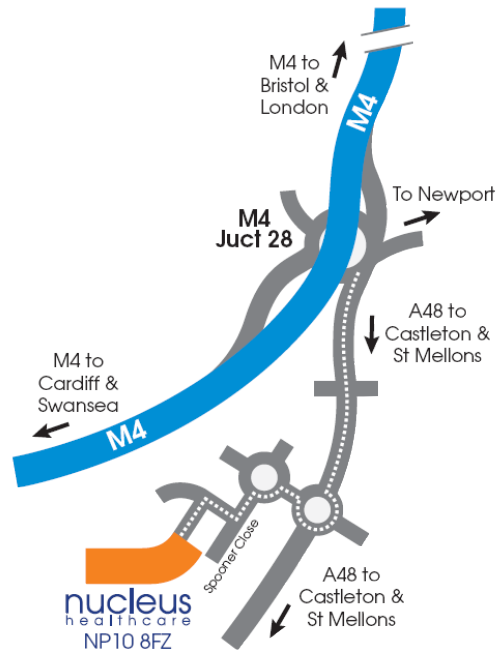


This fact sheet was designed to help you. Please do not hesitate to ask any questions of our specialists and nurses

If you have any problems following your procedure please ring

Nucleus Healthcare during opening hours 07.30hrs – 18.00hrs



BOWEL CANCER

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Each year 35,000 people in the UK are diagnosed with bowel cancer; that is cancer of the colon and the rectum. This makes it one of the commonest cancers. The earlier bowel cancer is diagnosed, the greater the likelihood of cure. Unlike some malignant tumours, bowel cancer can often be cured by surgery and new treatments are being introduced to make survival even more likely.

How does bowel cancer start?

The inner lining of your colon and rectum is made up of a thin layer of cells called the mucosa. A bowel tumour is a lump created by an abnormal and uncontrolled growth of these cells. This lump is called a polyp. This is the first step on the road towards cancer.

A polyp

These tiny lumps of abnormal cells on the bowel lining are polyps. A certain type of polyp called an adenoma starts off being benign but depending on the way it grows it can sometimes turn into cancer. One in ten of benign adenomas turn into cancer.

Removing the benign polyps can prevent cancer developing later.

The development of bowel cancer from a polyp can take from 5-10 years and there may be no symptoms at all.

The most common symptoms are:

- Bleeding from the back passage or blood on the toilet paper (There are more common complaints such as haemorrhoids that will also cause bleeding.)
- Change in bowel habit – unusual episode of diarrhoea or constipation.
- Abdominal pain
- Loss of appetite.
- A large tumour can partially block the bowel leading to pain, constipation and bloating.

How the diagnosis is made

There are several ways to diagnose it:

- Barium enema
- CT scanning
- Flexible sigmoidoscopy
- Colonoscopy

The last 2 are preferable, as a biopsy can be taken during the procedure to procure a diagnosis

Following diagnosis

Once the diagnosis has been made following the results of the biopsies and any other investigations, a referral will be made for you to see a colorectal surgeon who will then advise you on your surgical options.

Family Implications

If a person is young (40-50) when bowel cancer is diagnosed, or if cancer is common in the family, it may be that there is an inherited genetic abnormality. In such circumstances some relatives may be advised to undergo a colonoscopy.

There are uncommon and inherited conditions called familial adenomatous polyposis (FAP) which is where large quantities of polyps form on the lining of the bowel, and hereditary non-polyposis colon cancer (HNPCC) which can increase the risk of colon cancer and should be screened.

For further information:

www.cancerbackup.org.uk

www.corecharity.org.uk