

## Cancer Follow up

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Questions to be asked after an operation to remove bowel cancer.  
*What can I expect after the operation?*

You can expect to be in hospital for up to two weeks after conventional surgery and by the time you leave hospital you will be able to eat and drink normally.

The usual wound is long and it will take a further month, at least, before you are fully active and able to return to work. The recovery time however, is variable and it will take longer for some patients. Your surgeon will advise you about your diet and lifestyle for the future.

*Will I be cured of the cancer?*

Yes there will be a good chance of being cured of the cancer if it is detected at an early stage. Overall more than 50% of patients are cured by surgery. Some patients will be advised that they need extra treatment if the cancer has extended beyond the confines of the bowel wall.

*Will I develop another cancer?*

Experience has shown that a patient who has developed one cancer is at a slightly greater risk than the rest of the community of developing a second cancer and for that reason your surgeon will recommend a programme of "follow-up".

*How often should I see my surgeon?*

An early post-operative review will be arranged for you from the hospital. This is usually within two-to-four weeks of leaving hospital. From then on the surgeon will recommend a set programme of reviews according to the recommendations of the Colorectal Surgical Society of Australia. These recommendations involve:

1. a review at regular and frequent intervals for five years.
2. yearly review thereafter.

*Will special tests be done?*

Yes, for a rectal (low bowel) cancer, the surgeon will perform a sigmoidoscopy at each visit. At the end of the first year after surgery (it will be done earlier if one has not been performed before the surgery) the surgeon will arrange for a colonoscopy (total examination of the bowel) and if that examination is clear it will be recommended that the colonoscopy is repeated at appropriate intervals. Any pre-cancerous lesions (polyps) seen on that examination will be removed at the time of the examination and be tested. The colonoscopy will then be repeated one year later and if the bowel is clear at the next examination, a three-yearly programme is recommended.

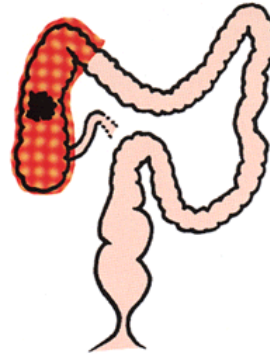
Some blood tests can provide useful information about the likelihood of the cancer returning and your surgeon may order these from time to time according to the particular circumstances of your case. If a patient has symptoms or signs which might indicate that the cancer is returning, the surgeon may order other tests such as an x-ray or ultrasound of the liver and other areas.

*For how long should I continue to be checked?*

The Colorectal Surgical Society of Australia recommends that a patient should be "followed up" by the surgeon for as long as he/she remains fit to undergo further treatment should a new cancer develop. The following is a summary of the plan recommended by the colorectal surgical society of australia for "follow-up" of a patient after an operation to remove a cancer of the large bowel.

1. Early post-operative colonoscopy, if colonoscopy or barium enema had not been performed before the operation.
2. A review at regular and frequent intervals for five years. These visits to be associated with digital and sigmoidoscopic examination depending on the aspects of your case.
3. Colonoscopy every three years.
4. Other tests to detect cancer according to clinical indications.

This protocol may vary with individual patient pathology and surgical treatment.



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