

# RECTAL CANCER: Low Anterior Resection

## △ GENERAL INFORMATION

The *rectum* is that part of the large bowel that starts at the *anus* (the opening to the outside) and extends up for about 10 inches. The rest of the large bowel is called the *colon*. Cancer of the rectum is common in older adults. The cause of cancer in a case such as yours is not truly known.

## COMMON SIGNS AND SYMPTOMS

- In the early stages there often are no symptoms.
- Blood may be found in the stool by the patient or by the doctor when doing a routine physical examination.
- The stool may be thinner because it has to squeeze past the cancer.
- Sometimes the cancer produces the urge to have a bowel movement but nothing comes out.

## DIAGNOSIS

- Often the diagnosis can be made by taking a detailed history, doing a thorough physical examination, and considering the laboratory report.
- *Flexible sigmoidoscopy*: This is a valuable, often routine procedure. A smooth, flexible optical instrument that is as thick as your little finger and has a light at its tip is used to examine the lower 25 or so inches of your bowel.
- *Colonoscopy*: This is done with an instrument that has lenses in it and a light at its tip, is smooth and flexible, and is as big around as your little finger. During the procedure you will be given medicine that will make you feel drowsy. The tip of the instrument will be introduced through the anus and carefully advanced up your entire large bowel, which is thoroughly examined. If any suspicious tissue is seen, a small piece of it can be taken (*biopsy*) for laboratory examination.
- *Ultrasound*: A thin instrument very much like an enema tip (a *probe*) is placed in the rectum, and the tip is positioned over the tumor. Harmless sound waves coming from the tip of the probe are aimed at the tumor in your rectum. The sound waves bouncing back (the echoes) from this area are seen as a picture on a screen. Ultrasound is a convenient and painless way to examine the tumor to see how deeply it is penetrating the rectum. This helps determine the type of operation that will be needed.
- *CT scan (computed tomography scan)*: These x-rays are taken as very thin slices through the area of the rectum. This makes it possible to see details in the rectum and any growths outside it.
- *Cystoscopy*: This procedure involves looking into your bladder if it is felt the cancer is close by.
- In women, the vagina also is examined carefully.

## ○ TREATMENT

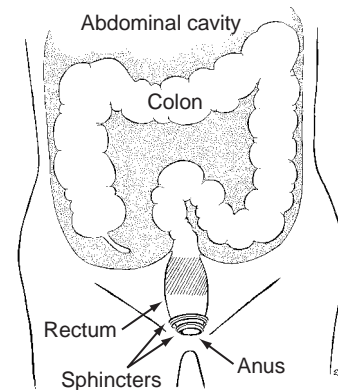
The best chance to cure a cancer of the rectum that has not spread to distant areas is by an operation.

- The type of operation required is influenced by the following:
  - The size of the cancer.
  - The exact location of the cancer.
  - How deeply it penetrates the wall of the rectum.
  - Whether the lymph nodes in the area are involved or are likely to be involved.
  - Your general condition.

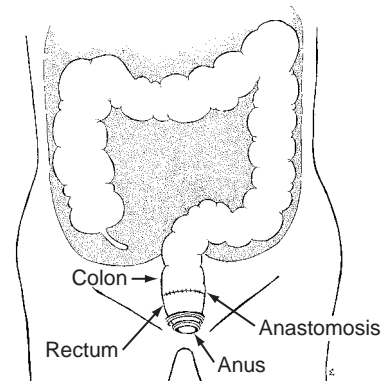
The two operations most commonly used to treat cancer of the rectum are as follows:

- Removal of most of the rectum and the cancer in it through an abdominal incision. The cut ends of the rectum are reconnected. There is no colostomy. This operation is more suitable for a cancer that is not too close to the anus. This operation may affect your sex life.
- Removal of the rectum and anus and creation of a permanent colostomy. This operation will almost surely affect your sex life. This operation is best when the cancer involves some of the anus or when the entire rectum and anus need to be removed.

After the most careful consideration of all factors, the recommendation is that you have an operation that involves removing most of your rectum and then reconnecting the cut ends. The anus is left in place and you can have bowel movements as before (Figs. 1 and 2).



**Figure 1.** The type of cancer that is found in the middle and upper part of the rectum (*diagonal lines*) usually is removed along with some rectum above and below it.



**Figure 2.** The divided ends of the rectum are reconnected. This makes it possible to continue having bowel movements the usual way. This operation is done through the abdomen.

## **PREOPERATIVE PREPARATION**

- You will be given instructions on how to clean out your bowel.
- Do not eat or drink anything for 8 hours before the operation.

## **OPERATION**

- You will be asleep for the operation.
- The incision will run up and down your lower abdomen.
- The operation usually takes about 3 hours.

## **POSTOPERATIVE CARE**

- You will be taken to a recovery room and observed. After your blood pressure, pulse, and breathing are stable, you will be taken to a regular hospital room.
- You will have a thin plastic tube in your nose for a few days.
- A catheter will be in your bladder for several days.
- Pain will be controlled with medicine.
- After the tube in your nose is removed, you will be started on a liquid diet and advanced to solid food as you tolerate it.
- As with any operation, complications are always possible. With this type of operation, they can

include bleeding, infection, pneumonia, blood clots, and possibly others.

- You should be able to go home in about 1 week.
- Arrangements will be made for your medicine, follow-up office visit, and stitch or clip removal.

## **HOME CARE**

- Continue with the program started while you were in the hospital.
- You may walk about as you wish, even climb stairs, but don't overdo things.
- You will be given a suggested diet to follow during your convalescence. Include plenty of roughage and liquids in your diet to help prevent constipation.
- Take the medicines prescribed for you.
- Unless instructed otherwise, you may shower as you wish.
- You may return to work when you feel up to it.

## **CALL OUR OFFICE IF**

- The wound becomes swollen and red, or there is drainage from it.
- You develop a temperature higher than 100°F.
- Your bowels don't move for 48 hours.
- You have any questions.