

What happens next?

A guide for patients with suspected diagnosis of bowel or rectal cancer

Being diagnosed with cancer is a big deal. Once you hear the news, it can be difficult to take in information or ask questions. If you had sedation for your colonoscopy you may not remember much of what was said to you.

This information sheet aims to help you and your whānau know what to expect over the next few weeks, before you meet with a specialist to discuss treatment.

Your whānau can attend all your appointments with you.

Do I definitely have cancer?

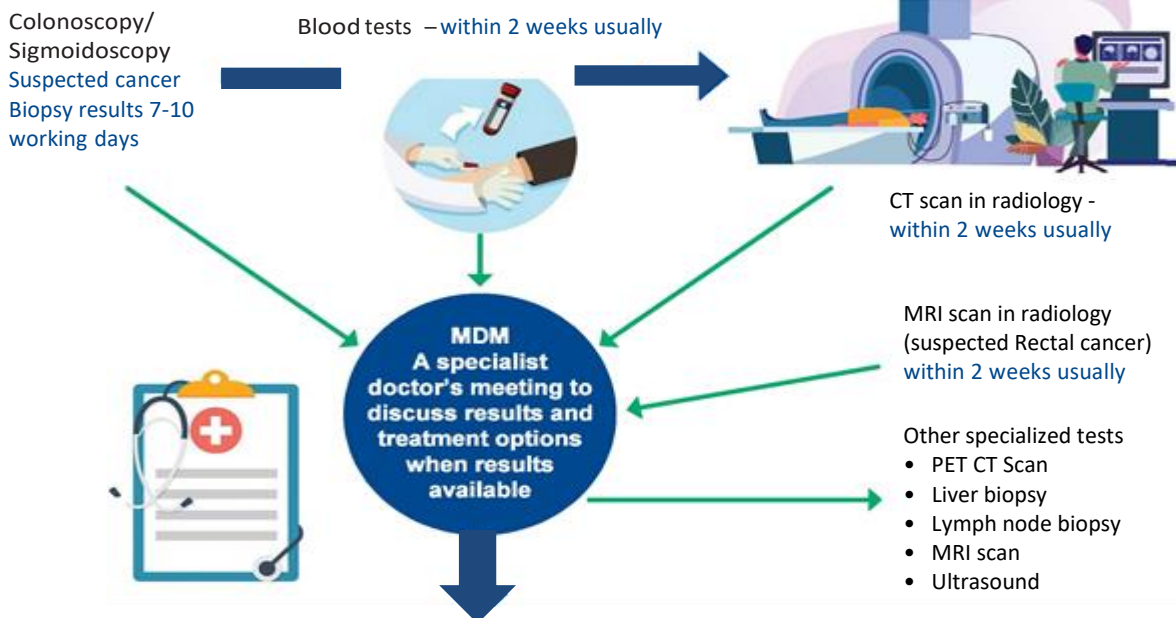
This is a question this generic information sheet can't answer. The doctor will have explained what they think based on what they saw during your colonoscopy.

Biopsy results are available within 7-10 days and usually confirm what we suspect.

How bad is it?

To answer this, we need more information about the cancer. This is called staging. Staging gives us more information about whether the cancer has spread elsewhere in your body. Knowing the stage of your cancer gives information about your chances of cure or survival, and helps us plan the right treatment for you. Staging can include a CT, MRI, PET CT and blood tests.

What tests do I need? How long will they take?



When will my results be discussed with me?

Once all your tests are completed you will see a specialist in an outpatient clinic to discuss your results. This is usually two or three weeks after your colonoscopy. Your GP will also get copies of all your results.

What treatment will I need?

This depends on the results from your biopsies and staging. Many people are offered surgery to remove the affected part of their bowel. Rectal cancers often need radiation treatment before surgery. Not everyone needs chemotherapy, some cancers may be cured with surgery alone. If needed, chemotherapy may be offered before or after surgery.

Rarely early cancers can be removed without surgery.

If the bowel cancer has spread then surgery may not be possible. If this is the case you may be referred to an oncology doctor to discuss chemotherapy.

Who can I call if I have questions?

We have a specialist nurse to help look after patients diagnosed with colorectal cancer. You can contact them during working hours at any time. Usually our nurse will contact you within a day or two of your colonoscopy.

Sara Farrant RN, MNSc
Colorectal Clinical Nurse Specialist
General Surgery
Mobile: 027 263 5192
Email: sara.farrant@ccdhb.org.nz

What support is available?

It is normal to feel upset, anxious or worried when you have a suspected diagnosis of bowel or rectal cancer. If you are finding that you are very worried or upset, or if your symptoms are making it difficult for you to work or enjoy the things you usually do, there is support available.

Cultural support, spiritual support, social work and psychology are all available through the hospital. Ask your nurse specialist to refer you to these services if you think you may need them.

We have a Māori Nurse Specialist who can help support you and your whānau when you have a suspected diagnosis of cancer. You can contact her during working hours at any time.

Nadine Gray RN, MHSc
Te Whakatōhea
Māori Cancer Nurse Coordinator
Mobile: 027 244 0852
Email: Nadine.Gray@ccdhb.govt.nz

The Cancer Society is a free service and can answer many of your questions about cancer, they can also provide you with counselling support if that would be helpful for you. You can call them on 04 389 8421 or 0800 226 237 (0800 CANCER) to make an appointment.

Is it faster to go privately?

Waiting for tests and results can make people feel very anxious and worried that the cancer is growing. Please be confident that the public system will care for you well. Bowel cancers grow very slowly. The few weeks that it takes to get all the information we need to plan your treatment will not compromise your outcome in any way.

What does this mean for my children?

Bowel cancer is common and in most cases your children will not be at increased risk.

If you are diagnosed at a younger age (before 55), your first degree relatives (children, siblings and parents) will be advised to have a colonoscopy starting when they are aged ten years younger than your age at diagnosis.

If you have first and second degree (grandparents, aunts and uncles) relatives who have bowel or related cancers (endometrial, ovarian, gastric, bladder) then there may be a higher risk in your family and you may need specialist assessment. This is something you can discuss with your specialist.

Where can I get more information?

NZ Cancer Society www.cancersociety.org.nz
Bowel Cancer NZ www.bowelcancernz.org.nz
Cancer Research UK www.cancerresearchuk.org/about-cancer/bowel-cancer
NZ Familial Gastrointestinal Cancer Service www.nzfgcs.co.nz