

#### **Surgery for Colorectal Cancer**

BC Cancer Agency Education Forum, March 3, 2018

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The cancer no one talks about

- It's embarassing
  - –The symptoms
  - The tests to diagnose it
  - The treatment

Awareness is far behind heart disease, breast cancer, etc



#### **The Celebrity Effect**



#### We're behind your behind

Colon Cancer is the number two killer of all cancers – and it can affect anyone. But with early detection the survival rate is estimated at 90%. And it all starts with a simple self-administered test that you do in the privacy of your own home. Talk with your doctor and get the test. Not knowing is not the answer.

Emmanuelle Chriqui, Actress Lost her mother to colon cancer



For more information or to donate visit coloncancercanada.ca





Colorectal cancer is the second leading cancer killer in the U.S., but it is largely preventable. If you're 50 or older, plane age tarrened. Screening finals presencerous polyns, so they can be removed before they turn into cancer. And screening finds colorectal cancer early, when treatment words best. If you're at increased risk—if you have a personal or family history of polyns or colorectal cancer, or you have infilamentately bowled disease—asky or doctor when to last accreasing.







cercus polypis don't always cause symptoms. So you can look healthy ere may be a problem. \* Screening helps find polypis so they can be 5 colorectal cancer. This is one cancer you can prevent \* Screening or cert, when treatment often leads to a cure. \* If you're 50 or older, picture of health. Get screened for colorectal cancer.

-800-232-4636) • www.cdc.gov/screenforlife

F HEALTH AND HUMAN SERVICES





Fear colon cancer, not the Test

Colon Cancer is the number two killer of all cancers – and it can affect anyone. But with early detection the survival rate is estimated at 90%. And it all starts with a simple self-administered test that you do in the privacy of your own home. Talk with your doctor and get the test. Not knowing is not the answer.



For more information or to donate visit coloncancercanada.ca



#### **Today**



- What is the colon and rectum?
- What is colorectal cancer?
- How can you diagnose the cancer?
- How do you treat it with surgery?
- What is the recovery from surgery like?
- What happens after I finish surgery?

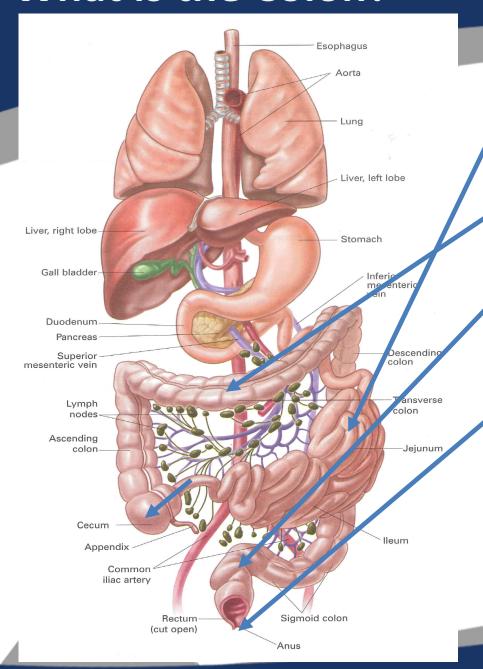
There are lots of variations!





#### What is the Colon?



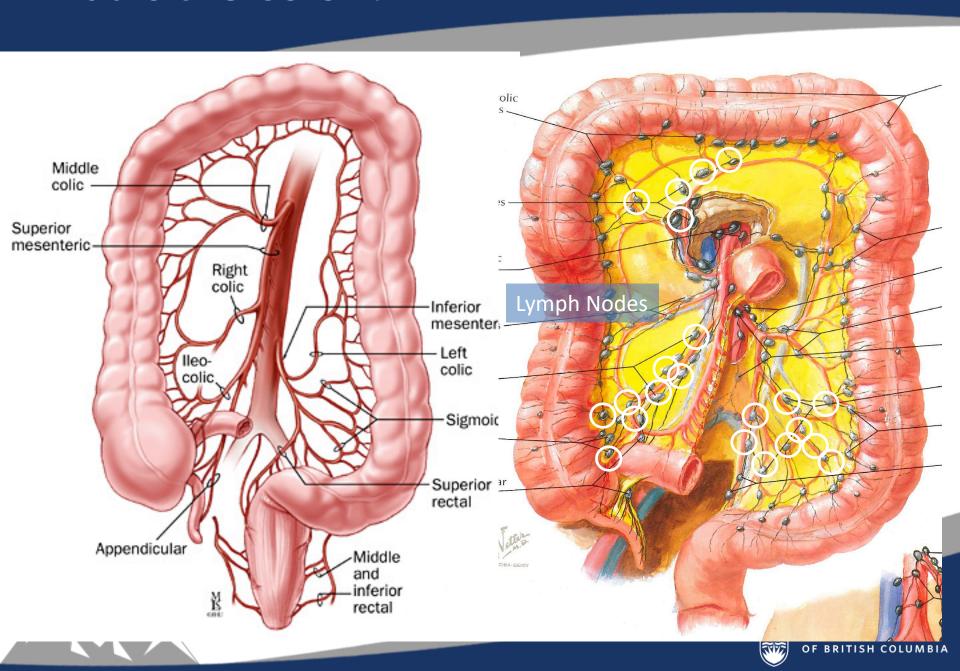


- Small intestine absorbs food
  Colon + Rectum =
  The "large intestine"
- Colon absorbs fluid from waste matter
- Rectum holds waste (stool) to be eliminated during bowel movement
- Anus is a short, complex muscle that holds stool inside until bowel movement
- Total length:
  - 1.5-2 metres (4-6 feet)



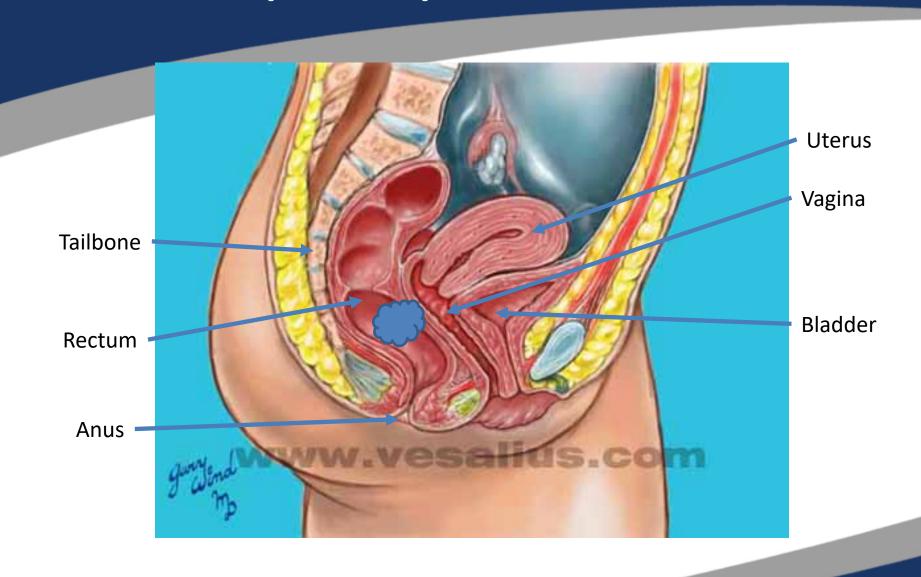
#### What is the Colon?





## The Rectum (Female)

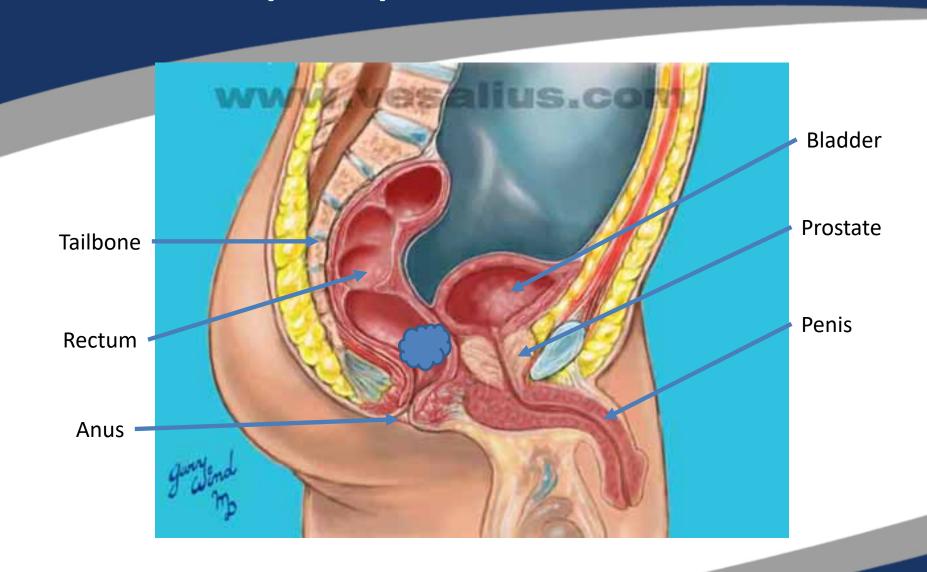






## The Rectum (Male)







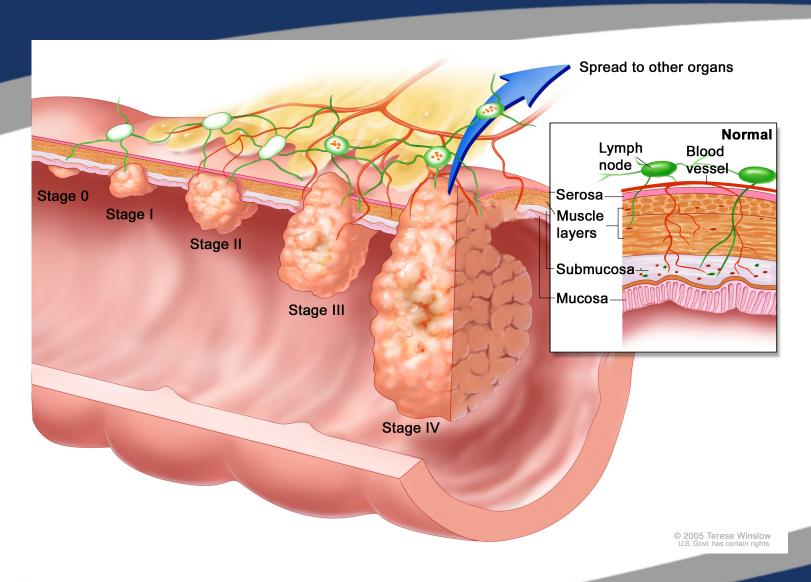


- 6-7% of people will get it
  - -2/3 colon cancer, 1/3 rectal cancer
- 4000 people in BC this year
- Preventable with screening
- Very curable if found early
- Cure rate drops when more advanced
- The "Stage" of the disease is important



## The Stage

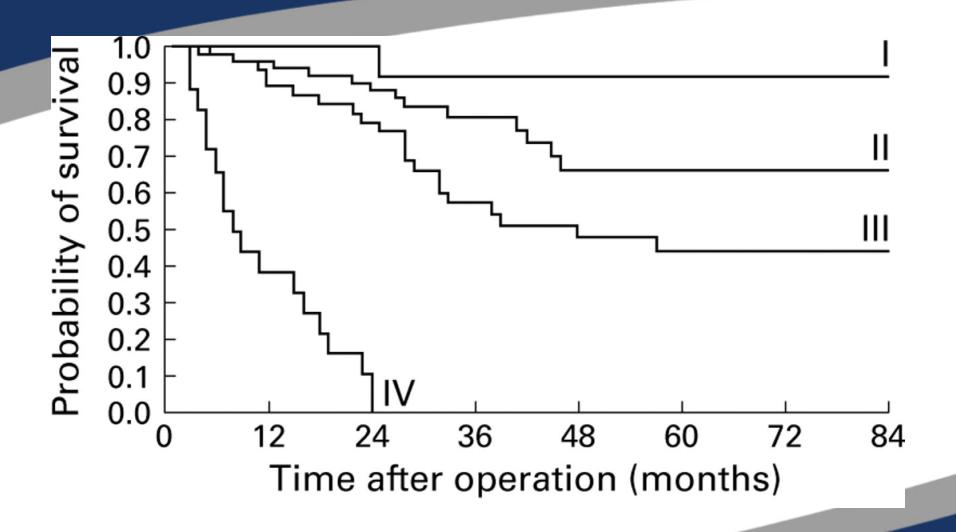








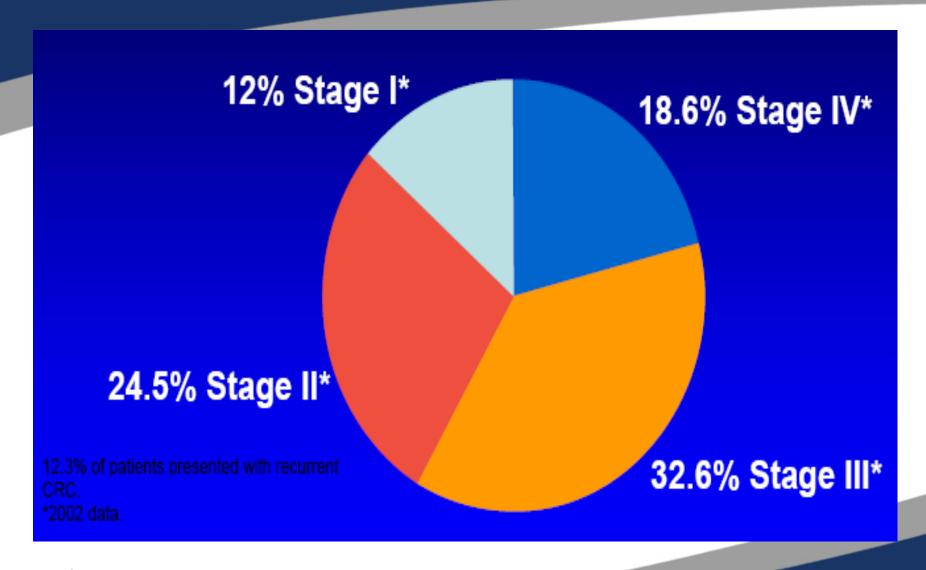










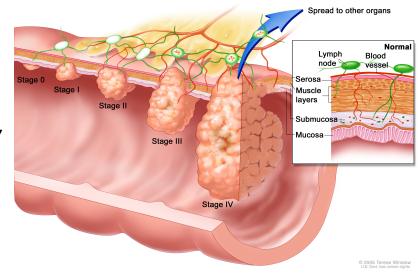








- Symptoms as the cancer grows and makes the colon narrow...
  - Bleeding with bowel movements
  - Change in bowel habits
  - Unexplained weight loss
  - Persistent cramping
- Test if symptoms: COLONOSCOPY
- There may be NO SYMPTOMS
  - SCREENING
  - bccancer.bc.ca/screening/colon

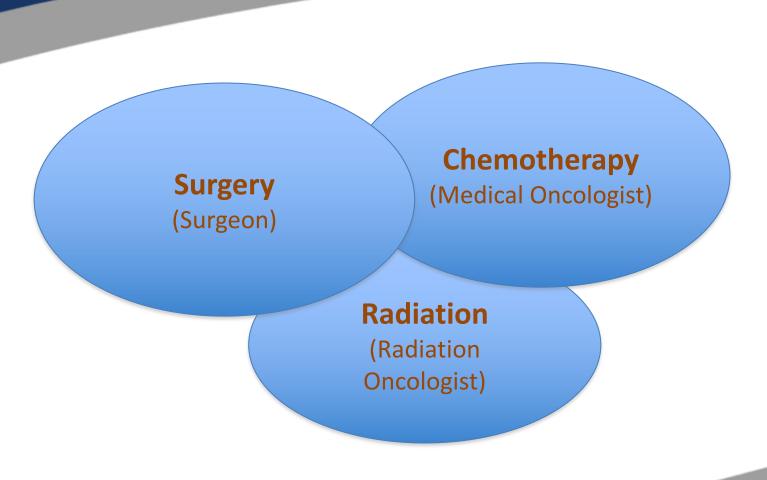






## **Principles of Treatment**









#### **Principles of Treatment**



- Surgery is the mainstay of curative treatment
  - Removal of the segment of colon or rectum with the cancer, and the lymph nodes around it
  - Reconnecting healthy ends of bowel (if

possible)







#### **Principles of Treatment**



- Chemotherapy
  - For advanced or high-risk tumours
  - After surgery (usually)
  - For killing cancer cells which may have already spread through the body before surgery
- Radiation
  - For some rectal cancers only
  - Before surgery (usually)
  - Reduces risk of the cancer returning after surgery



#### What can Surgery do?



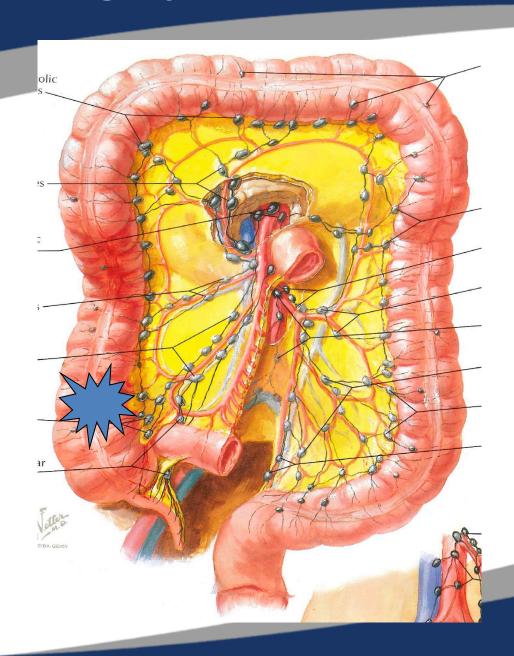
#### Goals

- -Cure the cancer
  - Completely remove tumour
- -Take away symptoms, even if not curable
  - Bowel blockage
  - Bleeding
  - Perforation



## What is the Surgery?

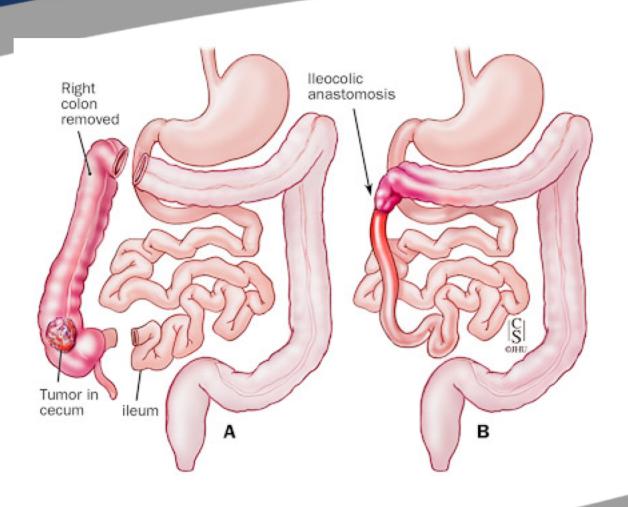






## Right Hemicolectomy (Colon Cancer)



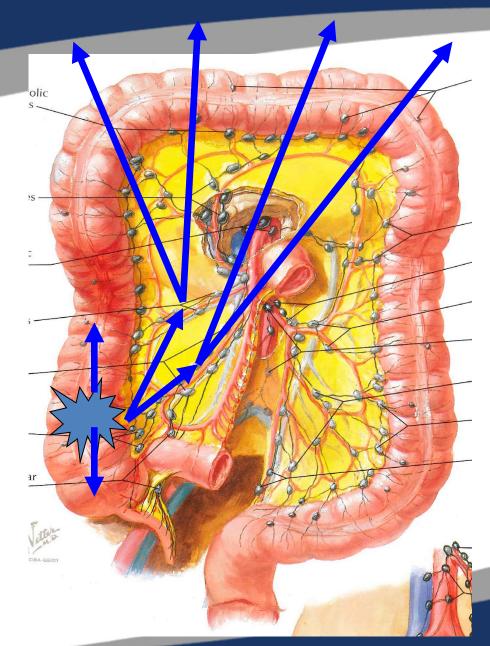






## Why do remove so much?

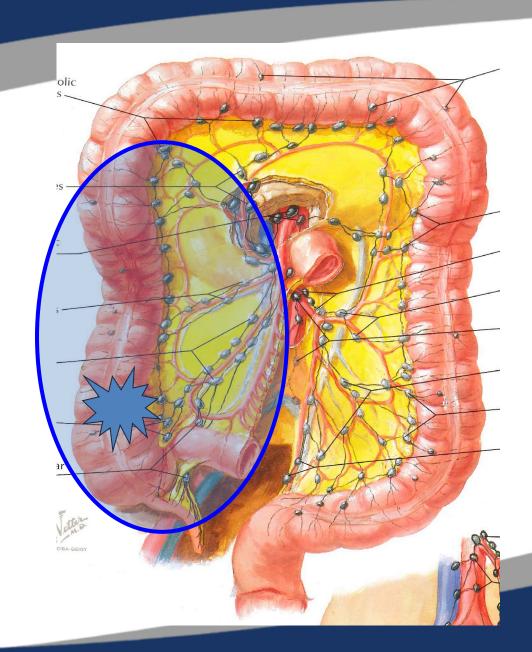






## Why do remove so much?

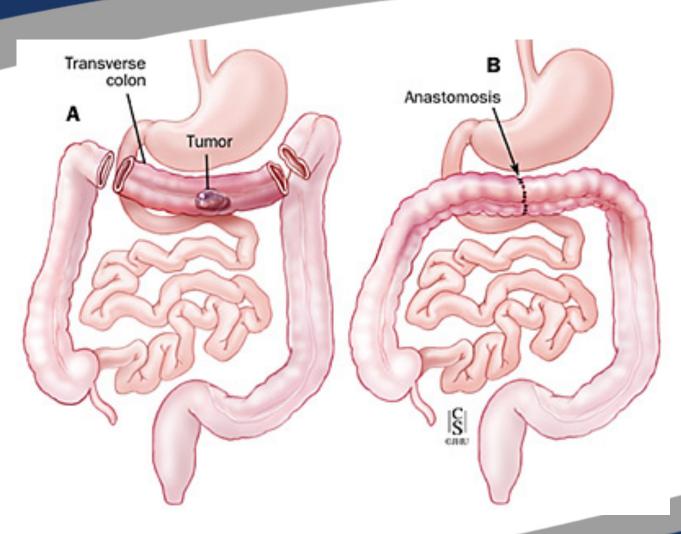






## **Transverse Colectomy (Colon Cancer)**

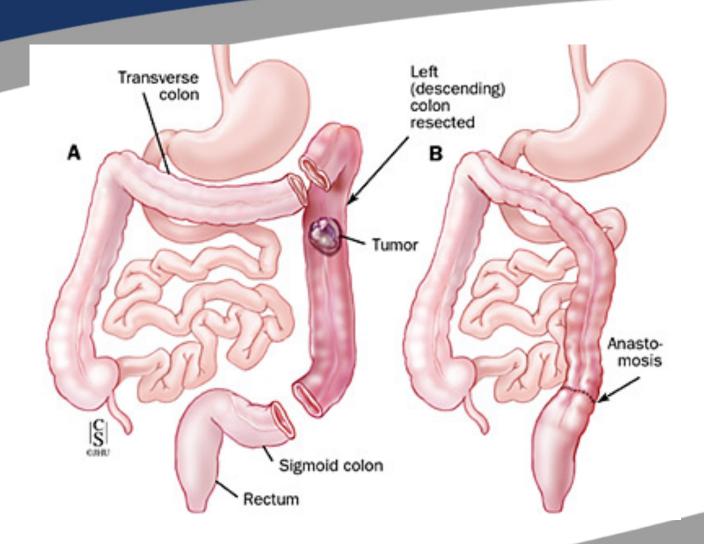






#### Left Hemicolectomy (Colon Cancer)



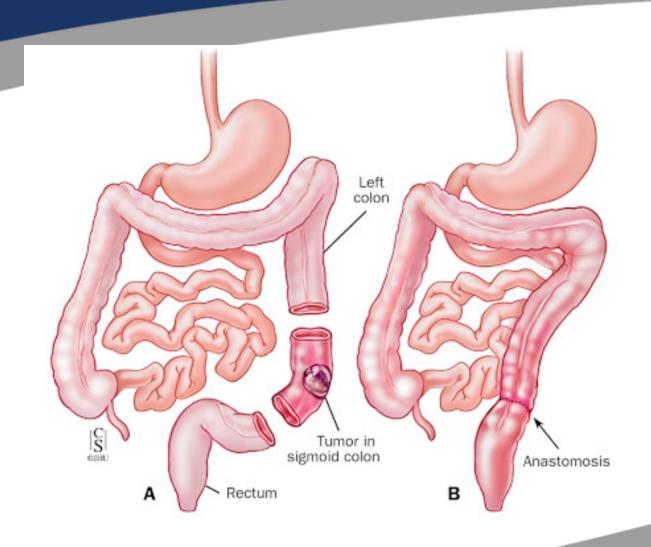






## **Sigmoid Colectomy (Colon Cancer)**



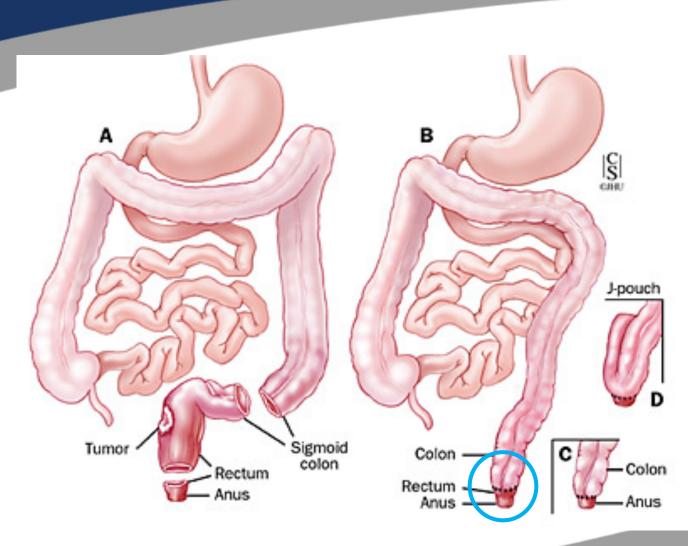






## **Anterior Resection (Rectal Cancer)**

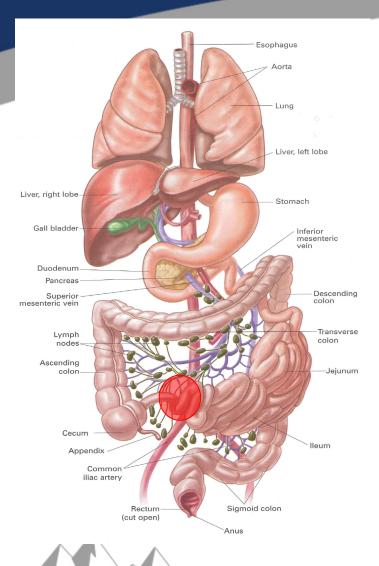






# Diverting "Loop" lleostomy (Rectal Cancer)









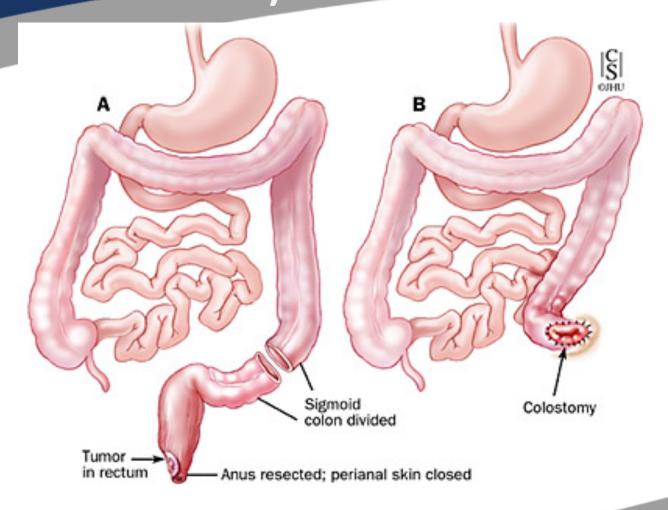






## **Abdominoperineal Resection (LOW Rectal Cancer)**









#### **Stoma**

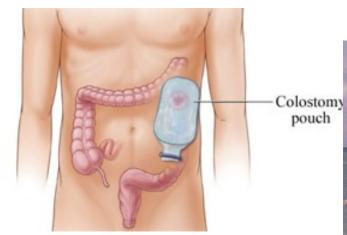


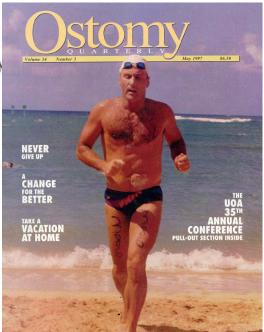
- Ostomy, colostomy, ileostomy, loop stoma
- Can be a difficult adjustment
- Eating and managing bowel movements can be difficult
- Adjustment may be easy or difficult
- Trained nurses to help teach and manage
- There can be problems





## **Stomas**











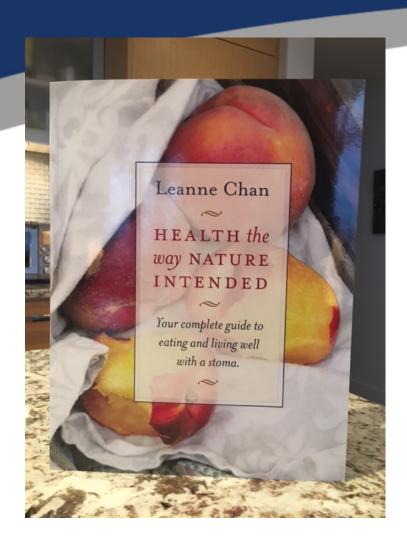






#### How do I eat with a stoma?





- Eat normally
- A few restrictions for everyone (stoma blockage)
- Eating patterns may be different (smaller, more frequent)
- Darren Pedersen & Leanne Chan





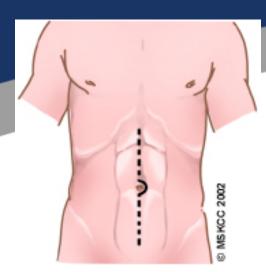


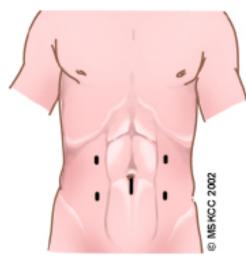
- Also known as "keyhole" surgery
- Multiple small incisions instead of 1 large incision
- Camera goes in 1 incision
- Instruments in other incisions
- Operate on a video screen

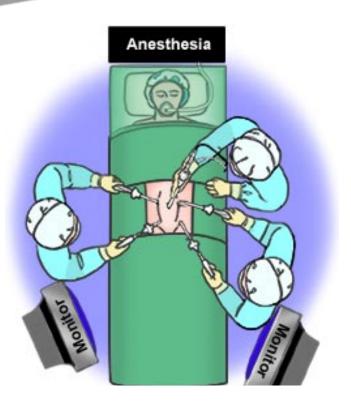


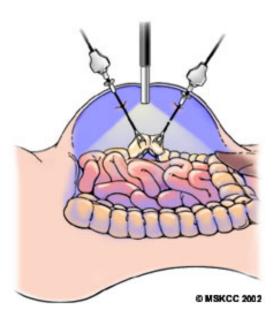






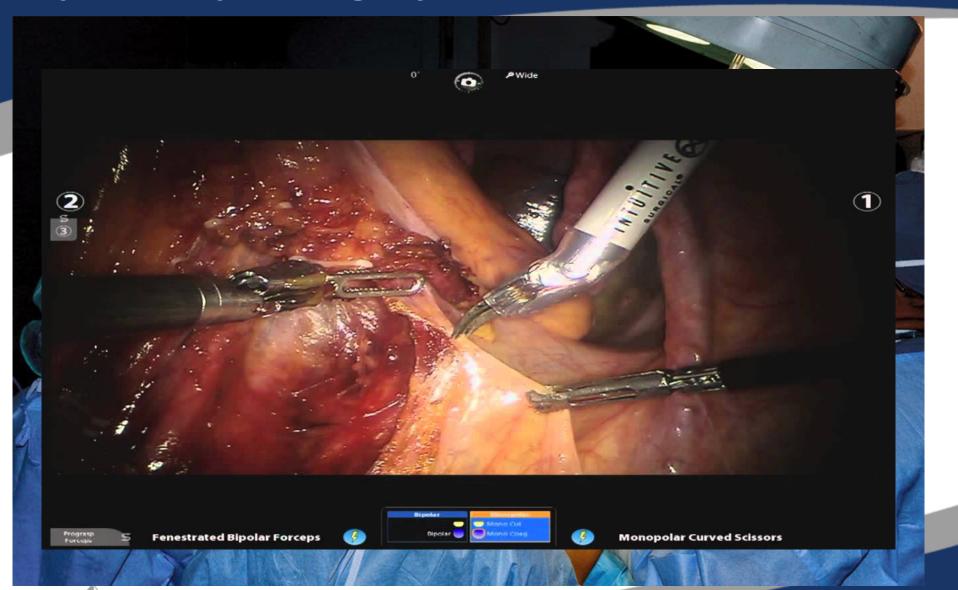
























- Less pain
- Shorter recovery, earlier discharge home
- Cosmetically appealling
- Not "better"
- Not appropriate for everyone
  - Previous abdominal operations (scar tissue)
  - Large tumour
  - Obese patient
  - Rectal cancer





#### What to Expect Before Surgery



- Consultation with surgeon (urgent)
- Goal: surgery within 4 weeks of seeing surgeon (all colon, not all rectal)
- No special diet or exercise
- Preop assessment clinic
- Instructions for bowel prep and other things







- Admit to hospital on day of surgery
- Surgery under general anesthetic (2+ hours)
- Early mobility and exercise (no holiday!)
- Usual hospital stay 3-5 days (can be longer)
- Go home when...
  - Eating solid food
  - Bowels working (or stoma working)
  - Only pills for pain (no IV)
  - Moving around well







#### Enhanced Recovery After Surgery (ERAS)

- Collaborative team of Surgeons, Anesthesiologists, Nurses,
   Dietitians, Physiotherapists, and Patients
- Standardization of pre-op care, preparation and education
- Reduce nausea and pain after surgery
- Early exercise and feeding

#### Why ERAS?

- Ensure patients receive best care
- Ensure patients are optimized for surgery
- Ensure patients recover as soon as possible
- Ensure complications are minimized as much as possible





- This is MAJOR surgery
  - Even if the incisions are small (laparoscopic surgery)
- You will be closely monitored
  - Frequent nursing visits
  - Frequent checks of blood pressure, heart rate
  - Visits with Physicians, Nurses, Dietitians, Physiotherapists







- Complications can happen
  - From minor to life-threatening
  - Surgery is a major physical stress
    - Heart, lungs, kidneys, liver
  - Bowel connections can fail (leak)
  - Infections and sepsis
- Discuss complications with your surgeon
  - Most patients won't decide to NOT have surgery based on complications
- Complications take LONGER to recover from



#### **After Leaving Hospital**



- You will be EXHAUSTED with even small tasks
- There will be good days and bad days
- Recovery to feeling 'normal' can take 4-8 weeks,
   or longer
- No lifting over 10 lbs for 8 weeks (hernia)
- Bowel habits may evolve over the next year
  - May be very frequent or unpredictable initially
  - More challenging with rectal cancer surgery
- The incision may change over the next year



#### **After Leaving Hospital**



- Early visits with your surgeon
  - Monitor recovery from surgery
  - Review the "pathology" to decide about
    - chemotherapy after surgery
    - followup

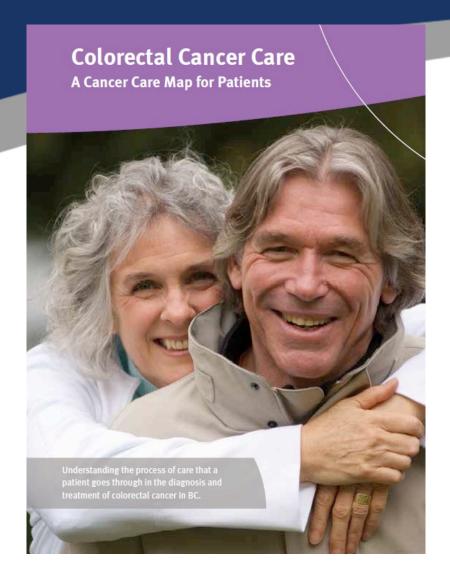
- Close followup to catch recurrences early
- 'Surveillance' tests for 5 years





#### **Colorectal Cancer Care Maps**





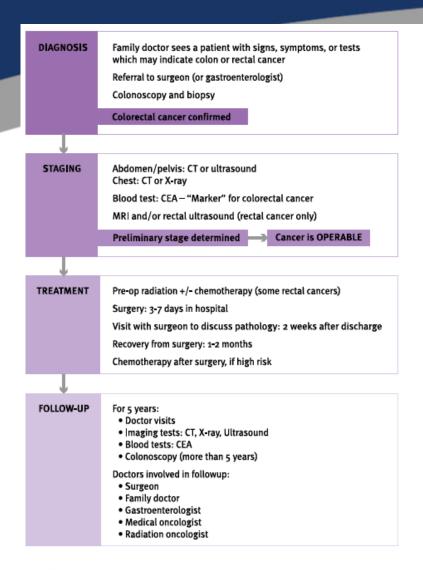
 Developed by St. Paul's colorectal surgeons and BC Cancer Agency

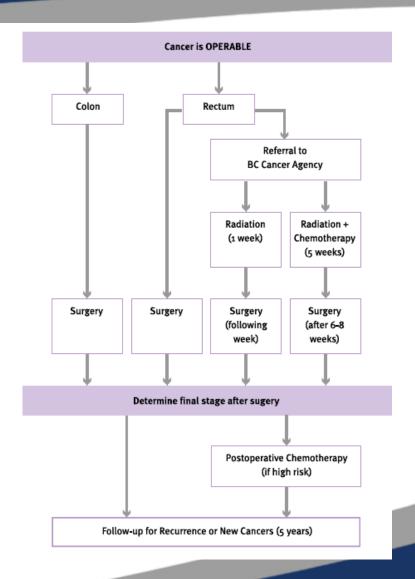




#### **Colorectal Cancer Care Maps**



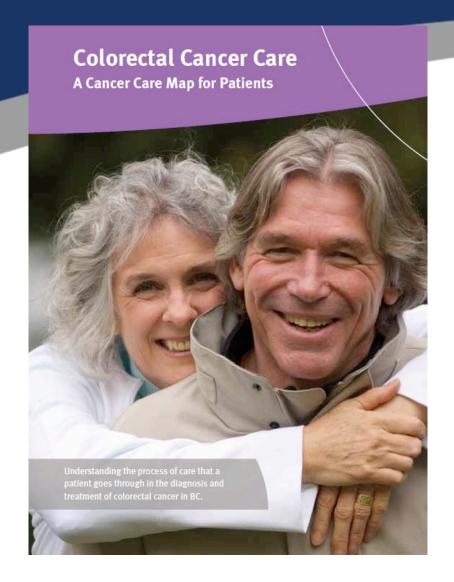






#### **Colorectal Cancer Care Maps**





 Developed by St. Paul's colorectal surgeons and BC Cancer Agency

 Google search: colorectal patient care maps BC





## THANKS FOR ATTENDING! SPREAD THE WORD ABOUT SCREENING!

St. Paul's Hospital Colorectal Surgery
Manoj J. Raval, MD, MSc, FRCSC

Colorectal Cancer Public Symposium
March 12, 2018, 6:30pm, St. Paul's Hospital Cullen Theatre

Registration: sph-colorectalcancersymposium.eventbrite.com



