

Women's Cancer Information Project

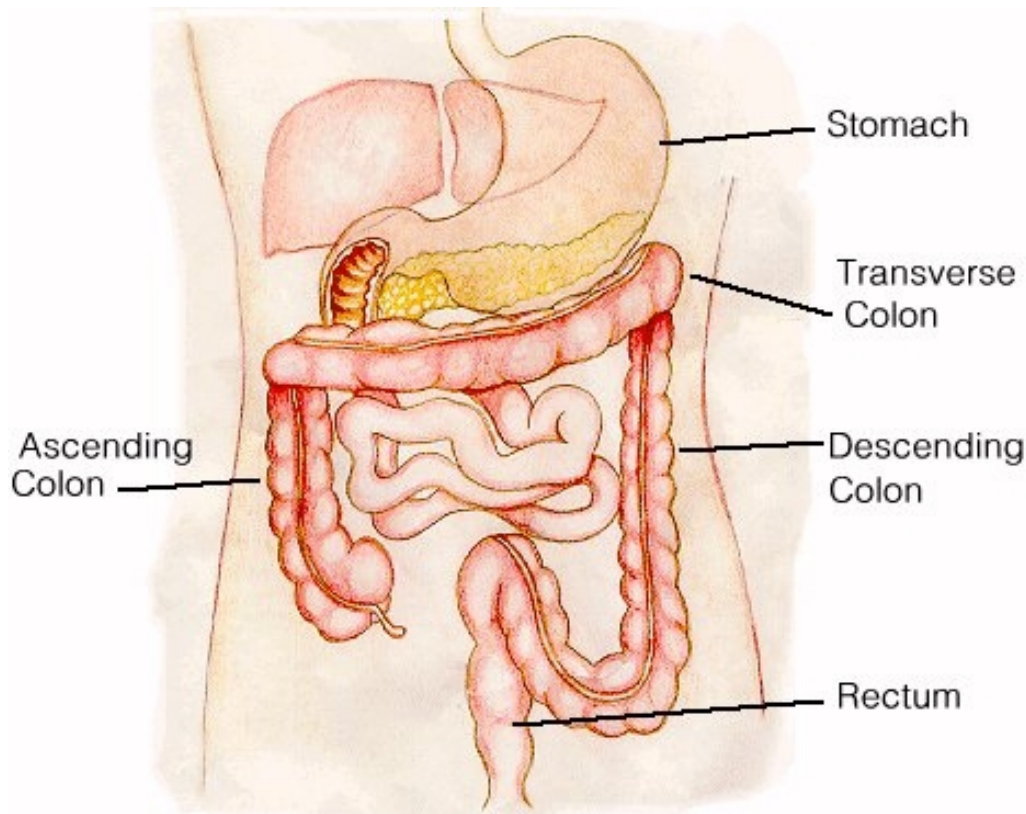
Coordinated by the European Institute of Women's Health

Colorectal/Bowel Cancer

Cancer of the colon is a disease in which cancer cells are found in the tissue of the back passage (colon). There are approx. 900 deaths annually in the Republic of Ireland from this type of cancer.

In Ireland, colorectal cancer is the most important disease after [lung cancer](#) and [breast cancer](#). The colon is the part of the digestive system where the waste material is stored before excretion.

The rectum (back passage) is the end of the colon beside the anus. Together they form a long muscular tube called the large intestine.



[Benign](#) (non-cancerous) tumours of the large intestine are called polyps.

[Malignant](#) (cancerous) tumours of the large intestine are called cancers. Benign polyps can be easily removed and are not life threatening. If benign polyps are not removed there is a chance they may become malignant. Like most cancers, cancer of the colon is best treated when it is found early.

SIGNS AND SYMPTOMS

Some signs which you should look out for include:

- Blood in faeces
- Change in bowel habits i.e. diarrhoea, constipation, etc.
- Weight loss for no apparent reason
- Pain in the abdomen or back passage
- Unexplained [anaemia](#)

- persistent swelling of abdomen.

RISK FACTORS

- Statistics show that people from industrialised countries are more likely to get bowel cancer.
- This is due to things such as a life-style and eating habits.
- Family history of [benign tumours](#) (polyps) in the bowel.
- Family history of bowel cancer.
- A high fat/low fibre diet.
- People who have had bowel cancer previously are at risk of getting it again.

POSSIBLE RISK FACTORS

- Obesity
- Excess alcohol.

EXAMINATIONS

Your doctor will usually begin by examining your tummy, or possibly your back passage (rectal examination). In a rectal examination, your doctor will feel gently for lumps around and in the rectum. Your doctor may then test the stools (faeces) to see if there is any blood in it.

Your doctor may also want to look inside the rectum (back passage) and lower colon with a special instrument called a sigmoidoscope or a proctosigmoidoscope. This exam finds about half of all colon and rectal cancers. You may feel some pressure, but you usually do not feel pain. Your doctor may also want to look inside the rectum (back passage) and the entire colon with a special tool called a colonoscope. This examination usually takes place in a hospital. You may feel some pressure but usually no pain.

The results and choice of treatment depend on the stage of your cancer (whether it is just in the lining of your colon and/or if it has spread to other places) and on your general state of health. After your treatment, you may have a blood test and x-rays to see if your cancer has come back.

TREATMENT

There are three kinds of treatment for all patients with cancer of the colon. These are:

[Surgery](#) | [Radiation Therapy](#) | [Chemotherapy](#)

Surgery is the most common treatment for all stages of the colorectal cancer. This may involve taking out a section of your colon and/or rectum (back passage) . Depending on the length removed your colon may or may not be sewn back together or in some cases a colostomy may be necessary.

A colostomy involves making an opening on the outside of your body for waste to pass out of. A colostomy involves wearing a special bag to collect body wastes. This special bag, which sticks to the skin around the opening, can be thrown away after it is used. This bag does not show under clothing.

PREVENTION

The risk of getting bowel cancer is lessened if dietary fat is reduced. Change to a high fibre diet (whole grain bread, brown rice, fruit, wholegrain flour). Risk is reduced by 25% if large amounts of vegetables are consumed. Vitamins are also said to reduce the risk of bowel cancer. Selective screening of high risk groups such as people with a family history of bowel cancer.
