

Colorectal Cancer

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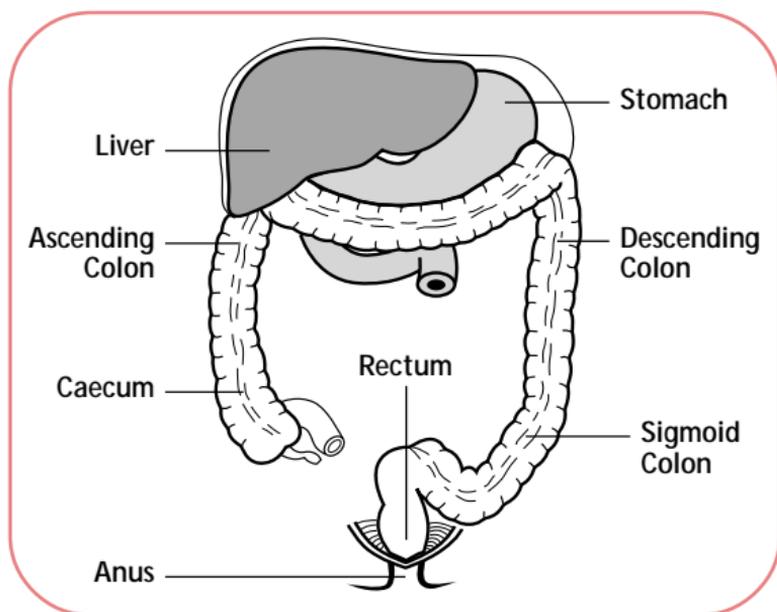
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This Patient Education Booklet is based on the MOH Clinical Practice Guidelines on Colorectal Cancer. This booklet explains the contents of the guidelines and has been written for persons who are at risk of colorectal cancer as well as those persons with colorectal cancer and their family members. Patients can use this booklet as a basis to discuss treatment options with their doctors.

Clinical practice guidelines are recommendations to help doctors and patients make appropriate choices about the patient's illness, based on the best scientific evidence currently available. These guidelines do not replace the judgement of the attending doctor. It is important to remember that each person is different and the clinical practice guidelines may not always apply to everyone.

1 WHAT IS COLORECTAL CANCER?

Colorectal cancer is cancer of the large intestines. It is the most common cancer among men and women in Singapore. Over 1,000 new cases of colorectal cancer are diagnosed every year. Although it can occur at any age, it is more common after the age of 50 years.



Sufferers of colorectal cancer may complain of blood in the stools, a change in the bowel habits, an abdominal pain that does not go away, anaemia (a low red blood cell count) and the presence of a lump in the abdomen. All these complaints can also be present in diseases other than colorectal cancer. This makes it important for you to consult your doctor as soon as possible when you have any of these complaints.

After an examination, your doctor may arrange for you to undergo tests to confirm the presence of colorectal cancer. This may require a **colonoscopy**, which uses a flexible tube to look directly at the inner lining of the large intestines; or a **barium enema**, which is an X-ray examination of the large

intestines. It is very important that you take the symptoms of colorectal cancer seriously. Diagnosis of colorectal cancer at an early stage may lead to a complete cure.

2 SCREENING FOR COLORECTAL CANCER

People over the age of 50 years are advised to go for screening for the disease, even if no complaints are present. Screening is also recommended for people who are below the age of 50 years with a high risk of getting colorectal cancer, such as those with a family history of colorectal cancer, a personal history of colorectal cancer, or a long standing inflammatory disease of the large intestines (e.g. ulcerative colitis).

Screening offers the chance of early detection of cancer. It may even diagnose a potential cancer at a pre-cancerous stage. This pre-cancerous stage may be a polyp. Removal of such polyps can prevent cancer from forming.

3 WHAT HAPPENS AFTER THE DIAGNOSIS OF COLORECTAL CANCER?

When a colorectal cancer is seen on colonoscopy, a piece of the cancer is removed for biopsy (examination under a microscope) to confirm the diagnosis of the cancer. Further testing with blood and X-ray tests may give a clue to the stage (extent of spread) of the cancer. You will then be referred to a surgeon experienced in the treatment of colorectal cancer for further management.

4 TREATMENT OF COLORECTAL CANCER

Surgery is the main treatment of colorectal cancer.

In surgery, the part of the large intestines containing the cancer is removed. The remaining intestines are then joined back, so that the patient can pass out stools normally after surgery. When the remaining intestines cannot be joined together, a part may be joined to the patient's abdominal wall to create an opening for passing out stools. This is called a stoma.

After surgery, the cancer that has been removed will undergo more detailed examination. This is to determine how far the cancer has spread. For colorectal cancers that have spread beyond the colon, chemotherapy or radiotherapy may be recommended after surgery. Chemotherapy involves the use of drugs to kill cancer cells. Radiotherapy is radiation given to the original site of the cancer, to improve control of the disease.

5 PREVENTION OF COLORECTAL CANCER

While the cause of colorectal cancer is not clearly known, the following may be recommended for its prevention:

- Do not overeat
- Increase fibre intake in your diet
- Ensure sufficient calcium intake in your diet
- Increase your level of physical activity
- Stop smoking.

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