

Follow-up – questions to be asked.

### 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 future diet and lifestyle.

### Will I be Cured of the Cancer?

There is 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 (for example, chemotherapy) 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 slightly higher 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 6 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 and New Zealand and the National Health and Medical Research Council of the Australian Government.

These recommendations involve:

1. A review every 6 months for the first five years.
2. Yearly review thereafter.

### Will Special Tests be Done?

For a rectal (low bowel) cancer, the surgeon will usually perform a digital rectal examination and a sigmoidoscopy at each visit to view the bowel join. For all patients, the surgeon will usually recommend another colonoscopy (total examination of the large bowel) around 1-3 years after surgery. This will be done earlier (around 6 months) if a complete colonoscopy wasn't done at the time of diagnosis. If this colonoscopy is normal your surgeon will recommend a colonoscopy every 3-5 years. If there are any polyps (pre-cancerous lesions) seen during the colonoscopy these will be removed and, depending on the number and type of polyps, it may be recommended that you have colonoscopies every 1-3 years until the colon is clear of polyps.

A blood test (CEA - carcinoembryonic antigen) is used by some surgeons and can provide useful information about the likelihood of the cancer returning. This is often done every 6 months for the first 5 years.

Some surgeons arrange for a CT scan at various intervals after surgery. This is an effective way to identify cancer recurrence (for example, in the liver) before it causes any symptoms. Sometimes, if cancer recurrence is identified early it can be successfully treated.

### For How Long Should I Continue to be Checked?

The Colorectal Surgical Society of Australia and New Zealand recommends that a patient should be followed-up by the surgeon for as long as the patient 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 and New Zealand and the National Health and Medical Research Council of the Australian Government.

1. A review at regular and frequent intervals (3-6 months) for five years. These visits may include digital and sigmoidoscopic examination depending on the aspects of your case.
2. Early post-operative colonoscopy if colonoscopy or barium enema had not been performed before the operation.
3. Colonoscopy every 3-5 years.
4. Regular CEA measurement and CT scanning should be considered as they provide useful clinical information.

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

### Colorectal Surgical Society of Australia and New Zealand (CSSANZ)

*Members of the Society are surgical specialists practising exclusively in colorectal surgery - the management of diseases of the large bowel (colon), rectum, anus and small bowel. After completing general surgery training they have completed a further period of training and research in colorectal surgery. The Society's mission is the maintenance of high standards in colorectal surgery and colonoscopy in Australia and New Zealand through the training of colorectal surgeons and the education of its members, and to promote awareness, prevention and early detection of colorectal diseases in the community.*

*The CSSANZ Foundation is a trust with a board of governors whose objective is to support high quality research projects for colorectal surgeons in training and our members. Donations to the CSSANZ Foundation are fully tax deductible in Australia and can be sent to:*

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