is important to treat them as early as possible. Therefore it is important to know what to look out for. During the first 2 weeks after surgery, if you are worried about any of the following, please telephone the numbers listed towards the back of this booklet. If you cannot contact any of the people listed, then ring your GP, or if necessary attend the Emergency Department (A&E).

Abdominal pain

It is not unusual to suffer gripping pains (colic) during the first week following removal of a portion of the bowel. The pain usually lasts for a few minutes and will subside between spasms.

Severe pain that lasts for several hours may indicate a leakage of fluid from the area where the bowel has been joined together. This can be a serious complication, but it does not occur frequently. If it occurs it may be accompanied by a fever.

If you have severe pain lasting more than 1 or 2 hours, or have a fever and feel generally unwell, within 2 weeks of your operation date, contact one of the numbers listed in this booklet.

Most people feel overwhelmed when they are told that they have cancer. Many different emotions arise which can cause confusion and frequent changes in mood. However, reactions differ from one person to another. These emotions are part of the process that people go through in coming to terms with their illness and friends and family often experience similar emotions and need support and guidance too.

It is important to remember that there are people available to help you and your family. You may find it easier to talk to someone who is not directly involved with your illness and so you might find it helpful to talk to a counsellor. Cancer BACUP is the organisation we recommend contacting in the first instance.

You may also want to get together with other people who are in or who have been in a similar position to yourself. For this reason, Cancer Support at The White House in Dudley has a Newly Diagnosed Bowel Group who meet every third Tuesday of the month at 2pm. The Colorectal Clinical Nurse Specialists support this group and are able to give information and support when needed.

Anyone who is newly diagnosed with bowel cancer is welcome to attend. Partners are also welcome to go along for support, information and relaxation too. Their address and contact details are included in the list of useful addresses at the end of this booklet.

Driving

Do not drive until you are confident that you can do so safely. It is important that any pain has resolved sufficiently for you to be able to perform an emergency stop and turn the wheel quickly in an emergency. We would advise that you wait at least 6 weeks; if you are unsure check with your insurance company and inform them of your recent surgery before driving again.

Follow up care

You will have an Out Patient an appointment with your Consultant surgeon who will discuss your histological results. When the part of the bowel containing the cancer has been removed and examined by a pathologist, we can say if further treatment in the form of chemotherapy, is advisable.

If this is the case, you will be referred to a medical oncologist who will discuss this with you. In some cases you may already know that you may need to see an oncologist who will then give you your results and discuss your next treatment plan.

Follow up appointments often include a physical examination, blood tests including CEA, visualisation of the colon and a scan at twelve to eighteen months.

Having surgery can be a stressful experience, physically and emotionally. In the first weeks at home you may have some days when you feel quite low and this is normal.

Your bowels

Your bowel habit may change (e.g. become loose or constipated) after removal of part of the bowel.

Make sure that you eat regular meals at least 3 times a day, drink adequate amounts, and take regular walks during the first 2 weeks after your operation.

If you are constipated for more than 3 days then taking a laxative is advised, but we would also suggest you contact us or your GP for advice.

If you are passing loose stools more than 3 times per day for more than 4 days, please contact us or your GP for advice. If you have a stoma, your colorectal/stoma nurse specialist will discuss this with you before you go home.

Blood clots

Blood clots are a possibility after any form of surgery and although uncommon, it is still important that you know what to look out for. If you develop pain, redness and/or swelling in either leg, you should contact your ward or GP immediately.

Very rarely blood clots can travel to the lungs and cause you to experience chest pains and/or shortness of breath. This is an emergency and you should dial 999 and request an ambulance.

Your wound

It is not unusual for your wound to be slightly uncomfortable for the first 1-2 weeks. Please contact the ward or your specialist nurse if your wound is:

- Becoming hot, inflamed, swollen or painful
- Starting to discharge fluid

If you have a stoma

The stoma nurses will provide you with a supply of equipment needed to care for your stoma on the day of your discharge. The colorectal/stoma nurse responsible for your care will discuss with you when she will make contact with you by telephone, and will arrange to see you in stoma clinic. You will be given contact telephone numbers, information and advice relating to your stoma.

Diet

A balanced varied diet is recommended and you should try to eat 3 or more times a day. You may need to adjust your intake of fibre according to your bowel habit. If you have a stoma, the stoma care nurses will give you specialist advice on your dietary intake.

It is important that you obtain an adequate amount of protein and calories to help your body to heal. If you are finding it difficult to eat, you may benefit from supplementing your food intake with 3-4 nutritional drinks a day, such as fortisips or fortijuice which can be

prescribed by your doctor, or build-ups or complans which are available to buy in chemists.

If your appetite does not improve after a few weeks, or if you are losing weight without trying, you may benefit from a consultation with the dietician. Your consultant, GP or colorectal/stoma nurse specialist can refer you.

Exercise, hobbies and activities

We encourage activity immediately after surgery. You should plan to undertake regular exercise several times a day and gradually increase on a daily basis following your operation until you are back to your normal level of activity. Taking up your normal hobbies as soon as possible again after surgery will also enable you to maintain your activity and will benefit your rehabilitation.

The main restriction we would place on exercise or activities is that you do not undertake heavy lifting until 6 weeks following your surgery. Common sense will guide your exercise and rehabilitation.

In general, if your wound is pain free you can undertake most activities.

Work

Many people are able to return to work within 4 weeks of their surgery. If your job involves heavy manual work then we would advise that you take 6 weeks off following your operation.