COLORECTAL CANCER

# Surgery

A Guide on Understanding Surgery Options, Preparation & Recovery

FIGHT COLORECTAL CANCER

## Do You Need Surgery?

If you have received a colon or rectal cancer diagnosis, you will likely need surgery at some point. Your surgical options, the approach to surgery, and when you get surgery will depend on your stage and type of cancer.

For colon cancer patients, surgery is often the first step to remove the tumor whereas in rectal cancer, many patients receive radiation and chemotherapy prior to surgery.

## Surgical Methods

There are few different approaches to colorectal surgery.

### OPEN SURGERY

Open surgery involves cutting through the skin and muscle and quite literally "opening you up." Most often, this surgery leaves a long vertical scar down your abdomen. 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 SURGERY (ROBOTIC-ASSISTED SURGERY)

Robotic-assisted surgery enhances traditional laparoscopic surgery with advanced technology. Surgeons use a 3D high-definition camera and wristed instruments for greater precision, flexibility, and control during complex procedures. This approach can mean smaller incisions, less pain, quicker recovery, and fewer complications. Surgeons must undergo special training to use robotic surgical devices.

## 3 Questions for Your Doctor

1. What surgery do you recommend for me and why? What technique will you be using?
2. Can you explain what I can expect during recovery? How will I be impacted by this surgery in the long-term?
3. Can you confirm that my tumor will be sent for biomarker testing? How and when will I receive my pathology reports?

*"I've had a lot of surgeries – open, laparoscopic, and robot-assisted. I've also had a colon resection, a subtotal colectomy, and an APR with permanent ileostomy. The minimally invasive surgeries can lead to quicker healing but remember: There's a risk of complications with every surgery. I've had unexpected complications come with all of my colorectal surgeries. But, I've also had great surgeons. They walk me through everything before surgery and after. Their communication built my trust and helped me stay positive."*

Danielle Ripley-Burgess
STAGE III SURVIVOR

***Ready to tell your story and offer your advice? fightcrc.org/story***

### IMPORTANT

When it comes to colorectal cancer surgery, get a second opinion. You need to hear from multiple doctors about how they will approach your care before choosing a surgeon.

***Scan to search for a surgeon near you.***
***providerfinder.fightcrc.org***

### ADDITIONAL RESOURCES

ChatCRC is Fight CRC's proprietary 24/7 chatbot that provides colorectal cancer resources and support. Start chatting now at chatbot.fightcrc.org or text 318-242-8272.

Our Guide in the Fight Series offers more brochures like this one for colorectal cancer information. To explore the series visit, fightcrc.org/guide.

A Resource for Patients by Patients

# Types of Surgery

### COLECTOMY
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 bowel are often reattached. With a colectomy, you will still poop through your rectum. This procedure is also referred to as "hemicolectomy," "partial colectomy," or "segmental resection."

### OSTOMY
An ostomy creates a way for stool to exit the body when the colon and/or rectum cannot function properly. During surgery, a stoma (opening) is made in the abdomen using either large or small bowel, and an ostomy pouch is placed around the stoma to collect and remove waste. An ostomy may be temporary and reversed after your colon has time to heal, or it may be permanent.

### OSTOMY REVERSAL
This surgery is possible if the colon or rectum has healed (which could take months to years). Reversal surgery removes the stoma so that stool once again travels throughout the colon and rectum and out the anus.

### 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 ostomy is needed.

### ABDOMINOPERINEAL RESECTION (APR)
APR is a surgery sometimes used for rectal cancers close to the anus, and frequently for anal cancer. 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 and closed. With an APR, patients receive a permanent ostomy. Many patients who've undergone this surgery refer to themselves as "Barbie butt" or "Ken butt."

# All About Ostomy

"Ostomy" is a term that encompasses all types of ostomies, but not all ostomies are the same. Ostomies can be temporary or permanent.

### COLOSTOMY
- The end of your large intestine is hooked up to the stoma.
- The stool/output is formed and solid.
- Your body's schedule of when to "go" may be sporadic.
- Ostomy bags may be open or closed. If closed, you'll need to replace the bag once you "go".
- You still need colonoscopies.
- Most often, colostomy placements are on the left side of your abdomen.

### ILEOSTOMY
- The end of your small intestine is hooked up to the stoma.
- The stool/output is watery and pasty.
- When you "go" may be more predictable and timed based on when you eat.
- Ileostomy bags are drainable. This means you empty the contents in the toilet and can wear the same bag for several days.
- You do not receive a colonoscopy anymore if your ileostomy is permanent.
- Most often, ileostomies are placed on the right side of your abdomen.
- Most often, a temporary ileostomy is placed when someone is recovering from colorectal cancer surgery.

***For more information about ostomies, tips for ordering supplies and facing blockages, visit fightcrc.org/ostomy.***

### WATCH AND WAIT
Recently, surgical teams have begun taking a "watch and wait" approach to some rectal cancers due to the changes in quality of life associated with these operations. Learn more about watch and wait at fightcrc.org/surgery.

# Surgery Packing List

Before you head into surgery, be prepared! Here's a list of items our community recommends putting in your go-bag for the hospital or having on-hand at home.

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

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