



YOUR GUIDE IN THE FIGHT

Colorectal Cancer Surgery

A **FIGHT COLORECTAL CANCER**® Resource

Types of Colorectal Cancer

SURGERIES

If you have received a colon or rectal cancer diagnosis, you will likely need surgery at some point.

Your surgical options and timing depend on your stage and type of cancer. There are different approaches to colorectal cancer surgery, depending on if you have colon cancer or rectal cancer.

SURGERY FOR COLON CANCER

If you've been diagnosed with colon cancer, your first step may be surgery to remove the primary tumor. Your cancer stage will guide which type of surgery you need. Early-stage cancers (stage 0 and I) can be removed with less-invasive steps, while later-stage cancers (II, III, and IV) may likely require a more invasive surgery.

SURGERY FOR RECTAL CANCER

If you have been diagnosed with rectal cancer, you may be treated with radiation and chemotherapy prior to having surgery. It's critical to discuss with your doctor all of your surgical options and determine the goals of your treatment, surgery, and quality of life.

Surgery is serious, and it can be scary. It's important to establish good communication with your surgeon and educate yourself as much as possible before your procedure.

Colectomy (Resection)

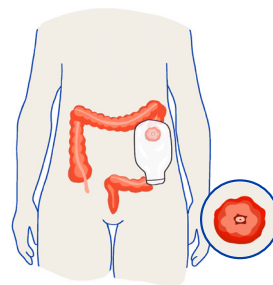
Most patients with stage II, III, and IV cancers will have a colectomy. A colectomy is a surgery that removes the cancerous part of the colon and nearby lymph nodes. The two ends of the remaining colon are reattached. With a colectomy, you will still eliminate waste through the rectum. This procedure is also referred to as "hemicolectomy," "partial colectomy," or "segmental resection." A colectomy can be done through an open surgery or laparoscopically.

Colostomy (Ostomy)

A colostomy surgery creates a way for stool to exit the body when the colon and/or rectum cannot function properly. In this procedure, a stoma (opening) is made, oftentimes in the abdomen, and an ostomy pouch is placed around the stoma to collect and remove waste. A colostomy may be temporary and reversed after your colon has time to rest and heal, or it may be permanent.

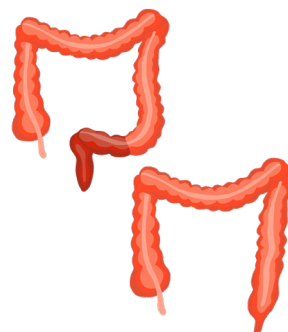
Ostomy: The opening in the body for waste.

Stoma: The actual end of the intestine seen peeking through the abdominal wall.



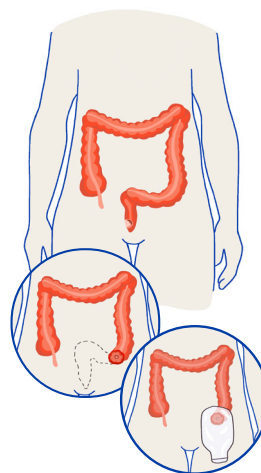
Temporary Ostomy and Reversal

This surgery is possible if the colon or rectum can heal after the initial resection surgery (which could take months to years). A reverse colostomy surgery (colostomy take-down) is performed so the stoma will no longer be necessary, and stool can once again travel throughout the colon and rectum rather than through the ostomy.



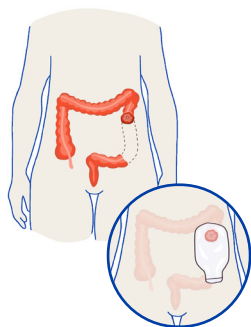
Low Anterior Resection (LAR)

LAR is a common surgery for treating rectal cancer. The tumor and part of the rectum is removed without affecting the anus. The colon is then attached to the remaining part of the rectum, so that after the surgery, stool can exit through the anus as it did before the surgery. Sometimes a temporary colostomy is needed. Recently medical teams have begun taking a "wait and see" attitude with regard to this surgery since LAR surgery can cause quality-of-life issues. Be sure to discuss with your healthcare team which route you should take and the benefits and risks of each.



Abdominoperineal Resection (APR) with Ostomy

APR is a common surgery for rectal cancer patients. One incision is made in the abdomen and another in the perineal area to remove the anus and the tissues surrounding it, including the sphincter muscle. This is a more invasive surgery than LAR because the anus is removed. With an APR, patients receive a permanent colostomy.



Care Packs

Care Packs are assembled to provide education, comfort, inspiration, and to support patients along their colorectal cancer journey.

Request one at: [FightCRC.org/Care-Pack](https://www.fightcrc.org/care-pack)



Open vs. Minimally Invasive?

Technological advances have given surgeons more options when it comes to colorectal surgery. Talk with your surgeon to see what your options are and to discuss benefits and risks of open surgery vs. minimally invasive surgery.

Open Surgery

Open surgery is traditional surgery that involves a large incision through the skin and muscle, so the surgeon can directly see the area they are working on. The incision is closed with sutures and/or staples. Recovery time is at least six weeks.


Minimally Invasive Surgery (Laparoscopic)

With laparoscopic surgery, the surgeon makes one or more small incisions and then uses special tools (laparoscope with camera and surgical instruments) to see the area magnified on a screen and perform the surgery. Recovery may be quicker than open surgery and may have fewer risks or complications. Minimally invasive surgeries can also be robotic-assisted. Robotic-assisted surgery, also called robotic surgery, allows doctors to perform complex procedures with more precision, flexibility, and control than is possible with traditional techniques.



"The biggest thing for me was to be really transparent with the doctors and surgeons about my personal and professional goals for the future. As a firefighter/paramedic and active mother I wanted to know what all my options were, and if there were nuances in surgical procedures or techniques that would give me the best shot at returning to doing the things I love.

Speak up and voice your needs and desires.

Don't feel pressured into making a rash decision or accepting what is initially offered to you. If you are unsure, seek a second (or third, or fourth) opinion. You might be surprised at the options you find. Becoming more educated about your treatment can make you a stronger advocate for yourself and others. 

RUTH SAVARD

Stage IV Survivor

Video Resources

This surgery video series covers what to expect before, during, and after surgery; how to prepare; and ways to manage your recovery process. Watch the videos at [FightCRC.org/Surgery](https://fightcrc.org/Surgery).



10 Questions to Ask Your Healthcare Team Before Surgery

1. What surgery do you recommend for me and why?
2. Will I need other treatments before or after surgery?
3. Will I need a permanent or temporary ostomy?
4. How long will I be in the hospital? When will I be able to go back to normal activities?
5. Is there any medical equipment I will need at home after my surgery?
6. When will I know the results of my surgery?
7. Are there risks and side effects I need to prepare for?
8. Can I access additional resources after surgery, such as a nutritionist, wound-care nurse, or physical therapist?
9. What will my out-of-pocket expenses be?
10. Can I get a second opinion?

Important Info

We highly recommend that you get more than one opinion before you have surgery. Fight CRC's Provider Finder is a digital tool that helps patients find surgeons, oncologists, and gastroenterologists. Search at ProviderFinder.FightCRC.org

Surgery Packing List

-  Warm, fuzzy socks with grippers or house slippers
-  A few pairs of underwear and drawstring pants, one size larger than normal
-  Lotion and chapstick for your nose, lips, and dry skin
-  Notebook or cellphone for texting in case you receive a nasogastric (NG) tube, and it's difficult to talk
-  Deodorant and dry shampoo
-  Headphones and chargers
-  Comfort items — pillow, blanket, essential oils, etc.
-  Downloaded movies or music to keep you entertained
-  Depends® to wear on the way home — accidents are common right after surgery
-  Chux pads for the seat of your vehicle for the ride home and furniture at home.
-  Toothbrush and toothpaste
-  Donut pillow to sit on

Colorectal Cancer Surgery

SIDE EFFECTS

Your side effects, healing, length of hospital stay, and recovery time may vary, depending on the type of surgery you undergo. Be patient with your healing process. No two people heal in exactly the same way.

The doctor who performs your surgery will explain what to expect and reasons to call the doctor following your procedure. If something doesn't feel right after surgery, don't be afraid to speak up and ask questions.

1. Pain

A surgical incision will likely leave you feeling sore and stiff, and most patients need pain medication anywhere from for several days to weeks following their surgery or procedure.

Report any pain to your nurses, so they can determine if it's coming from the incision or if you're facing surgical complications that need to be addressed. You don't need to "live with pain" as you heal.

Be sure to talk with your medical team, so that you can heal as comfortably as possible.



2. LARS

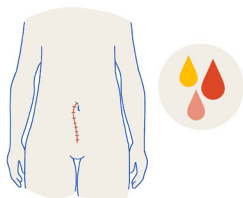
Some patients experience low anterior resection syndrome (LARS), which is usually the consequence of radiation and/or surgery for removing the sigmoid or rectum. LARS is a multifaceted, physical, and emotional topic that greatly affects a patient's quality of life. LARS impacts eating, bowel movements, physical exercise, pain management, and more.



3. Leakage

Some surgeries may cause leakage around the scar that can result in other complications.

If you experience anything abnormal, either when you're admitted or discharged from the hospital, notify your doctor's office immediately.



4. Nausea

Many patients may experience nausea following surgery. This can be a side effect from the surgery, but it can also come from the pain medication. Be sure to tell the nurse everything you're experiencing, so they can identify the cause of your nausea and make adjustments to medications or run additional tests if needed.



5. Nutrition

Following surgery, your diet will likely be restricted. Ask your doctor what to expect based on the type of surgery you undergo. Some patients are restricted to ice chips and liquid diets for a couple days before resuming solid foods.



For other patients who need extended periods of healing, total parenteral nutrition (TPN) may be discussed and suggested. TPN is administered intravenously (through an IV) and provides nutrition when a patient is unable to eat and digest.

Having a colon resection can affect how you absorb nutrients and fluids. Everyone experiences this differently, depending on the length and location of the remaining colon, whether you have inflammatory bowel disease, age, and body size.

Consider adding a nutritionist to your team to help you find ways to get all the nutrients you need. It can take many years to fully recover. Be kind to yourself. Healing takes time.

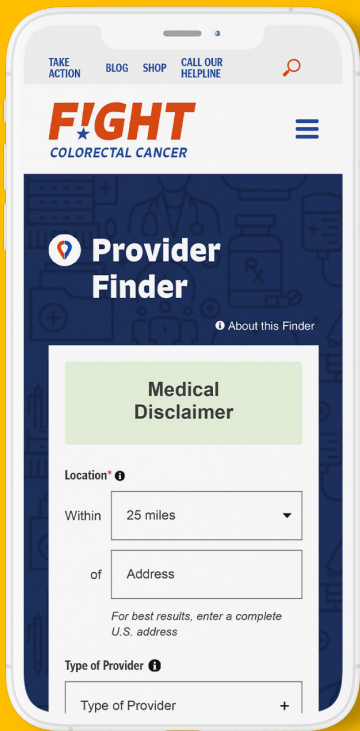
LIFE After Surgery

After surgery, you may become frustrated as you work toward building your strength back and overall quality of life back up. You may feel anxiety, depression, grief, anger, or denial, which is completely normal, and sometimes can come in waves. If this happens to you, it's important to talk to your healthcare team and remember that a roller coaster of emotions at various stages following diagnosis is entirely understandable and natural.

It's important to remember the colorectal cancer advocacy community is a powerful resource, and we're here for you. There are many survivors who have had the same or similar experiences as yours. Your journey may have started differently, but we are in this together. And our shared life experiences can make us stronger.

[CommunityFightCRC.org](https://www.CommunityFightCRC.org)

[@FightCRC](https://www.instagram.com/FightCRC) [Facebook](https://www.facebook.com/FightCRC) [Twitter](https://www.twitter.com/FightCRC) [YouTube](https://www.youtube.com/FightCRC) [LinkedIn](https://www.linkedin.com/FightCRC)



LOOKING FOR A *Colorectal Surgeon?*

Fight CRC's Provider Finder is an online tool that helps patients find gastroenterologists, oncologists, and surgeons.

The Provider Finder shows providers who are actively seeing and treating colorectal cancer patients around the country based on factors such as:

- * geographic accessibility.
- * clinical trial experience.
- * the volume of colorectal cancer patients they treat.
- * whether they have a strong referral network to support interdisciplinary care pathways.

 **SCAN HERE**
to learn more

Search at
ProviderFinder.FightCRC.org



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