

Bowel Cancer Matepukupuku Puku Hamuti



A guide for people with bowel cancer



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Publications Statement

The Cancer Society's aim is to provide easy-to-understand and accurate information on cancer and its treatments.

Our *Understanding Cancer* information booklets are reviewed every four years by cancer doctors, specialist nurses and other relevant health professionals to ensure the information is reliable, evidence-based and up-to-date. The booklets are also reviewed by consumers to ensure they meet the needs of people affected by cancer.

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Other titles from the Cancer Society of New Zealand/Te Kāhui Matepukupuku o Aotearoa **Booklets**

Advanced Cancer/Matepukupuku Maukaha
Breast Cancer/Te Matepukupuku o ngā Ū
Chemotherapy/Hahau
Eating Well/Kia Pai te Kai
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What Do I Tell the Children?/He Aha He Kōrero Maku Ki Āku Tamariki?

Brochures

Being Active When You Have Cancer
Questions You May Wish to Ask
Talking to a Friend With Cancer
When Someone Has Cancer
When You Have Cancer



Bowel Cancer Matepukupuku Puku Hamuti

This booklet has been prepared to provide you with information about cancer of the bowel.

It provides information about diagnosis, treatment, practical support and the emotional impact of cancer.

We cannot tell you what is the best treatment for you. You need to discuss this with your own doctors. However, we hope this information will answer some of your questions and help you think about the questions you may want to ask your doctors.

If you find this booklet helpful, you may like to pass it on to your family and friends. The words in **bold** are explained in the glossary at the end of the booklet.

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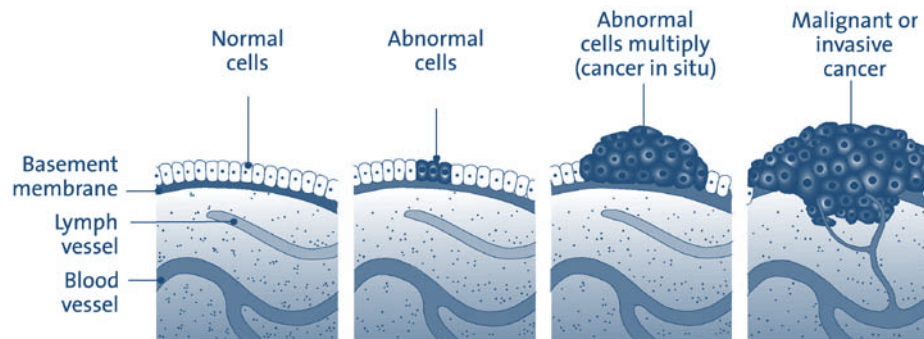
What is cancer?

Cancer is a disease of the body's **cells**. Our bodies are always making new cells to replace worn-out cells or to heal damaged cells after an injury. This process is controlled by certain **genes**: the codes that tell our cells how to grow and behave. Cancers are caused by damage to these genes. Usually this damage happens during our lifetime. Some people inherit a damaged gene from a parent, which means that if they develop cancer it may be at an earlier than average age.

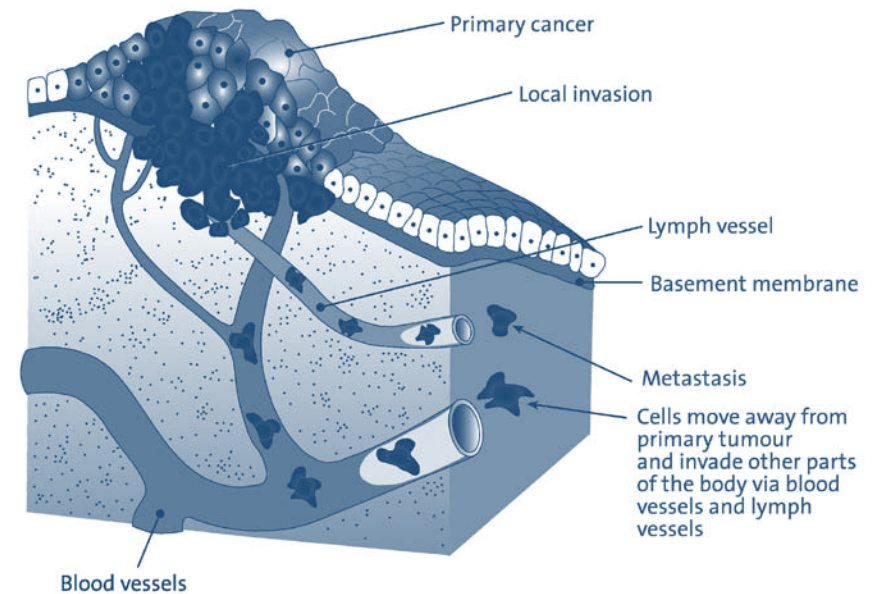
The beginnings of cancer

Normally, cells grow and multiply in an orderly way. However, damaged genes can cause them to behave abnormally. They may grow into a lump, which is called a **tumour**. Tumours can be **benign** (not cancerous) or **malignant** (cancerous). Benign tumours are surrounded by a capsule and do not spread to other parts of the body.

The beginnings of cancer



How cancer spreads



Malignant tumours invade into the surrounding tissues, and may form a **secondary** cancer or metastasis in another part of the body. For a cancer to grow bigger than the head of a pin, it must grow its own blood vessels. This is called angiogenesis.

He aha te matepukupuku?

He mate tēnei ka pā ki ngā pūtau (cells) o te tinana. He kaha ō tātou tinana ki te mahi pūtau i ngā wā katoa, hei whakahou i ngā pūtau kua kore he kaha, kua mate rānei i ngā wharanga ka pā ki te tinana. Arā ētahi tino momo ira (genes) kei te whakahaere i tēnei mahi: ko ngā tohu e aki ana i ō tātou pūtau kia pēhea te tipu me te whano. Ka ahu katoa mai ngā matepukupuku i ngā tūkinotanga ka pā ki ēnei ira. Kāore e kore ka pā ngā tūkino nei i roto i te wā o tō tātou oranga engari, ka whiwhi ētahi tāngata i taua ira kua tūkinotia, mai i ō rātou mātua i te wā whānau mai rātou.

Te tīmatatanga o te matepukupuku

I te nuinga o te wā, pai noa iho te tipu me te rauroha haere o ngā pūtau. Heoi anō rā, mēnā kua tūkinotia ētahi, tērā pea, ka āhua rerekē te whanonga. Tērā pea ka tipu hei pukupuku ā, e kīia ana he puku (tumour). Ko ētahi puku ka kīia he māriri (kāore e puta te matepukupuku); ko ētahi atu ka kīia he marere (he matepukupuku). Uwhitia ai ngā pukupuku māriri e tētahi pōtae, ā kāore e rauroha ki wāhi kē o te tinana.

Whakaeke ai ngā pukupuku marere ki roto i te kikokiko noho tata ā, tērā pea ka puta he matepukupuku tuarua ki wāhi kē o te tinana, kīia ai tēnei he metastasis. Ki te tipu nui ake te matepukupuku i te rahi o te mähunga o tētahi pine, me tipu anō ōna ake ia toto. Kīia ai ēnei ko te angiogenesis.

The way cancer is treated

Cancer is treated by surgery, chemotherapy (drug treatment), immunotherapy — for example, monoclonal antibodies (see page 37) — hormone treatment or radiation treatment. Sometimes only one of these methods of treatment is used for a cancer. Sometimes more than one is used.

What is bowel cancer?

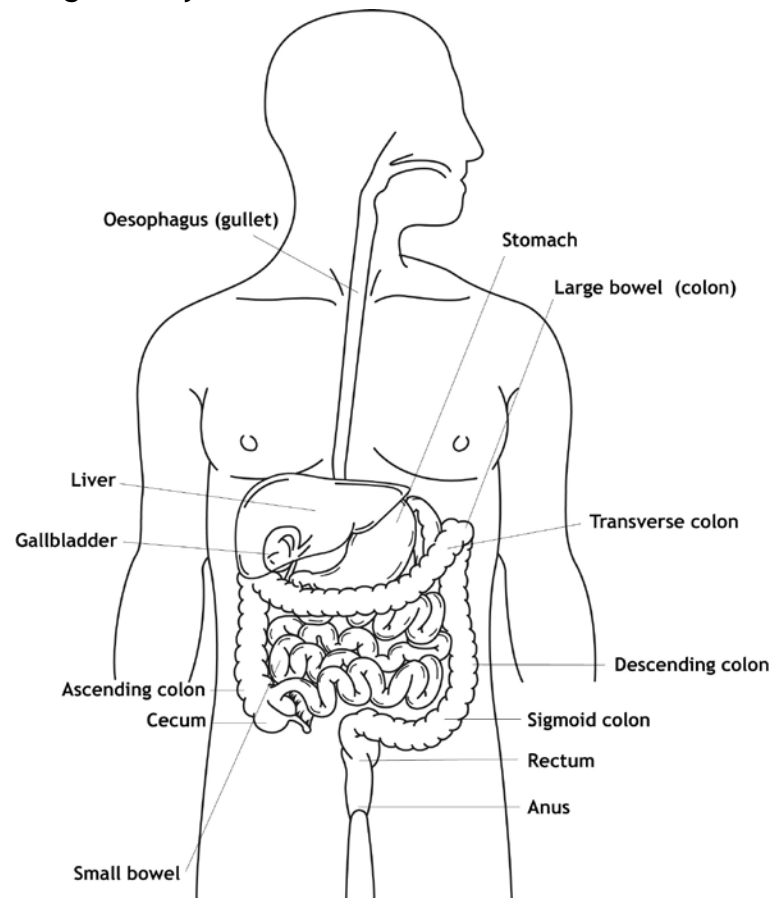
Bowel cancer is named according to where it is found: for example, cancer of the **colon**, cancer of the **rectum** or colorectal cancer. This cancer occurs when the cells in some part of the bowel grow abnormally and form a lump or tumour. Most cancers are in the large bowel (see diagram on next page). Cancer in the small bowel is less common.

The bowel

The bowel is a six-metre-long tube made of muscle, with a lining similar to the inside of the cheek. It is part of the digestive system and extends from the stomach to the rectum and **anus**. There are two parts of the bowel — the small bowel and the large bowel. Food and liquid are broken down in the stomach and then passed into the small bowel to be digested. From there, the nutritional parts of food are absorbed into the bloodstream and the remains pass into the large bowel.

The large bowel is made up of two parts — the colon and the rectum. The colon is the first one-and-a-half metres of the large bowel. The rectum is the last 12 to 15cm, ending at the anus. The colon removes liquid from digested food, which is turned into solid waste. The rectum holds this solid waste until it is expelled as a **bowel motion** (faeces).

The digestive system



How common is bowel cancer?

The latest provisional information available from the New Zealand Cancer Registry¹ recorded 2,759 new cases of colorectal cancer in 2008. It is one of the most common cancers among both men and women in New Zealand. It may occur at any age, although 90 percent of cases are found in people over the age of 50.

Causes of bowel cancer

Scientists are still unsure about the causes of bowel cancer, which usually starts as a benign **polyp** that becomes cancerous. A polyp is a mushroom-like growth that occurs inside the bowel. Only about 5 percent of polyps develop into cancer.

The following factors may increase the risk of developing bowel cancer:

Lifestyle factors

- A diet high in fat and protein and low in fruit and vegetables
- Alcohol consumption
- Weight gain, particularly around the waist
- Low rates of physical activity.

¹ New Zealand Health Information Service
Retrieved from <http://www.moh.govt.nz/moh.nsf/> (retrieved 10/12/09).



Family history of bowel cancer

- Having a parent, brother, sister or child who has had bowel cancer.

(You cannot catch bowel cancer or pass it on through personal contact.) Most bowel cancer (as much as 90 percent) is not inherited.

Rare genetic conditions

- Hereditary non-polyposis colorectal cancer (HNPCC) — a condition in some families where the tendency to develop cancer is inherited. Up to 5 percent of all bowel cancer is due to HNPCC. About 80 percent of people who have a gene for HNPCC will develop a bowel cancer at some time in their life.
- Familial adenomatous polyposis (FAP) — a condition that causes hundreds of small growths (known as polyps) in the bowel of the person affected. If left untreated FAP always turns into bowel cancer. Only 1 percent of all bowel cancer is due to FAP.

Other conditions that may increase risk

- Having had **Crohn's disease** or **ulcerative colitis** for more than 10 years.

Should those at increased risk be checked?

In some cases, people who have a higher than average risk of developing bowel cancer are advised to be checked. Advice as to who should be checked, what tests they should have and how often, has been developed by the New Zealand Guidelines Group. This advice is summarised in a leaflet available from your family doctor, your local Cancer Society and the website of the New Zealand Guidelines Group (www.nzgg.org.nz).

Each person has a right to make an individual decision on whether or not to be checked.

Screening programmes

Some countries have a screening programme (for those without symptoms) or are in the process of implementing screening for bowel cancer; for example, Australia, the United Kingdom and Finland. In New Zealand, a bowel cancer screening programme is in the early stages of development. For more information, talk to your doctor or visit the National Screening Unit's website (www.nsu.govt.nz).



Symptoms

Common signs and symptoms of bowel cancer may include:

- blood in your bowel motions (this may look like red blood or black bowel motions)
- a change in bowel habits
- diarrhoea, constipation or feeling that your bowel doesn't empty completely
- bowel motions that are narrower than usual
- general abdominal discomfort (frequent gas pains, bloating or cramps) that can be confused with indigestion
- unexplained weight loss
- tiredness
- anaemia.

Although symptoms are often caused by other conditions it is important to get them checked by your doctor without delay.

When you're diagnosed with bowel cancer, you may be concerned about your family's risk of bowel cancer. While your family may not be at increased risk, you may wish to discuss with them the importance of reporting symptoms to their doctor early.

Ngā tohumate

Ko ngā tohumate e tautuhi ana tērā pea kua pā te matepukupuku puku hamuti, ko ēnei:

- he toto kei roto i tō hamuti (tērā pea ka rite ki te toto whereo, ki te tiko pango rānei)
- ka rerekē ngā āhuatanga o tō haere ki te tiko
- kua kōrere, kua kōreke rānei, kāore rānei e puta katoa te hamuti
- ka kūiti ake te āhua o te hamuti
- ka mamae tō puku (ka nui te hia patero, te pupuhi o te puku, te hakoko rānei) ka rite ki te tokopā
- ka heke tō taumaha me tō kore mōhio hea aha ai
- ka puta te hiamoe
- ka pā te anaemia.

Ahakoia puta ai ēnei tohumate nā runga i ētahi atu mate, he mea nui kia tirohia tonu koe e tō rata.



Diagnosis

How is bowel cancer diagnosed?

A number of tests can be performed to diagnose bowel cancer. You may have some or all of the following tests:

Rectal examination

The doctor inserts a gloved finger into your rectum to check for any lumps, swelling or bleeding.

Abdominal examination

The doctor will gently feel the surface of your **abdomen** to check for any lumps.

Blood count

A sample of your blood is taken to count the number of red cells in your blood (a low level (anaemia) can be a sign of bowel cancer).

Carcinoembryonic antigen (CEA)

CEA is a blood test that looks at a protein in the blood. It is sometimes raised in people with bowel cancer. However, it is not a reliable test to diagnose bowel cancer.

A test for blood in the bowel motions

(faecal occult blood)

Barium enema

The barium shows up on the X-rays and gives a clear picture of your bowel.

CT colonography (also known as virtual colonoscopy)


This X-ray technique is increasingly replacing barium enemas. The colon is emptied with a laxative. Air is then gently pumped into your bowel via your anus. CT scans are taken of your abdomen. If abnormalities are found then this would usually lead onto a **colonoscopy**.

Sigmoidoscopy

The doctor examines your rectum and the lower part of your bowel using a short tube (usually straight but may be flexible) called a sigmoidoscope. The doctor may also take a biopsy (a small sample of tissue).

Colonoscopy

The doctor or nurse inspects the entire length of your large bowel by gently inserting a long, flexible tube with a video camera in it called a **colonoscope**. This is passed through your anus and rectum into your colon. A sedative may be given before the colonoscopy.



Removing polyps at colonoscopy

If you have a pre-cancerous lesion, such as an adenomatous polyp of the colon or rectum, your surgeon or gastroenterologist may just remove the polyp from the bowel lining. A border of healthy tissue will also be removed. This is called a local **resection**.

Removal of a polyp

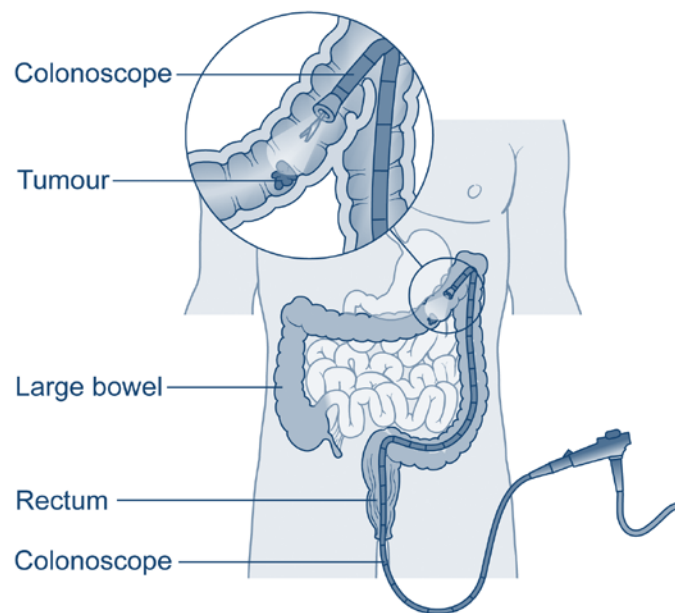


Diagram showing a local resection of an early stage bowel cancer
Copyright © CancerHelp UK

If there are any cancer cells within the polyp, your surgeon may decide you need a second, larger operation. This is to remove any cells that may have been left behind, and to make sure that the cancer is unlikely to come back.

Treatment

In most cases there are a number of ways of treating bowel cancer.

These treatments include:

- surgery
- chemotherapy
- radiation treatment
- monoclonal antibodies.

Most people will have surgery. Some people receive a combination of two or more treatments. The treatment depends upon the size of the cancer, its location and whether it has spread. Your general health and your wishes are also important in the decision making. The list of questions at the back of this booklet may help you discuss your treatment with your doctor. In some cases you may want to seek a second opinion.



Your treatment team

You will be cared for by one or more of a team of health professionals including:

- your family doctor, who will often be the first person you see
- surgeons, who specialise in surgery
- medical oncologists, doctors who are responsible for chemotherapy and other aspects of cancer care
- radiation oncologists, doctors who specialise in the use of radiation treatment
- radiation therapists, people who prepare you and give you your radiation treatment
- oncology nurses and/or colorectal nurse specialists, who will help you through all stages of your cancer treatment
- **stomal** therapists, who will assist you if you have a stoma bag (**colostomy** or ileostomy) (see page 30 for further information)
- dieticians, who will recommend the most suitable foods to eat
- social workers, physiotherapists and occupational therapists, who will advise you on the support services that are available and help you get back to normal activities.

“I’m the type of person to ask questions, they [the team] were really kind—not patronising ‘kind’. They were very patient explaining to me.” **Silei**

Other tests

You may have the following tests before or after surgery:

- chest X-ray
- **CT scans, MRI scans and ultrasound.**

These can examine parts of your body, such as the liver, chest and abdomen. Ask the medical staff if it is appropriate for your partner or friend to stay with you when the tests are carried out.

Surgery

The type of operation you have will depend on:

- where the cancer is in the bowel
- the type and size of the cancer
- whether the cancer has spread.

How long you stay in hospital will depend on the type of operation you have.

Surgery to remove part of the bowel is called a colectomy.
If the left side of the bowel is removed, it is called a left hemicolectomy.

Left hemicolectomy

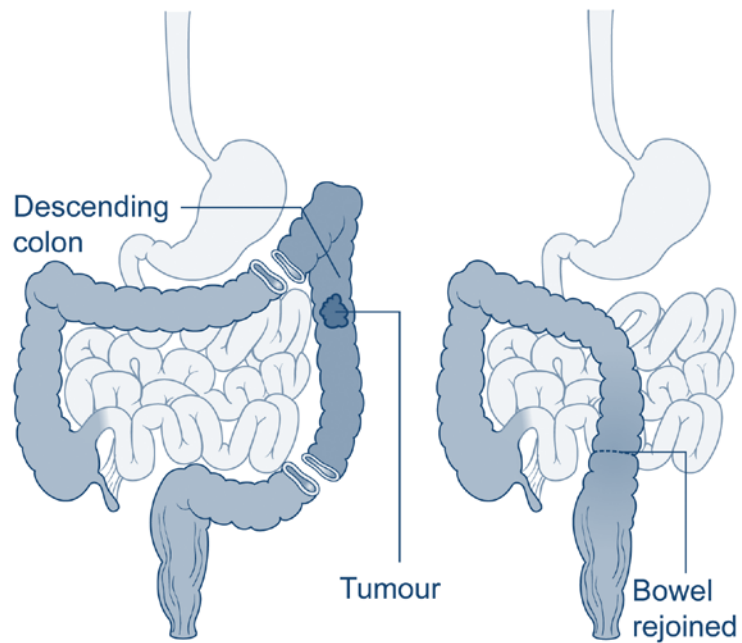


Diagram showing the part of the bowel removed with a left hemicolectomy
Copyright © CancerHelp UK

If the middle part of the bowel is removed (the transverse colon), it is called a transverse colectomy.

Transverse colectomy

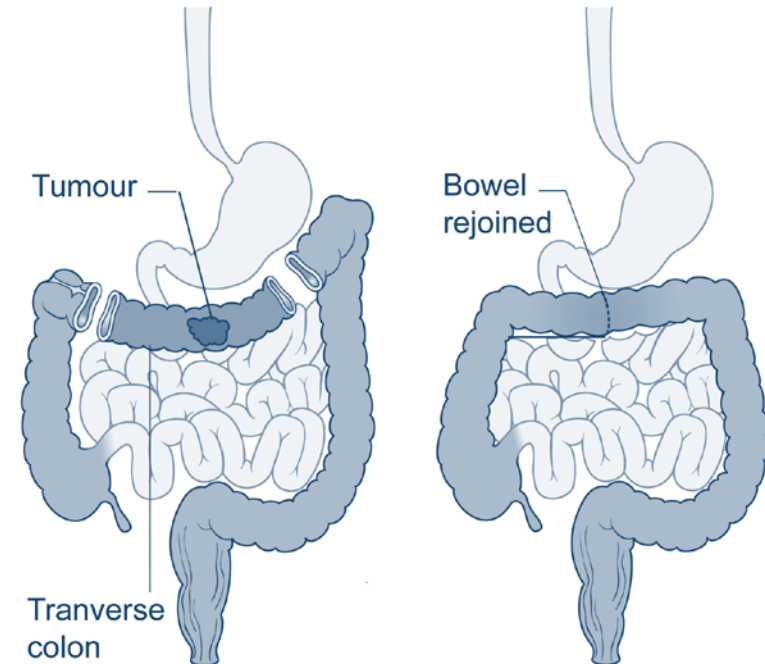


Diagram showing the part of the bowel removed with a transverse colectomy
Copyright © CancerHelp UK

If the right side of the bowel is removed, it is called a right hemicolectomy.

Right hemicolectomy

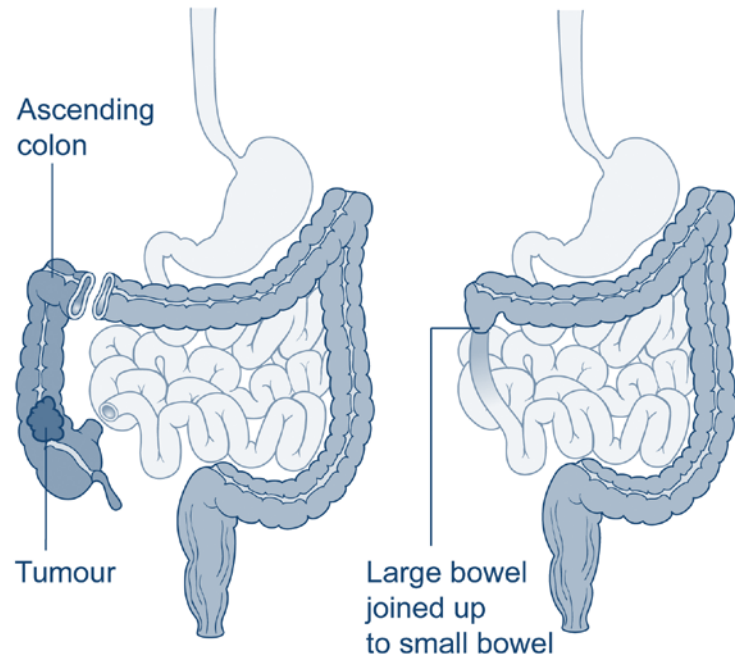


Diagram showing the part of the bowel removed with a right hemicolectomy
Copyright © CancerHelp UK

If the sigmoid colon is removed, it is called a sigmoid colectomy.

Sigmoid colectomy

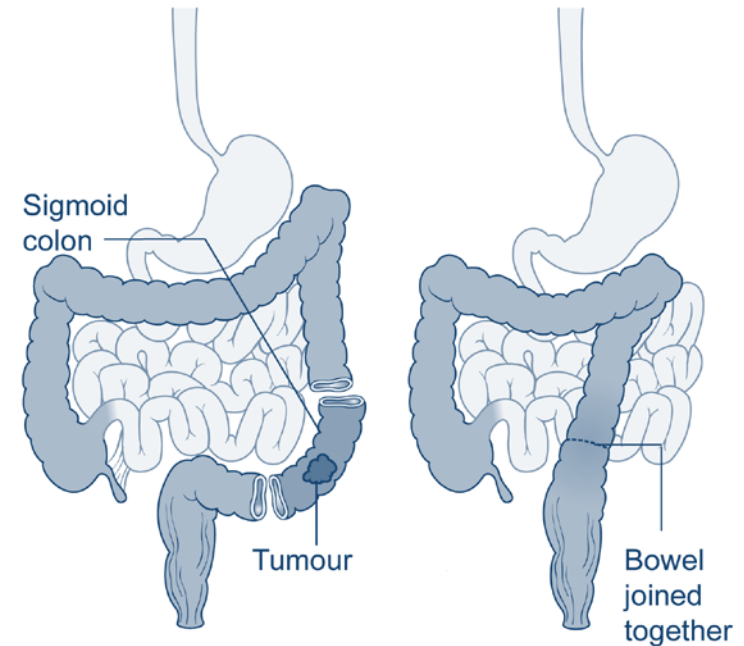


Diagram showing the part of the bowel removed with a sigmoid colectomy
Copyright © CancerHelp UK



After your surgeon removes the part of the bowel containing the tumour and the surrounding **lymph nodes**, the ends of the colon are joined back together. The place where they join is called an **anastomosis**. Sometimes, to give the area time to heal, the surgeon makes a temporary colostomy or ileostomy higher up the bowel (see below for explanations of colostomy and ileostomy). You will have the temporary stoma repaired in another operation several months later.

This is called a stoma reversal. In the meantime, you will have a colostomy bag over the opening of the bowel.

If you have a large amount of colon removed (total colectomy) your surgeon may not be able to join together the ends of the bowel that are left. You may need to have a permanent ileostomy or stoma.

Colostomy

If, for some reason, the bowel cannot be rejoined, the upper end can be brought out onto the skin of the abdominal wall. This is called a colostomy and the opening of the bowel is known as a stoma. A bag is worn over the stoma to collect the stool (bowel motions). Sometimes a colostomy is only temporary and another operation to rejoin the bowel can be done a few months later.

The operation to rejoin the bowel is known as stoma reversal. If it is not possible to reverse the colostomy, the stoma is permanent. However, only a small number of people with cancer of the colon will need a permanent colostomy.

Ileostomy

Some people need to have an operation called an ileostomy, in which the end of the small bowel (**ileum**), or a loop of ileum, is brought out onto the right side of the abdominal wall. As with a colostomy, stools are then collected in a bag worn over the stoma.

Sources: CancerHelp UK and Macmillan Cancer Support UK

Surgery for rectal cancer

You may have radiation treatment or chemo-radiation (see page 36 for more information) to shrink a tumour before surgery to make it easier to remove.

Total mesenteric excision (TME)

During most surgery for rectal cancer, the surgeon removes the tumour and some surrounding rectal tissue. They also remove the fatty tissue around the bowel and a sheet of body tissue called the mesentery. This lowers the risk of the cancer coming back.



For cancers in the upper part of the rectum, your surgeon will remove the part of the rectum containing the tumour. This is called a low anterior resection.

If your tumour is in the middle part of the rectum your surgeon may remove most of the rectum and attach the colon to the anus. This is called a colo-anal-anastomosis. Sometimes the surgeon can make a small pouch by folding back a short section of colon, or by enlarging a section of colon. This small pouch then works like the rectum did before surgery. During this operation you will probably have a temporary colostomy or ileostomy made. You have the temporary ileostomy for some months while the bowel heals. You then have a second operation to close the stoma opening.

If the cancer is in the lower part of your rectum, your surgeon will not be able to leave enough of the rectum behind for it to work properly, so they will remove your anus and rectum completely. This is called an abdomoperineal resection (AP resection). Then the surgeon will make a permanent colostomy opening on your abdomen. After this type of surgery you have two wounds — a wound on your abdomen and a second wound around the anus, where it has been closed.

Abdomoperineal resection

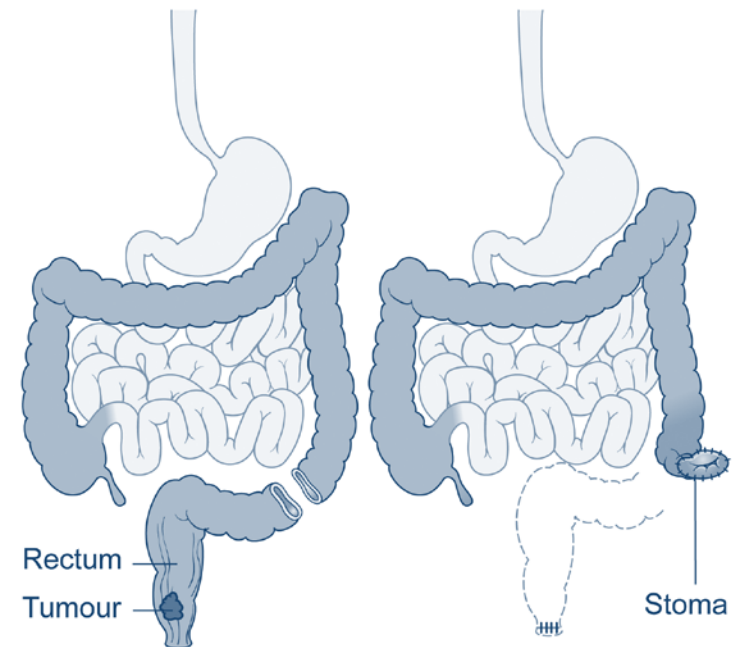


Diagram showing an abdomoperineal resection of the bowel
Copyright © CancerHelp UK



Keyhole bowel surgery

For small bowel cancer the surgeon can use keyhole surgery (laparoscopic resection). The surgeon makes several small cuts in your abdomen instead of making one large cut. The surgeon passes a long tube called a laparoscope and other instruments through these cuts. They look through the laparoscope to do the operation. The surgeon then removes the tumour through as small a cut as possible. This type of surgery takes longer than a traditional open operation. However, the stay in hospital may be shorter.

If the cancer blocks the bowel

Usually, your surgery for colorectal cancer would be planned in advance, after your tests have found the cancer. But sometimes the cancer completely blocks the bowel and this is called a bowel obstruction. In this situation you need an operation straight away. The surgeon may put a tube called a stent into the bowel during an endoscopy. The stent holds the bowel open so that it can work normally again. You may have immediate surgery to remove the cancer from the bowel or a stoma may be formed to relieve the obstruction.

Side effects of surgery


An operation on your bowel is a major procedure and you may feel tired for weeks or even months afterwards. You may find that you will need to take four to six weeks off work, and will be unable to lift heavy objects.

You may have altered bowel habits after surgery; for example, more frequent, looser motions. It can take up to a year for your bowel habits to settle into a routine because the bowel has been shortened. You may also find that your bowel produces more wind than before, and this can sometimes build up in the abdomen and cause pain. Drinking peppermint water or taking charcoal tablets can help to reduce this. Your doctor can prescribe these for you, or you can get them from your chemist. Some people find that their bowel may always be more active than before their surgery, and that they have to eat carefully to control their bowel movements.

Source: Macmillan Cancer Support UK

Talk to your doctors and nurses about what you can expect. You may find it helpful to talk to a dietitian about what to eat. There are medications available to help manage changes in your bowel habits. For advice on what suitable foods to eat and other tips, read the Cancer Society's booklet *Eating Well/Kia Pai te Kai*. You might find the sections on diarrhoea (page 30), a low fibre diet (page 31) and a low residue diet (page 33) useful to read. Call the Cancer Information Helpline **0800 CANCER (226 237)**, or contact your local Cancer Society office to receive a copy. To read this booklet online (or print it off) visit the Cancer Society's website, **www.cancernz.org.nz**





Managing your stoma

If you have a stoma, the stomal therapists (specialist nurses) will manage your stoma bags initially, and then work with you to teach you how to do this yourself. Ostomy bags and appliances are supplied free when you are at home if you are a New Zealand citizen. You may find it helpful to get in touch with someone else who has had a stoma and talk to them about how they cope. Your stomal therapists, local Ostomy Society or Cancer Society will be able to help.

Staging the bowel cancer—to see how far it has spread

After the operation, the laboratory will examine the tumour and surrounding tissue to assess the stage (size and extent) of the cancer, and whether it has spread to the lymph nodes or other organs, such as the liver.

With this information, the doctor will decide if further treatment is recommended. This can be an anxious time as it may take up to 10 days for the results to come back.

Stages of bowel cancer

Stage 0 or carcinoma in situ

This is the earliest form of cancer, found only in the inner lining of the colon or rectum, usually as a polyp. Major surgery is unnecessary and most polyps can be removed at the time of colonoscopy (this is called **polypectomy**).

Stage I (sometimes called Dukes' A cancer)

This is also early cancer and is still confined to the inner lining of the bowel. Treatment is surgery to remove the cancer.

Stage II (sometimes called Dukes' B cancer)


Cancer has spread through the wall of the bowel, but it has not gone to the lymph nodes. Treatment is surgery to remove the cancer. Occasionally, chemotherapy and radiation treatment are recommended.

Stage III (sometimes called Dukes' C cancer)

Cancer has spread to the nearby lymph nodes and/or through the bowel wall, but has not spread to other parts of the body. Treatment is surgery to remove the cancer, which is usually followed by chemotherapy and/or radiation treatment.

Stage IV

This means that cancer has spread to other parts of the body; for example, the liver. Treatment options may include surgery and chemotherapy and/or radiation treatment or monoclonal antibodies (see page 36 'Treatment for advanced cancer').



Chemotherapy

Chemotherapy is the treatment of cancer using anti-cancer (cytotoxic) drugs. The aim is to destroy cancer cells while doing as little harm as possible to normal cells. Usually, treatment is given in cycles, spread over weeks or months. Chemotherapy is given by injection or drip into a vein, or via a portable infusion pump worn on the body to deliver the drugs continuously into the veins. Some chemotherapy drugs are given as tablets or capsules. Chemotherapy is usually given as an outpatient.

For more information, ask for the *Chemotherapy/Hahau* booklet at your local Cancer Society or call the Cancer Information Helpline **0800 CANCER (226 237)** for a copy.

“I used numbers. I had 30 days of chemo treatment. I used it like a football score. It was 1.29 tomorrow, then it was 2.28, 3.27, and as I got over half way I started to come right.”

Reg

Side effects of chemotherapy

Side effects are usually temporary and go away soon after treatment. People may manage to continue with their normal life at home and work throughout their chemotherapy.

Problems may include:

- infections — the drugs can lower your ability to fight infections

If fever develops (if your temperature is 38 degrees or over) or you feel unwell, even with a normal temperature, don't wait to see what happens — take action quickly. Contact your cancer doctor or nurse and follow the advice given.

- sore mouth
- diarrhoea (This may be severe; contact your treatment team immediately.)
- constipation
- feeling sick or vomiting
- tiredness
- loss of appetite or taste changes
- weight loss
- redness, numbness, pain and peeling of hands or feet (sometimes called hand and foot syndrome)
- hair loss is an uncommon problem for people being treated for bowel cancer
- women may find their periods become less regular or stop altogether
- hot flushes, a dry vagina, mood swings or other symptoms of menopause
- vaginal itch, burning or infections.

You and your partner should use a contraceptive during treatment because the drugs can cause birth defects or miscarriage.



Radiation treatment

Radiation treatment is the use of high-energy radiation to destroy cancer cells or prevent them from reproducing. Radiation treatment only affects the part of the body at which the beam(s) is aimed, so is very localised.

Radiation treatment is commonly used in rectal cancer. It is given most commonly before the operation to shrink the cancer, so the surgeon can remove it more easily. Less commonly, it is given after surgery to destroy any remaining cancer cells. Radiation is usually given daily for five days a week. It can continue for six to seven weeks depending on the size of the tumour, the kind of treatment being used and the dose required. Blood tests and scans may be needed, and you will see your doctor once a week.

For more information, ask for the booklet *Radiation Treatment/Haumanu Iraruke* at your local Cancer Society or phone the Cancer Information Helpline **0800 CANCER (226 237)** for a copy.


“It’s like an X-ray machine. No worries. You’ve got a comfortable room, music going, then it’s over.”


Milly

Side effects of radiation treatment

Although radiation treatment is not painful, there are side effects. Usually these are temporary. It is important to discuss any side effects with your cancer treatment team who can advise you on how to manage these effects.

Side effects may include:

- tiredness
 - diarrhoea
 - skin irritation
 - not wanting to eat
 - nausea or vomiting
 - loss of pubic hair
 - pre-menopausal women who are treated in the pelvic or abdominal area may find their ovaries are affected. Because of the difficulty of shielding ovaries from radiation, pre-menopausal women may find their periods stop during treatment or for a few months afterwards, and may not return. They may also have hot flushes, a dry vagina or other symptoms of menopause. Menopausal symptoms can be controlled. If a woman’s ovaries are permanently affected, she will no longer be able to conceive children naturally
 - men who are treated in the pelvic or abdominal area are less likely to have sexual problems because it is much easier to shield the testicles from radiation.
- 



Chemo-radiation (chemotherapy and radiation treatment together) before surgery for rectal cancer

Research has shown that for people at greater risk of rectal cancer recurrence, the combination of chemotherapy and radiation treatment before surgery is more effective at reducing the risk of cancer coming back compared with radiation treatment alone. This treatment would be for a five-week period, usually followed by a six-week break while the radiation treatment continues to work. After this break, surgery would take place. However, having chemotherapy and radiation treatment together increases the chance and severity of side effects, such as diarrhoea, feeling sick (nausea) and low blood counts.

Treatment for advanced cancer

If the cancer has spread, your doctor will discuss various treatments for specific problems caused by the cancer.

These may include:

- surgery to remove the cancer or to bypass any obstruction so that the bowel will continue to work normally
- surgery to remove the cancer in other parts of the body, such as the liver or lungs
- chemotherapy and radiation treatment which can shrink the cancer and control symptoms, such as pain and bleeding

- treatment with monoclonal antibodies (called this because they come from a single cell), which work by recognising the protein on the surface of the cancer cell and then locking onto it (like a key in a lock). They destroy the cancer by either:
 - triggering the body's immune system to attack the cancer cell causing the cell to kill itself, or
 - attaching a cancer drug or a radioactive substance to the antibody. This delivers them directly to the cancer cell because they target those specific cells (targeted therapy).

An example of a monoclonal antibody is bevacizumab (Avastin).

- ablation therapy, which includes **radio frequency** or **alcohol ablation** and **cryotherapy** (freezing treatment) for areas of cancer in the liver
- **stenting** to relieve bowel obstruction
- nerve blocks for pain.

Referral to **palliative** care services will be helpful for ongoing management and support. Contact your local Cancer Society for details of services within your area. In some cases, advanced cancer does not require immediate active treatment, especially if it is growing slowly.

For more information on advanced cancer, read the Cancer Society's booklet *Advanced Cancer/Matepukupuku Maukaha* on the Society's website www.cancernz.org.nz or phone the Cancer Information Helpline **0800 CANCER (226 237)** to receive a copy.



Making decisions about treatment

Sometimes it is difficult to make decisions about what is the right treatment for you. You may feel that everything is happening so fast that you do not have time to think things through. However, it is important not to be rushed into a decision — it must be the right one for you.

While some people feel they are overwhelmed with information, others may feel that they do not have enough. Understanding your illness, the possible treatment and side effects will help you make your decision.

If you are offered a choice of treatments, including no treatment for now, you will need to weigh their advantages and disadvantages. If only one type of treatment is recommended, ask your doctor to explain why other treatment choices have not been advised.

You may want to ask your doctor questions, such as: “What is the aim of this treatment?” and “If I have treatment, how will it affect my quality of life?”

“At first I wondered if ignorance was bliss, but after a week I thought ‘No’. It’s my body and I want to know what is going to happen, and I want to know if I make a decision what will happen.”

Silei

Talking with doctors

You may want to see your doctor a few times before making a final decision on treatment. It is often difficult to take everything in, and you may need to ask the same questions more than once. You always have the right to find out what a suggested treatment means for you, and the right to accept or refuse it.

Tērā pea ka hiahia koe ki te kitekite i tō rata i ētahi wā i mua i tō whakatau ko tēhea o ngā maimoatanga ka whāia e koe. He āhua uaua tonu te hopu i ngā kōrero katoa, ā, tērā pea ka hoki anō koe ki aua pātai kua pātaihia kē, kia mārāma ai koe. Kei i a koe te tikanga ki te rapu i ngā piki me ngā heke o tēnā, o tēnā o ngā maimoatanga, me te tikanga ki te kī, āe rānei, kāo rānei.

Before you see the doctor, it may help to write down your questions. There is a list of questions at the end of this booklet. Taking notes during the session can also help. You may find it helpful to take a family member or friend with you, to take part in the discussion, take notes or simply listen. Some people find it is helpful to record the discussion.

Ask your local Cancer Society or call our Cancer Information Helpline **0800 CANCER (266 237)** for a copy of *Questions You May Wish to Ask*. The booklet has 23 frequently asked questions to ask your health professionals. The questions are designed to help you get information about your cancer and to make treatment decisions with your doctor and family/whānau. A space is provided under each question for you, your support person or doctor to write the answer. The booklet is available in 12 languages (including English).



Talking with others

Once you have discussed treatment options with your doctor, you may want to talk them over with someone else, such as family or friends, specialist nurses, your family doctor, the Cancer Society, the hospital social worker or chaplain, your own religious or spiritual advisor or another person who has had an experience of bowel cancer.

Ka mutu ana tō kōrero ki tō rata e pā ana ki ngā maimoatanga, tērā pea ka pīrangi koe ki te whakawhitiwhiti kōrero me tētahi atu, pērā ki te whānau, ki tētahi hoa rānei, ki ngā tapuhi mātanga, ki te rata a te whānau, te Kāhui Matepukupuku, tētahi tauwhiro o te hōhipera, te minita rānei o te hōhipera, tōu ake minita, poutohu wairua rānei, tētahi atu tangata kua whai pānga ki te matepukupuku puku hamuti rānei.

The Cancer Society has a service called Cancer Connect. This is a one-to-one telephone peer support service where you can talk to a person who has been through treatment for bowel cancer. Call the Cancer Information Helpline **0800 CANCER (226 237)** for more information. Talking it over can help you to sort out what course of action is right for you.

A second opinion

You may want to ask for a second opinion from another specialist. Your specialist or general practitioner can refer you to another specialist and you can ask for your records to be sent to the second doctor.

You may be interested in looking for information about bowel cancer on the internet. While there are very good websites, some websites provide wrong or biased information. We recommend you begin with the Cancer Society's site (**www.cancernz.org.nz**) and use our links to other good cancer websites. See page 61 for a list of recommended websites.

Taking part in a clinical trial

Research into the causes of bowel cancer and ways to prevent, detect and treat it is continuing. Your doctor may suggest that you consider taking part in a clinical trial. You could also ask if there is a clinical trial for your particular kind of cancer.

Te uru ki tētahi whakamātautau ā-haumanu

Kei te haere tonu ngā mahi rangahau i te tāke puta ai te matepukupuku puku hamuti me ngā huarahi ki te aukati, ki te kite i te mate me te rapu orange. Tērā pea ka pātai tō rata mehemea ka hiahia koe ki te whakauru ki tētahi whakamātauranga haumanu. Tērā pea, māu kē e pātai i tō rata mēnā he whakamātau anō mō tō momo matepukupuku.





Clinical trials are a vital part of the search to find better treatments for cancer, and are conducted to test new or changed treatments to see if they are better than existing treatments. Many people all over the world have taken part in clinical trials that have resulted in improvements to cancer treatment. However, the decision to take part in a clinical trial is always yours.

If you are asked to take part in a clinical trial, make sure that you fully understand the reasons for the trial and what it means for your treatment. Before deciding whether or not to join the trial, you may wish to ask your doctor:

- What is the standard treatment if I do not participate in the trial?
- What is the possible benefit?
- Which treatments are being tested and why?
- What tests are involved?
- What are the possible risks or side effects?
- How long will the trial last?
- Will I need to go into hospital for treatment?
- What will I do if any problems occur while I am in the trial?
- If the treatment I receive in the trial is successful for my cancer, is there a possibility of carrying on with the treatment after the trial?

If you decide to join a randomised clinical trial, you will be given either the best existing treatment or a promising new treatment.

You will be chosen at random by computer to receive one treatment or the other, but either treatment will be right for your condition. In clinical trials, people's health and progress are carefully monitored. If you do not want to take part, your doctor will discuss the best current treatment options with you.

After treatment

During your illness you will be monitored frequently. This usually involves regular CEA blood tests and colonoscopy (see pages 14 to 15). After the completion of your treatment, you may need to have regular check-ups. Your doctor will decide how often you will need these check-ups as everyone is different. Check-ups will gradually become less frequent if you have no further problems.

Whai muri i te maimoatanga

Ka aroturukina auautia koe i te wā o te mate. Ko nga mahi, ko ngā whakamātautau toto CEA me te colonoscopy (tirohia te whārangi 14 ki te 15). Ka mutu ana tō maimoatanga, tērā pea me kaha tonu tō haere kia tiroirohia koe. Mā tō rata e whiriwhiri te auau o tō haere kia tirohia koe nā te rerekētanga o tēnā, o tēnā e mate ana. Ā tōna wā, ka iti ake tō haere kia tirohia mēnā kāore i te ara ake anō he raruraru.





Many people worry that any pain or illness is a sign that the cancer is coming back. This is usually not the case, but if you are worried about whether your bowel cancer is going to come back, ask your doctor what to expect. You may feel less worried if you know exactly what to look out for and what you do not need to worry about. If your bowel cancer returns, you may need further treatment. It is important to report any new symptoms to your doctor.

You may feel worried or depressed when your treatment is over and have time to realise what has happened to you. You may find it helpful to continue in or join a cancer support group to help you through the months ahead.

Support

Emotional support

People react in different ways when they learn they have bowel cancer. Feelings can be muddled and change quickly. This is quite understandable and there is no right or wrong way to feel.

It may be helpful to talk about your feelings with someone you feel close to. The Cancer Society has a telephone support service, Cancer Connect, where we can link you to someone who has been through a similar experience. For more information, phone the Cancer Information Helpline **0800 CANCER (226 237)**.

Sometimes, you may find your family and friends do not know what to say to you; they may have difficulty with their feelings as well. Some people may feel so uncomfortable they avoid you. They may expect you to lead the way and tell them what you need. You may feel able to approach people directly and tell them what you need, or you may prefer to ask a close family member or friend to talk to other people for you.


Tautoko

Tautoko ā-ngakau

He maha ngā tauhohenga rerekē ka puta inā ka mōhio te tangata kua pā he matepukupuku whēkau. Ka pōraru te ngākau, ka tere te huri. He āhua tēnei ka puta i te nuinga o te wā, ehara i te mea kua takoto he kōrero mō te tika, mō te hē rānei o te putanga ngākau.

He pai te kōrero mō ō kare ā-roto me tō hoa, tō whānau, ō hoa, ki tētahi poutohutohu, tētahi tauwhiro, tētahi kaimātai hinengaro, ki tō pouārahi wairua hoki. He ratonga tautoko tā te Kāhui Matepukupuku, ko Cancer Connect te ingoa, ā, ka taea e rātou te hono i a koe ki tētahi atu tangata kua whai āhuatanga pērā ki a koe, Mō te roanga ake o ngā kōrero, waea atu ki te waea-āwhina Pārongo Matepukupuku **0800 CANCER (226 237)**.





“I believe it’s important to encourage people with cancer not to ‘bottle up’ their feelings but feel free to express them. Reading this booklet will help people to express themselves, and alleviate feelings of helplessness and despair by empowering them with some control over their diet, exercise and relaxation.”

Rae

Anyone you tell needs time to take it in and to come back with his or her questions. You can help them to adjust, just as they can help you. Remember that while you are having treatment your needs should come first.

When someone is diagnosed with cancer, routines and family roles may change. The person who was the major source of income may now be unable to work and may be dependent on others. A partner who was sharing chores may now have to take on extra tasks or get a job.

Maintaining your usual social life, hobbies and interests may be difficult or impossible for a while. Cancer is not a normal event so it is important to acknowledge this and to not try to carry on with everything as before. There are a number of ways that may help you cope. For example:

- preparing simpler meals
- being more relaxed about housekeeping standards
- asking family to help more around the house.

“I said to them, ‘Look, you just have to support me now. It’s my time.’ It was role reversal.”

Silei

Talking with children

How much you tell children will depend on how old they are. Young children need to know that it is not their fault that you have cancer. They also need to know that you may have to go into hospital. Slightly older children can probably understand a simple explanation of what is wrong. Adolescent children can understand much more. Children like to know what will happen to them while you are in hospital, who will look after them and how their daily life will be affected. Sometimes children rebel or become quiet. You may find it helpful to talk to the school counsellor or a social worker.

The Cancer Society has a booklet about talking to children about cancer. Contact your local Cancer Society office or call the Cancer Information Helpline **0800 CANCER (226 237)** for a copy of *What Do I Tell the Children?/ He Aha He Kōrero Maku Kī Āku Tamariki?* You can also read it online or print it out from our website **www.cancernz.org.nz**

Cancer Society information and support services

Your local Cancer Society can provide information and support. The Cancer Information Service is a Cancer Society service where you can talk about your concerns and needs with specially trained nurses. Call your local Cancer Society and speak to support services staff or phone the Cancer Information Helpline **0800 CANCER (226 237)**.



Local Cancer Society centres offer a range of services for people with cancer and their families. These may include:

- volunteer drivers providing transport to treatment
- accommodation while you're having treatment
- support and education groups.

The range of services offered differs in each region, so contact your local centre to find out what is available in your area.

“When I was diagnosed I was very frightened and vulnerable to misinformation and suggestion by well-meaning people. I wanted, and mostly got, information and positive encouragement, which gave me hope.”

Phil

Cancer support groups

Cancer support groups offer mutual support and information to people with cancer and their families. It can help to talk with others who have gone through the same experience. Support groups can also offer many practical suggestions and ways of coping. Ask your hospital or local Cancer Society for information on cancer support groups in your area.

Ostomy societies

These groups provide support and practical advice to people with ostomies (stomas). Some societies may not be listed in the phone book, but your local Cancer Society centre will be able to put you in contact with a group in your area.

Home care

Nursing care is available at home through district nursing or your local hospital — your doctor or hospital can arrange this. You may be entitled to assistance with household tasks during your treatment. For information on the availability of this assistance, contact your hospital social worker or the District Nursing Service at your local hospital.

Palliative care services

Palliative care services may be offered by your local hospital or hospice. These services have particular expertise in dealing with pain and other symptoms, and can offer emotional support for you and your family.

Financial assistance

Help may be available for transport and accommodation costs if you are required to travel some distance to your medical and treatment appointments. Your treatment centre or local Cancer Society can advise you about what sort of help is available.

“It’s like a home away from home [Society accommodation]. We do all our own cooking and washing. You still have to look after those things yourself. It’s not like hospital. It’s really good to meet people, talk about it, but you’ve got your own room and your own time.”

Melinda





Financial help may be available through your local Work and Income office. Work and Income (**0800 559 009**) has pamphlets and information about financial assistance for people who are unable to work. Short-term financial help is available through the Sickness Benefit and longer-term help is provided through the Invalids Benefit. Extra help may be available; for example, accommodation supplements and assistance with medical bills.

Interpreting services

New Zealand's Health and Disability Code states that everyone has the right to have an interpreter present during a medical consultation. Family or friends may assist if you and your doctor do not speak the same language. You can also ask your doctor to provide an interpreter if using family members is inappropriate or not possible.

What can I do to help myself?

Many people feel that there is nothing they can do when they are told they have cancer. They feel out of control and helpless for a while. However, there are practical ways you can help yourself.

Diet and food safety

A balanced, nutritious diet will help to keep you well and able to cope with any side effects of treatment. The Cancer Society's booklet *Eating Well/Kia Pai te Kai* provides useful advice about eating well during treatment. Phone your local Cancer Society office or call the Cancer Information Helpline **0800 CANCER (226 237)**. You can also read it online or print it out from our website, **www.cancernz.org.nz**. The hospital will also have a dietitian who can help. If you have a stoma, your stomal therapist will give you tips on what to eat while your stoma is settling down.

Food safety is of special concern to cancer patients, especially during treatment, which may suppress immune function. To make food as safe as possible, it is recommended that patients follow the guidelines below:

- Wash your hands thoroughly before food preparation and eating.
- Handle raw meat, fish, poultry and eggs with care. Clean thoroughly any surfaces that have been in contact with these foods.
- Keep raw meats separate from cooked food.



- Cook meat, poultry and fish thoroughly and use pasteurised milk and juices.
- Refrigerate food promptly to minimise bacterial growth.
- Avoid foods that may have bacterial contamination, such as sushi and raw or undercooked meats, fish, poultry and eggs, and food from salad bars when eating in restaurants.
- If there is any concern about the purity of your water, for example, if you have tank water, have it checked for bacterial content.

Exercise

Research has indicated that people who keep active cope better with their treatment. Discuss with your doctor what exercise is best for you.

Relaxation techniques

Some people find relaxation or meditation help them feel better. The hospital social worker, nurse or your local Cancer Society may know whether the hospital runs any relaxation programmes, or may be able to advise you on local community programmes.

Complementary and alternative therapies or medicines


These terms are used to describe any treatment or therapy that is not part of the conventional treatment of a disease. Complementary therapies are not given to cure disease, but they may help control symptoms and improve well-being. They are often used alongside conventional treatment.

They include:

- acupuncture
- Māori medicine, such as Rongoa and Mirimiri (medicine and healing therapies)
- relaxation therapy/meditation
- yoga
- positive imagery
- spiritual healing/cultural healing
- art
- aromatherapy/massage.

“When it was painful I transported myself to the market at home with fresh fruit. I remembered songs that have no words that reminded me of home, like streams and natural sounds. I imagined myself at moments throughout my lifetime – special places on the beach, certain things we did as children. I took myself there.”

Silei



Alternative therapies is a term used to describe any treatment or therapy that may be offered instead of conventional treatments. Alternative therapies are sometimes promoted as cancer cures. They are unproven, as they have not been scientifically tested, or, if tested they were found to be ineffective.

They include things like:

- homeopathy
- naturopathy
- Chinese herbs.

It is important to let your doctor know if you are taking any complementary or alternative therapies because some treatments may be harmful if they are taken at the same time as conventional treatments. For more information on complementary and alternative medicines (CAM), you may find the Cancer Society's booklet *Complementary and Alternative Medicine: A guide for people affected by Cancer* helpful. You can obtain it from your local Cancer Society, by phoning the Cancer Information Helpline **0800 CANCER (226 237)** or by downloading it from our website at **www.cancernz.org.nz**

Seeking advice from health professionals

If you feel uncomfortable or unsure about your treatment, it is important that you discuss any concerns with those involved in your care, including your general practitioner.


Relationships and sexuality

For some people, having cancer and treatment for it has no effect on their sexuality. However, the anxiety and/or depression felt by some people after diagnosis or treatment can affect their sexual desire. We are all sexual beings and intimacy adds to the quality of our lives. Cancer treatment and the psychological effects of cancer may affect you and your partner in different ways.

Some people may avoid intimate contact because they are exhausted by treatment. Others may feel an increased need for sexual and intimate contact for reassurance.

Communication and sharing your feelings can result in greater openness, sensitivity and physical closeness between you both.

Sexual intercourse is only one of the ways that you can express affection for each other. Gestures of affection, gentle touches, cuddling and fondling can also reassure you of your need for each other. Talk to someone you trust if you are experiencing ongoing problems with sexual relationships. Friends, family members, nurses or your doctor may be able to help. Your local Cancer Society can also provide information about counsellors who specialise in sexual counselling.



You may find the Cancer Society's booklet *Sexuality and Cancer/Hōkakatanga me te Matepukupuku* helpful. You can obtain it from your local Cancer Society, by phoning the Cancer Information Helpline **0800 CANCER (226 237)** or by downloading it from our website at **www.cancernz.org.nz**


Fertility and contraception


You may become infertile, either temporarily or permanently, during treatment. Talk to your doctor about this before you start treatment.

Despite the possibility of infertility, contraception should be used (if the woman hasn't gone through menopause) to avoid pregnancy, because there is a risk of miscarriage or birth defects for children conceived during treatment. If you are pregnant now, talk to your doctors about it straight away.

Questions you may wish to ask

Ask as many questions as you want to. It's easy to forget the questions you want to ask when you see your specialist or nurse, so write them down as you think of them and take your list with you to your appointment. Here are some questions you may like to ask:

1. What type of cancer do I have?
 2. How extensive is my cancer? What stage is it?
 3. What treatment do you advise for my cancer and why?
 4. Are there other treatment choices for me?
 5. What are the risks and possible side effects of each treatment?
 6. How long will the treatment take? Will I have to stay in hospital?
 7. If I need further treatment, what will it be like and when will it begin?
 8. How much will it cost if I decide to be treated privately?
 9. How frequent will my check-ups be and what will they involve?
 10. Will I be able to continue working? If not, when will I be able to return to work?
 11. When can I drive again?
 12. Will the treatment affect my sexual relationships?
- 

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13. Will the treatment affect my fertility?
 14. Will I be affected by incontinence?
 15. If I choose not to have treatment either now or in the future, what services are available to help me?
 16. Are there any problems I should watch out for?
 17. I would like to have a second opinion. Can you refer me to someone else?
 18. Is my cancer hereditary?


If there are answers you do not understand, feel comfortable to say:

- “Can you explain that again?”
- “I am not sure what you mean by...”
- “Would you draw a diagram, or write it down.”

Ngā pātai e hiahia ana koe ki te tuku?

Kia kaha te tuku pātai. He māmā noa iho te wareware i ngā pātai ka tae atu ana koe ki te kite i tō mātanga, tō tapuhi rānei, nā reira me tuhi kē koe i ō pātai i te wā puta ai, kātahi ka hari i ō tuinga pātai i te wā e haere anō koe ki te whai tohutohu, Anei ētahi pātai tērā pea ka hiahia koe ki te whai:

1. He aha te momo matepukupuku kua pā ki a au?
2. Pēhea rawa te kaha o taku matepukupuku?
Kei tēhea wāhanga?
3. He aha te maimoa e whakaarotia ana e koe mō taku matepukupuku?
4. He kōwhiringa maimoatanga atu anō e wātea ana mōku?
5. He aha ngā mōrea me ngā pānga weriweri i te taha o ngā maimoa?
6. Pēhea te roa o te maimoatanga? Me noho au ki te hōhipera?
7. Mehemea me hoki anō au mō ētahi maimoatanga, ka pēhea te haere, āhea tīmata ai?
8. E hia te utu mehemea ka huri au ki te whai maimoatanga i te tūmataiti?
9. He aha te auau o ngā hui tiroiro i a au, a, ka pēhea te haere?
10. Ka taea tonu e ahau te haere ki te mahi? Ki te kore, āhea rā anō?

- 
11. Ā hea au ka āhei ki te taraiwa waka anō?
 12. Ka puta he painga ki ōku hononga hōkakatanga nā runga i te maimoatanga?
 13. Ka pā he raruraru ki taku paraheatanga nā te maimoatanga?
 14. Ka pā te raruraru mimi turuturu ki a au nā te maimoatanga?
 15. Ki te kore au e hiahia whai maimoatanga i nāianeī, ā kō ake rānei, he aha ngā ratonga e wātea ana hei āwhina i a au?
 16. He aha ngā raruraru me tūpato au?
 17. E hiahia ana ahau kia tirohia e tētahi atu. Ka taea e koe te tohu i a au ki tētahi atu?
 18. I heke mai te matepukupuku ki a au mai i ōku tīpuna?

Mehemea kāore koe i te mārama ki ētahi whakautu, kaua e matakū ki te ki:

- “Ka taea e koe te whakamārama mai anō.”
- “Kāore au i te mārama ki tō kōrero?”
- “Ka taea e koe te tā pikitia, te tuhi mai rānei.”

Suggested websites

The following websites also have information on bowel cancer:

Macmillan Cancer Support (UK)
www.macmillan.org.uk

Cancer Council Victoria (Australia)
www.cancervic.org.au

Colorectal Surgical Society of Australia and New Zealand
www.cssa.org.au/

National Cancer Institute (USA)
www.cancer.gov/cancerinfo

Beating Bowel Cancer (UK)
www.bowelcancer.org


Cancer Council New South Wales
www.cancercouncil.com.au

Online booklets

These online booklets can be viewed at
www.cancercouncil.com.au

“Understanding Complementary Therapies”

“When a Parent has Cancer: How to talk to your kids”



The suggested websites are not maintained by the Cancer Society of New Zealand. We only suggest sites we believe offer credible and responsible information, but we cannot guarantee that the information on such websites is correct, up-to-date or evidence-based medical information.

We suggest you discuss any information you find with those involved in your care.

Glossary

abdomen—the part of the body between the ribs and your groin, often called the stomach.

alcohol ablation—injection of ethanol (alcohol) directly into a liver tumour to destroy the cancer cells.

anastomosis—where the bowel is rejoined after a section has been removed during surgery.

anus—entrance to rectum.

benign—not cancerous. Benign cells are not able to spread elsewhere in the body.

biopsy—the removal of a small amount of cells or tissue from the body, so that it can then be examined under a microscope.

bowel motion—also known as faeces or excrement.

carcinoma in situ—a malignant tumour that is confined to its original site.

cells—the ‘building blocks’ of the body. A human is made of millions of cells, which are adapted for different functions. Cells are able to reproduce themselves exactly, unless they are abnormal or damaged, as are cancer cells.

colon—large bowel.

colonoscope or colonoscopy—a colonoscope is a long flexible tube inserted through the rectum into the bowel. A specialist can look down the tube to check for signs of cancer.

colostomy—an opening in the skin of the abdomen to which the large bowel is attached.

Crohn’s disease—chronic inflammatory disease of unknown origin usually affecting the small or large bowel or both.

cryotherapy—liver tumours are frozen and destroyed using liquid nitrogen probes.

CT colonography—CT scan looking into the colon but not using a scope.

CT scan—previously known as a CAT scan. A series of X-rays that are built up to give a picture of the part X-rayed.

genes—the codes contained in DNA in each cell that control the way the body’s cells grow and behave. Each person has a set of many thousands of genes inherited from both parents. Genes are found in every cell of the body.

ileum—the small bowel.



lymph glands or nodes—are small kidney bean-shaped sacs scattered along the lymphatic system that filter infection and cancer cells. There are lymph nodes in the abdomen, neck, armpit and groin.

Magnetic resonance imaging (MRI) scan—similar to a CT scan, but this test uses magnetism instead of X-rays to build up cross-sectional pictures of the body.

malignant—a tumour that is cancerous and is likely to spread if it is not treated.

metastasis—when a cancer has spread from the original site to another part of the body. It can also be called a ‘secondary cancer’. It is sometimes shortened to ‘mets’.

palliative—controlling the symptoms of a disease rather than curing it.

polyp—a small growth in the bowel. It can be either cancerous or not cancerous.

polypectomy—removal of a polyp.

radio frequency ablation—uses electrical current passed through a small needle placed directly into a liver tumour to destroy cancer cells with heat.

rectum—back passage/final section of the large intestine.

resection—surgical removal of a portion of any part of the body.

secondary—the same as metastasis.

stenting—when a tube made of metal or plastic is inserted into the bowel or a duct to keep it open and prevent closure when a tumour is growing rapidly.

stomal therapist—a registered nurse who specialises in caring for people who have stomas.

tumour—a swelling or lump. Tumours can be benign (not cancerous) or malignant (cancerous).

ulcerative colitis—a chronic, episodic, inflammatory disease of the large bowel and rectum.

ultrasound—sound waves of a very high frequency (higher than the human ear can hear). If ultrasound is directed at the body it is reflected back differently by different types of tissue. In an ultrasound scan, these differences are measured and used to build up pictures of structures in the body. Ultrasound pictures are usually taken by an ultrasound technician, who guides the scanning probe by watching the images on a screen like a television. The pictures recorded will be given to a specialist who will prepare a report, which your own doctor will discuss with you.

virtual colonoscopy—see CT colonography.





Notes

You may wish to use this space to write down any questions you want to ask your doctor, nurses or health providers at your next appointment.

Whakamahia tēnei wahi wātea hei tuhi pātai e hiahia ana koe ki te pātai i tō rata, ngā tapuhi, ngā kaiwhakarato hauora rānei mō te wā e hoki atu ai koe.


Notes





Notes

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Feedback

Bowel Cancer/Matepukupuku Puku Hamuti

We would like to read what you thought of this booklet:
whether you found it helpful or not. If you would like to give
us your feedback please fill out this questionnaire, cut it out
and send it to the Information Manager at the address below.

1. Did you find this booklet helpful?

Yes ☐ No ☐

Please give reason(s) for your answer.

2. Did you find the booklet easy to understand?

Yes ☐ No ☐

Please give reason(s) for your answer.

3. Did you have any questions not answered in the booklet?

Yes ☐ No ☐

If yes, what were they?





4. What did you like the most about the booklet?

5. What did you like the least about the booklet?

6. Any other comments?

Personal information (optional)

Are you a person with cancer, or a friend/relative/whānau?

Gender: Female ☐ Male ☐ Age _____

Ethnicity (please specify): _____

Thank you for helping us review this booklet.

The Editorial Team will record your feedback when it arrives, and consider it when this booklet is reviewed for its next edition.

Please return to: The Information Manager, Cancer Society of New Zealand, PO Box 12700, Wellington 6144.



Information, support and research

The Cancer Society of New Zealand offers information and support services to people with cancer and their families. Printed materials are available on specific cancers and treatment.

The Cancer Society is a major funder of cancer research in New Zealand. The aim of research is to determine the causes, prevention and effective methods of treating various types of cancer.

The Society also undertakes health promotion through programmes, such as those encouraging SunSmart behaviour, being physically active and eating well and discouraging smoking.

We would appreciate your support.

Many Cancer Society services would not be possible without the generous support of many New Zealanders. You can make a donation by phoning 0900 31 111, through our website at www.cancernz.org.nz or by contacting your local Cancer Society.

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Cancer affects New Zealanders from all walks of life, and all regions of our beautiful country. This cover photo of Whirinaki River was taken by Rob Suisted.

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