Irish Cancer Society

Understanding

Bowel (colorectal) and anal cancer

Caring for people with cancer

Understanding

Bowel (colorectal) and anal cancer

This booklet has information on:

- Treatment
- Side-effects and how to manage them
- Coping with the emotional side of cancer
- Financial and practical matters

Useful numbers

Specialist nurse

Surgeon

Medical oncologist

Radiation oncologist

Stoma / colorectal nurse specialist

Medical social worker

Family doctor (GP)

Emergency

Hospital records number (MRN)

Contents

Fast facts

Can my cancer be treated?

Yes. There are treatments for all stages of cancer, and new treatments are being developed all the time. Your doctor will discuss with you what treatments will be of most benefit to you. See page 35 for bowel (colorectal) cancer treatments and page 42 for anal cancer treatments.

Will I be OK? Page 27

What is likely to happen to you (your prognosis) is hard to predict. It depends on a lot of things, and everyone's prognosis is different. Your doctor can talk to you about what is likely to happen in your situation.

What treatments are used? Page 59

Surgery: An operation to remove the cancer (see page 61).

Chemotherapy: Drugs to slow down and control the growth of cancer (see page 71).

Radiotherapy: Using high-energy rays to kill cancer cells and shrink tumours (see page 83).

Chemoradiation: Having radiotherapy and chemotherapy together.

Targeted therapies: Drugs that specifically target a change in the tumour's DNA to stop the cancer growing (see page 81).

Immunotherapy: Drugs that help your immune system to recognise and attack the cancer cells (see page 82).

Will I get side-effects? Page 107

Most treatments cause some side-effects, but these usually get better after treatment has ended. If you have surgery, an opening (stoma) is sometimes made in your tummy and your poo will pass through this opening into a bag worn outside your body. It's usually temporary but may be permanent, depending on the surgery you have.

Read about the different treatments to learn more about their possible side-effects.

There are treatments to help with most side-effects, so tell your doctor. Don't suffer in silence!

Clinical trials Page 89

Clinical trials are research studies that try to find new or better ways of treating cancer or reducing side-effects. Ask your consultant if there are any trials suitable for you.

We're here for you Page 145

If you or your family have any questions or worries, want to know where to get support, or if you just need to talk, you can talk to one of our cancer nurses.

Ways to get in touch

- Call our Support Line on 1800 200 700
- Drop into a Daffodil Centre.
  Email daffodilcentreinfo@irishcancer.ie to find your local Daffodil Centre.
- Email us: supportline@irishcancer.ie

See page 145 for more about our services.

Reading this booklet

This booklet is for anyone with a diagnosis of bowel (colorectal) or anal cancer. For information about your cancer type see:

Page 29 for information about **bowel cancer**

Page 39 for information about **anal cancer**

This booklet is to help you throughout your cancer treatment and afterwards. You will probably find different sections useful at different times, so keep it for reference.

If you need more information or don't understand something, ask your doctor or nurse. You can also ask one of our cancer nurses:

- Call our Support Line on Freephone 1800 200 700
- Visit a Daffodil Centre
- Email the nurses at supportline@irishcancer.ie

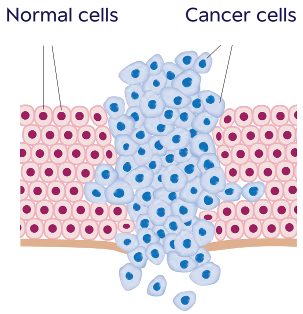
About our information

While we make every effort to ensure the information in this booklet is correct and up to date, treatments and procedures in hospitals can vary.

You should always talk to your own medical team about your treatment and care. They know your medical history and your individual circumstances. We cannot give advice about the best treatment for you.

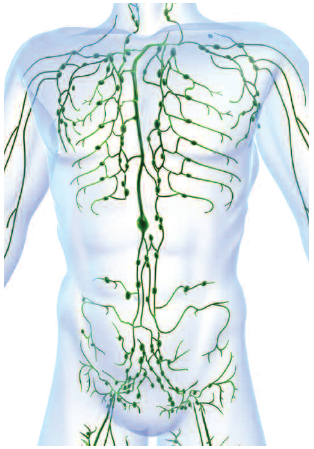
About cancer

What is cancer?



- **Cancer is a disease of the body's cells**
  Cancer cells are abnormal cells that grow without control. They can form a lump (tumour).
- **Cancers are named after the organ or cell where the cancer starts**
  Colon cancer starts in cells in your colon. Rectal cancer starts in cells in your rectum. Anal cancer starts in cells in your anus.
- **Cancers sometimes spread**
  If a tumour is cancerous (malignant), a cell or group of cells can be carried by your blood or lymph fluid to another part of your body, where it can form a new (secondary) tumour. This is called metastasis. Sometimes cancer cells spread into nearby lymph nodes.

What is the lymphatic system?



- The lymphatic system is part of our immune system, which protects us from infection and disease and removes extra fluid and waste from the body's tissues.
- It is made up of lymph nodes connected by tiny tubes called lymph vessels.
- Lymph nodes are found mainly in the neck, armpit, groin and tummy.
- If cancer cells spread into lymph nodes or cancer starts in the lymph nodes they can become swollen.

What caused my cancer?

We don't know exactly what causes many cancers, but there are things that can increase your risk of getting cancer. If you want to know more about why cancer happens or to learn about risk factors for bowel or anal cancer, see our website **www.cancer.ie** or talk to a cancer nurse – call our Support Line or visit a Daffodil Centre.

Genetic testing

If there is a history of bowel conditions or bowel cancer in your family, your family may be referred to a genetics service. Here their risk can be assessed and, if necessary, they can be checked for inherited gene changes that may increase the risk of cancer or other conditions.

Preparing for your hospital appointments

Preparation is key to getting the most out of your hospital appointments. Being prepared also helps the doctors and nurses get the information they need to plan your care.

Before your appointment

- Write down a list of questions and things you would like to discuss.
- Know where you are going and plan your journey (build in extra time for unexpected delays, such as parking).
- Dress in warm comfortable clothes and shoes – sometimes you can be waiting around for a while. Layers are best, as the temperatures in hospitals can vary a lot. Loose-fitting clothing will be easier to manage if you are having your blood pressure taken, blood tests or a physical examination.
- Try to drink clear fluids (water or juice without pulp) if you are having a blood test and you aren't fasting. This can make it easier for the nurse or doctor to find a vein.
- Check with the hospital if it is okay to bring someone with you. Ask a friend or family member to go along for extra support.

What to take to your appointment

Put together a list of things you might need to bring for your visit, including:

- Your medical card, if you have one
- Your private health insurance details, if you have insurance
- The appointment letter from the hospital, if you got one
- A referral letter or GP letter, if you got one
- Your GP's name and contact details
- Your medical history – your doctor will likely ask you lots of questions so it's a good idea to have everything written down beforehand
- Your list of questions
- A notebook and pen to take notes. (Some healthcare professionals/nurses may be happy for you to record the meeting, but make sure you ask for their permission before doing so)
- A list of your medications or the medication itself – ask your pharmacist to print off a list of your medications. Hand-written lists can be hard to read or inaccurate
- Be aware of when your prescription is due, so you can ask for a prescription before you leave, if needed
- Medications and any medical supplies you may need that day, in case you are delayed
- A light snack and drink if you are likely to have to wait for some time. (Make sure you are not meant to be fasting – check with the hospital beforehand if you are not sure)
- Your phone and your phone number
- Contact details of the person to call in an emergency
- Your glasses and hearing aid, if you use them
- A book or something to listen to (including headphones) to pass the time while you wait

Before leaving the appointment

- Make sure you feel satisfied that your questions were answered and that you have written down what you need to know
- Make sure you know what will happen next
- Ask for the name or number of someone you can contact in case you have further questions
- Ensure you are booked in for your follow-up appointment before you leave, if required

After the appointment

- Arrange any tests in advance of your next appointment as soon as you can, for example, a blood test – if your healthcare professional has asked for it

It's important to go to your appointments

If you can't go to your appointment, contact the hospital as soon as possible and ask them for a new appointment. Contact your GP if you have any trouble getting an appointment.

Questions to ask your doctor

Here is a list of questions that you might like to ask. Try not to be shy about asking questions. It's better to ask than to worry.

What tests will I need?

Will I have to stay in hospital for the tests?

How long will I have to wait for the test results?

At what stage is my cancer?

What type of treatment do I need?

What type of surgery do I need? Why is this one better for me?

How successful is this treatment for my cancer?

How long will treatment last?

What are the risks and possible side-effects of treatment?

How long will it take me to get over the effects of treatment?

Do I have to eat special foods?

Who do I contact if I have a problem when I go home?

What support services are available to help me cope with my cancer?

Diagnosis and tests

Being diagnosed with cancer

Hearing that you have cancer can be a huge shock. You may be feeling:

- **Upset and overwhelmed** by your emotions
- **Confused** by all the information being given to you
- **Worried** about what will happen next
- **Angry** that this is happening to you

If you need to talk to someone, or if you want support or advice:

- Ask to speak to the cancer (oncology) liaison nurse or the medical social worker at the hospital. They can help you and your family to cope with your feelings and advise you about practical matters
- Talk to one of our cancer nurses in confidence – visit a Daffodil Centre or call our Support Line on 1800 200 700. You can email the nurses at supportline@irishcancer.ie
- Speak to an Irish Cancer Society Peer Support volunteer who has had a similar cancer experience and is fully trained to provide emotional and practical cancer support in a safe, responsible and kind way. Our cancer nurses can put you in touch with a volunteer.
- Go to your local cancer support centre. For more information, see page 152.

However you feel, you are not alone.

> A cancer diagnosis can be hard on you – mentally and emotionally. Give yourself time and space to deal with your emotions and get help if you need it.

Telling people about your diagnosis

Telling people about your diagnosis can help you to get support from friends and family. But you may feel you don't want to tell people straight away. You may be unsure how to break the news or need a little time to adjust. You may also worry about how other people will react. For example, they may fuss over you or be upset.

If you would like to talk things over with a cancer nurse, call our Support Line on 1800 200 700 or visit a Daffodil Centre. You can also ask for a copy of our booklet ***Understanding the emotional effects of cancer***. It can help you find ways to talk about your cancer and to ask for the help and support you need.

What tests might I have?

- Tests you may have include a CT scan, MRI scan, PET scan, ultrasound scan and blood tests.
- The tests will tell your medical team more about your cancer and help them to decide on the best treatment.

You might need more tests after your diagnosis. The tests give doctors more information about your cancer. Some tests may also be used to see how well you are responding to treatment.

Tests you may have include:

CT scan of thorax, abdomen and pelvis

This is a special type of X-ray that gives a detailed 3D picture of your chest area (thorax), abdomen and pelvis. You might be asked to fast (not eat) for a few hours before the test. You may also be given an injection or a special drink to help show up parts of your body on the scan. The injection may make you feel hot all over for a few minutes.

During the scan you will lie on a table which passes through a large ring-shaped machine. Your head won't be closed in – the scanner is open on both sides. The scan is painless and takes between 10 and 30 minutes. You should be able to go home as soon as the scan is over.

MRI scan

This is a scan that uses magnetic energy and radio waves to create a picture of the tissues inside your body. This type of scan is usually used to give doctors more information about rectal or anal cancers. It also very sensitive for looking at the liver.

MRI scans can produce images from different angles all around the body. You will need to complete a form before the test to ensure that it is safe for you to have a MRI scan.

During the scan you cannot wear metal jewellery. If you have any medical device in your body, like a pacemaker or metal pin, you may not be suitable for the test. You might get an injection before the scan to show up certain parts of your body.

During the test you will lie inside a tunnel-like machine for around 30 minutes, although it can take longer. Some people are afraid they will feel claustrophobic inside the tunnel. Tell the radiographer if you're feeling anxious.

An MRI can also be noisy, but you will be given earplugs or headphones to wear. It is important that you keep as still as possible during the scan.

Usually you can go home soon after the scan. You shouldn't need to stay in hospital.

CT colonography – virtual colonoscopy

In some hospitals you may be offered a CT colonography. This builds up a detailed picture of the tissues inside your bowel. This may be used if you are not able to have a colonoscopy and will be part of the planning stage before bowel cancer surgery.

You will be given instructions on how to prepare your bowel for this test. It may involve dietary restrictions 1-2 days before the test. You will be given instructions on cleansing your bowel and drinking a small amount of contrast (dye) to ensure it captures clear images and accurate results.

On the day of the test a small flexible tube is placed in your rectum to gently inflate the colon with carbon dioxide or air. The scan is quick and painless and usually lasts around 15 minutes. You may be asked to hold your breath and turn a few times during the scan.

Ultrasound scan of abdomen or back passage

Ultrasound uses sound waves to build up a picture of the tissues inside your body. First a gel is spread on the area to be scanned.

A small device like a microphone is passed over your tummy for the abdomen scan or into the back passage for an anorectal scan. A picture is then made by a computer.

An ultrasound of your back passage (anorectal ultrasound) can be uncomfortable or may cause you some pain, depending on where the tumour is. You will have an enema to clear out your back passage before an anorectal scan. This is a liquid-filled pouch with a nozzle on the end. You put the nozzle into your back passage and squeeze so that the liquid goes into your body.

PET scan

A PET scan can show if the cancer has spread to other tissues and organs. A low dose of radiotracer (radioactive sugar) is injected into your arm. An hour or so later you will have a scan. The PET scan uses the radiotracer to highlight cancer cells in the body. You may have to travel to a specialist centre to have a PET scan, as not every hospital has these scanners.

Before the scan, you may have to fast (not eat) and drink only plain unflavoured water for a few hours. You may also be asked to avoid strenuous exercise the day before and the morning of the scan.

During the scan, you will lie on a table that moves through a scanning ring. The scan usually lasts between 20 and 60 minutes. You will be asked to stay still during the scan.

You will be slightly radioactive after the PET scan, so you will be advised not to have close contact with anyone who is pregnant, babies or young children for a few hours after the scan.

Drink plenty of fluids and empty your bladder regularly after the scan; this can help flush the radiotracer from your body.

CEA test

This is a blood test that can look for substances in your blood produced by the cancer. It can be used to show how well your cancer is responding to treatment as part of your follow-up care.

Waiting for test results

It usually takes at least 2 weeks for all the test results to come back. Naturally, this can be an anxious time for you. It may help to talk things over with the specialist nurse or with a relative or close friend. You can also call our Support Line on 1800 200 700 or visit a Daffodil Centre to speak to a cancer nurse.

Staging and grading cancer

- Staging cancer means finding out where the cancer is in your body, how big the tumour is and if the cancer has spread to other areas of your body.
- Grading means looking at the cancer cells to see how they might grow.
- Staging and grading help your doctor to plan the best treatment for you.
- Your prognosis is what your doctor expects to happen with your cancer.

The tests you have after diagnosis help the doctor to give your cancer a stage and a grade. Staging describes where the cancer is, how big the tumour is and if the cancer has spread to other areas of your body. Grading describes how the cancer might behave.

Knowing the stage and grade of your cancer helps your doctor to plan the best treatment for you.

What is TNM staging?

There are different ways to describe the stages of cancer. The staging system normally used is called TNM. This stands for:

Tumour (T): Describes the size of the tumour and how deeply it has grown into your bowel or anus.

Nodes (N): If there is cancer in your lymph nodes. N0 means no lymph nodes affected, N1 means 1-3 lymph nodes are affected and N2 means 4 or more nodes affected.

Metastasis (M): If the cancer has spread to other parts of your body. M1 means the cancer has spread and M0 means it hasn't.

Your doctor often uses this information to give your cancer a number stage – from 1 to 4. In general, the lower the number, the less the cancer has spread.

See page 34 for more about bowel cancer stages and page 41 for more about anal cancer stages.

Grading cancer

The grade means how fast a cancer might grow and spread. A low-grade cancer (grade 1) may grow more slowly and is less likely to spread than a higher-grade cancer (grade 2 or 3).

Asking about your prognosis

Your prognosis includes information about how your cancer is likely to progress, including average survival times or life expectancy.

It's not always easy for doctors to answer a question about life expectancy. We are all individuals, so what happens to you might be quite different from what the doctor expects.

Should I ask about my prognosis?

If your prognosis is better than expected, you may feel more hopeful about your illness and your future. You may feel more in control by having as much information as possible. Or you may not want to know about your prognosis. You may prefer not to think about the future too much or you may worry how you will cope if you get bad news.

If you decide you want information on your prognosis:

- Think carefully about how you will cope with the information before asking for your prognosis.
- Get information on prognosis from your doctor. They know your individual circumstances. Your doctor can also support you in understanding the information and answer any questions you have.
- Ask a friend or family member to go with you, if you would like some support
- Be careful with online information. It may be hard to understand or it may be incorrect. Also, the information may not really apply to your situation or to your particular cancer type. Ask your doctor or nurse specialist for recommended websites.
- Accept that you will need some time to think about what you have been told. You may forget some things or there may be things you didn't understand. You may need to talk to your doctor or nurse again after you have thought about everything.

If you feel upset or anxious about your prognosis, you can get support from friends, family or your hospital team. You can also call our Support Line on 1800 200 700, visit a Daffodil Centre or email supportline@irishcancer.ie. Our cancer nurses can give you support, information and advice. They can also tell you about free counselling and other services that can help you.

About bowel (colorectal) cancer

What is the bowel?

The bowel is part of your digestive system. It can be divided into 2 parts:

The small bowel

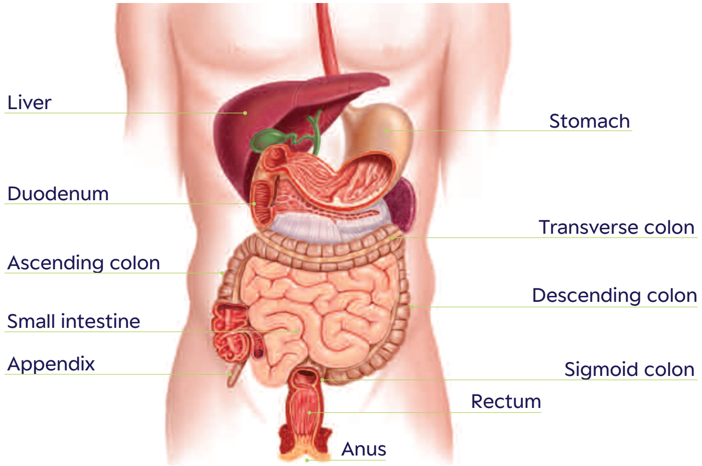
This is made up of the duodenum, the jejunum and the ileum. Cancer rarely happens in the small bowel.

The large bowel

This is made up of the colon, rectum and anus. The colon is about 5 feet (1.5 metres) long. It is divided into 4 sections: ascending colon, transverse colon, descending colon and sigmoid colon.

When you eat, the food goes into your stomach and passes through into the small bowel, which takes in nutrients from the digested food. It passes into the large bowel, which absorbs water and salts.

The waste matter that is left is stored in your rectum (back passage) until ready to pass out of your body through your anus. This waste material is known as poo, faeces or stools.



The digestive system

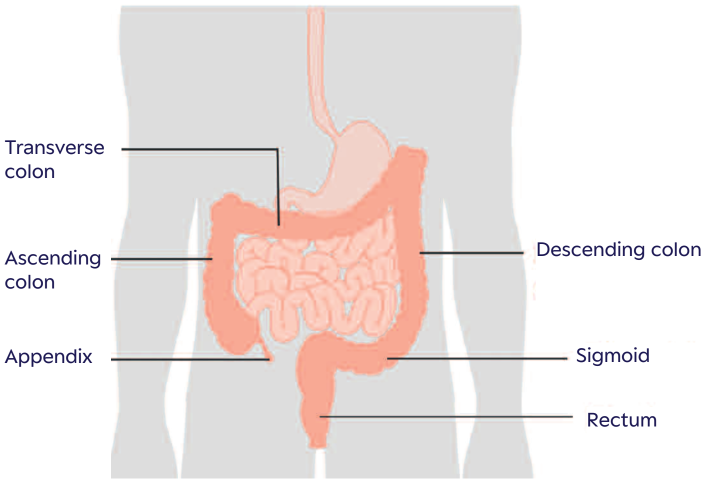


Image courtesy Cancer Research UK/Wikimedia Commons

What is bowel (colorectal) cancer?

When cancer happens, cells in your bowel change and start to grow faster than normal.

- **Colon cancer** is when cancer develops in the colon.
- **Rectal cancer** is found very low down in the bowel close, to the anus. It can be treated differently to cancer of the colon

For information on anal cancer, please go to page 39

How common is bowel cancer?

Bowel cancer is one of the most common cancers in Ireland. Around 2,500 people are diagnosed with bowel cancer every year.

Bowel cancer usually affects people over the age of 50, but the number of younger people being diagnosed globally is increasing.

Bowel cancer care pathway

Staging

Scans and other tests to find out where the cancer is located and if it has spread. This helps doctors plan the best treatment for you.

▼

Multidisciplinary team (MDT) meeting

Cancer specialists will meet to discuss your test results and your treatment plan.

▼

Treatment

Often surgery, especially for early-stage bowel cancer.

Treatment before surgery: You may have another treatment like chemotherapy and/or radiotherapy to shrink the cancer (more common with rectal cancer). Some patients have such a good response to treatment before planned surgery that surgery is no longer required.

Treatment after surgery: You may have chemotherapy or another treatment to reduce the chance of the cancer coming back or to control cancer that has spread.

▼

Follow-up

You will have regular appointments after treatment so your doctors can check how you are.

What are the stages of bowel cancer?

Stage 1

The cancer is in the inner wall of your colon or rectum only. There's no cancer in the lymph nodes. (T1 or T2, N0, M0)

Stage 2

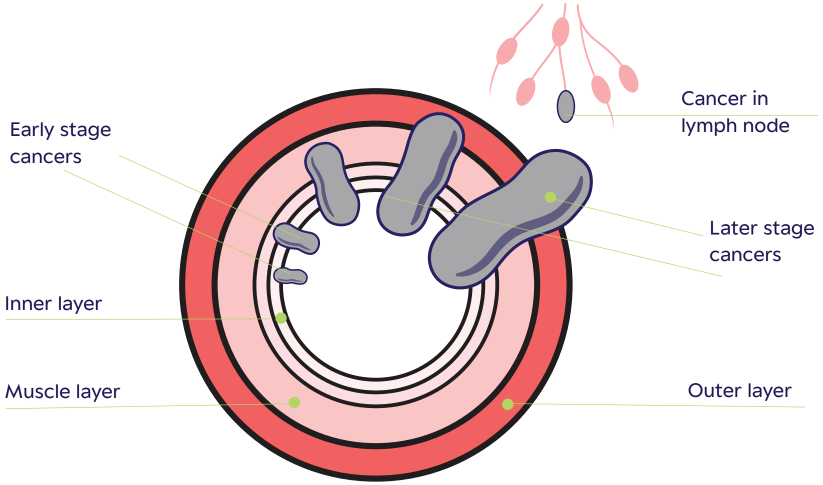
The cancer is in the muscle layer of your colon or rectum or has grown through the muscle layer into nearby tissues. (T3 or T4, N0, M0)

Stage 3

The cancer has spread to nearby lymph nodes but has not spread to distant body parts. (Any T, N1 or N2, M0)

Stage 4

The cancer has spread to other parts of your body, for example your liver or lungs. It is advanced. (Any T, any N, M1)



Staging can be hard to understand, so ask your doctor and nurse for more information if you need it.

How is bowel cancer treated?

- Surgery is the main treatment for colon cancer.
- Rectal cancer is often treated with chemoradiation (chemotherapy and radiotherapy together) followed by surgery.
- You may have treatment after surgery to reduce the risk of the cancer coming back. For example, chemotherapy.
- Targeted therapies and immunotherapy are increasingly being used for both earlier and later stage disease.
- A team of healthcare professionals will be looking after you (multidisciplinary team).

The type of treatment you have will depend on:

- If you have colon or rectal cancer
- The size of the tumour
- Where the cancer is in your body
- If it has spread to your lymph nodes or other parts of your body
- Your general health

Types of treatment

Surgery

Surgery is the main treatment for cancer in the colon or rectum especially if the cancer is only in one area (localised). Surgery can often cure the cancer if it's found early. See page 61 for more details on surgery.

Chemoradiation

This means having chemotherapy and radiotherapy together. It is most often used in treating rectal cancer and only very occasionally in colon cancer. When necessary, chemoradiation is nearly always given before surgery for rectal cancer, to help shrink the tumour. See page 71 for more about chemotherapy and page 83 for more about radiotherapy.

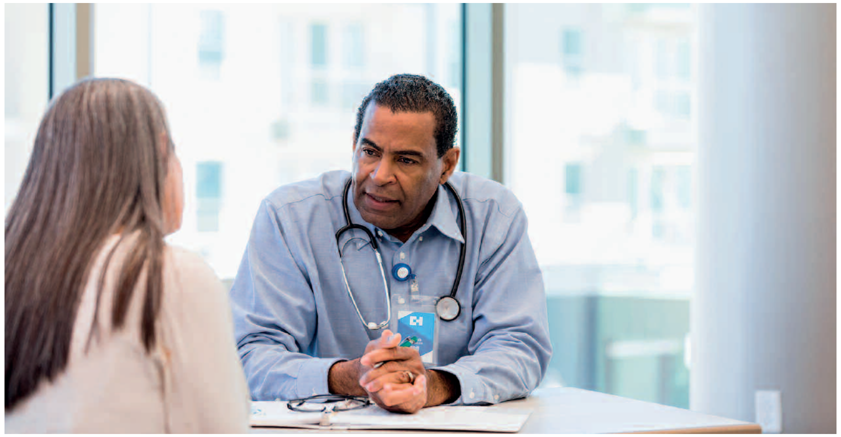
Radiotherapy

Radiotherapy can be used before or after surgery for rectal cancer to reduce the risk of the cancer coming back. It can also help to shrink the cancer before surgery. Radiotherapy may also be used to relieve symptoms if the cancer has spread. This is called palliative radiotherapy. See page 83 for more about radiotherapy.

Chemotherapy

You might have chemotherapy before surgery to shrink the tumour to make it easier to remove and reduce the risk of the cancer coming back. Chemotherapy can be given after surgery to reduce the risk of the cancer coming back. It's also used to treat cancer that has spread. See page 71 for more about chemotherapy.

Some patients have such a good response to chemotherapy, immunotherapy or radiotherapy that surgery is no longer required.



Systemic anti-cancer therapy (SACT)

The term systemic anti-cancer therapy describes all types of drugs used to treat cancer. Systemic means the drugs affect your whole body – they travel throughout your system.

Targeted therapies and immunotherapy

Targeted therapies work by targeting particular changes in the DNA of a tumour to stop cancer cells growing or spreading. Immunotherapy helps your immune system to recognise and attack cancer cells. See pages 81-82 for more details.

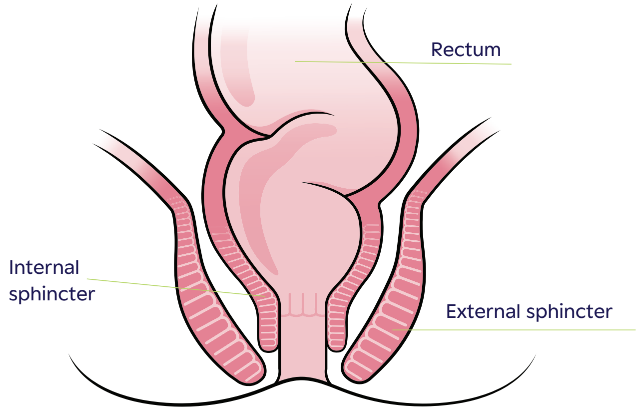
Treatment planning

See page 45 for information on treatment planning, what happens at the hospital and how you can prepare.

About anal cancer

What is anal cancer?

Anal cancer affects the anus. The anus is the opening below the rectum where waste food passes out of your body as stools (poo). Around 50-60 people are diagnosed with anal cancer in Ireland every year.



Staging anal cancer

The stage of cancer describes where the cancer is and how big it is. You will probably have a CT, MRI and PET scan to stage your cancer (see page 21 for more about staging tests).

The TNM system is used to stage anal cancer. This stands for:

Tumour: The size of the tumour measured in centimetres and if it has grown into nearby tissues.

Node: Whether any lymph nodes have cancer.

Metastasis: Whether the cancer has metastasised (spread) to other areas in the body.

Your doctor often uses this information to give your cancer a number stage – from 1 to 4. In general, the lower the number, the less the cancer has spread.

Stage 1: The cancer only affects your anal area and is smaller than 2cm.

Stage 2: The cancer only affects your anal area but is bigger than 2cm.

Stage 3: The cancer has spread to nearby lymph nodes.

Stage 4: The cancer has spread to other parts of your body, for example, your liver. This can also be called advanced or metastatic cancer.

Knowing the stage of your cancer helps your doctor to plan the best treatment for you.

How is anal cancer treated?

Chemoradiation (chemotherapy and radiotherapy together)

The standard treatment for stages 1-3 anal cancer involves radiotherapy and chemotherapy given at the same time. This aims to cure the cancer and is known as definitive chemoradiation. Very occasionally stage 1 cancer is treated with surgery alone.

You will have radiotherapy every weekday for 5.5 weeks along with chemotherapy drugs. The chemotherapy is usually given during the first and last week of radiotherapy. The chemotherapy drugs help the radiotherapy to work better. You may have to go to different departments for your chemotherapy and radiotherapy. Your medical team will organise this for you and tell you where you need to go.

Chemotherapy drugs are usually given into a vein, but some may be in tablet form.

Chemoradiation is usually very successful at treating anal cancer.

Stage 4 cancer may be treated with either chemotherapy or radiotherapy or both. The treatment usually aims to control symptoms rather than cure the cancer. See page 71 for more about chemotherapy and page 83 for more about radiotherapy.

Side-effects of chemoradiation

With chemoradiation you can get both radiotherapy and chemotherapy side-effects. For example, skin soreness in the area, fatigue and diarrhoea. Having both treatments together can make any side-effects worse. Most side-effects get better in the weeks and months after treatment. See page 74 for more about chemotherapy side-effects and page 86 for radiotherapy side-effects.

If you are bothered by any side-effects or you're worried about anything – at any time during or after treatment – talk to your medical team. We also have information on coping with side-effects on our website, **www.cancer.ie**

Surgery

Surgery before chemoradiation

Very occasionally, patients who find it difficult or painful to open their bowels at the time of their diagnosis will have a surgery called a defunctioning colostomy, which makes it easier and safer to deliver chemoradiation. The surgery involves bringing part of the bowel above the cancer on to the surface of the abdominal wall. Usually the colostomy will be permanent.

Surgery after chemoradiation

Approximately 12 weeks after finishing treatment for anal cancer, you will have scans and a follow-up physical exam including a digital rectal examination. For most patients, chemoradiation is the only treatment needed. But if your cancer has not fully gone, you may need surgery. There are 2 main types of surgery:

Local resection: This surgery is used for small tumours. It only removes the area where the cancer cells are found.

Abdominoperineal resection: This is where your anus and rectum are removed. Having this surgery means that you will have a permanent colostomy. A colostomy is an opening of the large bowel on the surface of your abdomen. Poo passes through this opening and is collected in a bag. See page 93 for more.

Starting treatment

Deciding on treatment

Multidisciplinary team

A multidisciplinary team (MDT) is a team of specialists involved in caring for your type of cancer. For example, a colorectal surgeon, specialist nurse, radiologist and medical oncologist (cancer doctor). The team will meet to discuss your test results and your treatment plan.

Who will be involved in my care?

Usually a team of healthcare professionals will be involved in your treatment and care.

Surgeon: A doctor who specialises in surgery and who can remove tumours.

Medical oncologist: A doctor who specialises in treating cancer patients using chemotherapy and other drugs.

Radiation oncologist: A doctor who specialises in treating cancer patients using radiotherapy.

Radiation therapist: A specially trained person who delivers radiotherapy and gives advice to cancer patients about their radiation treatment.

Radiologist: A doctor who specialises in interpreting X-rays and scans such as ultrasound, CT, MRI and PET.

Advanced nurse practitioner (ANP): ANPs give expert information and support and are specially trained to carry out tests and help to review your treatment.

Oncology liaison nurse/clinical nurse specialist: A specially trained nurse who works in a cancer care unit. They give information and reassurance to you and your family from diagnosis and throughout your treatment.

Stoma/colorectal clinical nurse specialist: A nurse who is a specialist in the care of patients with bowel function problems.

Pathologist: A doctor who examines cells to diagnose cancer and examines the tumour specimens removed during surgery.

Dietitian: An expert on food and nutrition. They are trained to give advice on diet during your illness and use diet to help symptoms.

Physiotherapist: A therapist who treats injury or illness with exercises and other physical treatments related to the illness.

Occupational therapist (OT): A therapist who specialises in helping people who are ill or disabled learn to manage their daily activities, such as washing, dressing, housework, work and leisure activities.

Medical social worker: A person trained to help you and your family with your social issues and emotional and practical needs. They can also give advice on social welfare benefits, financial matters and practical supports and services available to you.

Psycho-oncology team: These are specialists in psychological care and support for cancer patients. Usually the team includes psychiatrists, clinical psychologists and nurses.

Psychologist: A specialist who can talk to you and your family about emotional and personal matters and can help you to make decisions.

Pharmacists: Pharmacists – in hospital and in your local pharmacy – dispense chemotherapy and other cancer drugs. They can give advice on cancer drugs, such as how to take them, side-effects, and possible interactions between your cancer drugs and other medicines, food and drink, and supplements such as herbs and vitamins.

GP (family doctor): While your medical team will be your main point of contact, your GP is still very much a part of your care and can be a great support to you. You can contact your GP about any worries you have or if you are finding it hard to cope.

Community health services: These include family doctors, public health nurses (who can visit you at home), community welfare officers and home-help organisers. Your local health centre or the medical social worker in the hospital can advise you about these services.

Palliative care team: This team is experienced in managing pain and other physical symptoms. They can help you and your family cope with any emotional distress. They are sometimes known as the symptom management team. A specialist palliative care service is available in most hospitals. Palliative care teams also work in the community.

Understanding treatment

Your doctor and nurse will explain your treatment options. Ask as many questions as you need to. You could write down any questions you have in advance, so you don't forget anything. You can use the fill-in page at the back of this booklet for your questions and answers.

If you do forget something or need more explanations, ask your specialist nurse or talk to one of our cancer nurses – call our Support Line on 1800 200 700 or visit a Daffodil Centre.

Time to think

It may feel as if everything is happening too fast. You may feel under pressure to make a decision. You can always ask for more time to decide about your treatment, if you are unsure when it is first explained to you.

Second opinion

You might also find it reassuring to have another medical opinion to help you decide about your treatment. Your GP or treating doctor will refer you to another specialist for a second opinion if you feel this would be helpful.

Accepting treatment

You have the right to find out what a treatment option means for you, and the right to accept or refuse it. If you want to refuse a particular treatment, let your doctor or nurse know your concerns first. It may help to talk to your GP as well. The important thing is that you are fully aware of the benefits and risks.

Specialist centres

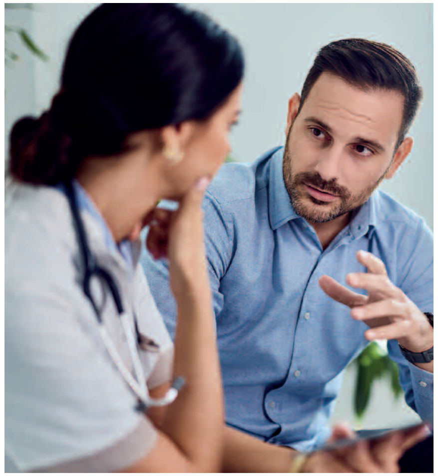
Cancer is treated in specialist cancer centres in Ireland. As a result, you may be transferred to another hospital from the one where you received your diagnosis, depending on your diagnosis and your suggested treatment plan.

Giving consent for treatment

Before you start any treatment, you should be asked to sign a consent form saying that you understand what the treatment is for and that you give permission for treatment to be given. Before treatment, you should have been given full information about:

- What the treatment is for
- The type and amount of treatment you will have
- The benefits and risks of the treatment
- Possible side-effects from treatment
- Any other treatments that may be available

If you are confused about the information given to you, let your doctor or nurse know straight away. They can explain it to you again. Some treatments can be hard to understand and may need to be explained more than once. You can still change your mind after you have started treatment. Talk to your doctor or nurse if you have any worries about your treatment plan.



Individual treatment

You may notice that other people are not getting the same treatment as you. Their cancer may not be the same type or at the same stage as yours. Everyone’s treatment needs will be different. Don’t be afraid to ask your doctor about your treatment.

Waiting for treatment to start

Planning cancer treatment takes time. Most people want to start treatment right away. You may worry that the cancer will spread during this time.

Cancer treatment should start soon after diagnosis. But for most cancers, waiting for scans or treatment for a few weeks does not usually affect how well the treatment works.

If you are worried, talk to your doctor. You can also call our Support Line on 1800 200 700 or visit a Daffodil Centre to speak to a cancer nurse.

While you’re waiting for treatment, you might like to focus on your own health. This can help you prepare for your treatment and feel more in control. For more information, see pages 54-57.

Ask your specialist nurse or visit a Daffodil Centre for information on our pre-treatment education workshops and videos. They give information on certain treatments, including what to expect and how to manage side-effects. You can watch the videos at **www.cancer.ie/video-library/patient-education-videos**

How can I help myself?

It can be very difficult to cope with a cancer diagnosis and all the changes that this can bring. Your healthcare team can offer you different types of support, but there are also things you can do yourself to prepare for treatment and feel as well as possible.

Eat well

Eating well when you have cancer can help you feel better. It can help you to:

- Keep up your energy and strength
- Keep your weight stable and avoid muscle loss
- Tolerate your treatment better, so you can finish your course of treatment
- Cope better with side-effects of treatment
- Reduce your risk of infection and other complications
- Recover faster

Ask to talk to the dietitian at the hospital for advice on the best diet for you. You can also read our booklet ***Understanding diet and cancer*** or attend one of our diet and cancer webinars. To get a copy of the booklet or for information on the webinar, call our Support Line on 1800 200 700 or visit a Daffodil Centre.

Stay active

If you are able, it can really help to be active before, during and after your treatment. Keeping up or increasing your activity levels can help to:

- Reduce tiredness and some treatment side-effects
- Reduce anxiety and depression
- Improve your mood and quality of life
- Strengthen your muscles, joints and bones
- Reduce the risk of other health issues
- Reduce the risk of colon cancer coming back

Talk to your doctor or nurse before starting or increasing the amount of exercise you take. They can advise you on the type and amount of exercise that is safe for you and may have information on exercise programmes and classes. Call our Support Line or visit a Daffodil Centre for information and support on how you can make exercise part of your everyday life. Ask about our free exercise classes, through ExWell Medical, to build strength and fitness in a supportive environment.

Quit smoking

If you are coping with a cancer diagnosis, you may find it stressful to quit smoking. However, research tells us that:

- Non-smokers are likely to have fewer or less severe side-effects during cancer treatment. For example, chest infections
- Smoking can reduce how well radiotherapy and some other anti-cancer treatments work
- Not smoking can help you to heal better after surgery
- Quitting reduces your chance of further illness

If you would like advice or support on quitting, call the HSE Quit Team on Freephone 1800 201 203, visit **www.QUIT.ie** or Freetext QUIT to 50100. Some hospitals have a stop-smoking service, with advisors who can help and support you.

Other ways to help yourself

Get information about your cancer and treatment

Understanding cancer and its treatment and knowing what to expect can help to relieve anxiety and stress for some people. Make sure you get your information from trustworthy sources like your medical team, the Irish Cancer Society and the HSE. If you're having chemotherapy, you or a friend/relative could attend a chemotherapy education session in your local Daffodil Centre.

Involve your family and close friends

Don't keep any worries or physical problems secret from the people closest to you. Ask someone close to you to come with you when you are visiting the doctor and when treatments will be discussed. Your friends and family will be affected by your diagnosis too, so try to talk openly and find ways to support each other.

Use your support network

Don't be shy about asking for help. Family and friends may not know the best way to help you, so tell them what you need. For example, lifts to the hospital, practical help at home, child-minding or just some company or support. Telling people what you need and how they can help means you will get the right amount of support to suit you.

Try relaxation and stress management techniques

Activities like meditation or yoga can help you to cope with stress. Some cancer support centres provide groups to help you learn these techniques.

Accept change in your life

Accept that you may not be able to carry on exactly as before. Give yourself time to adjust to your new routine.

Know that there will be ups and downs

Sometimes people feel they have to be brave or positive all the time, but it's normal to have bad days. Get help if you are finding it hard to cope.

Try to cope day by day

Don't think about the future too much. Concentrate on the present and getting through each day of tests or treatment. That way, you may find it easier to cope with your illness.

Types of treatment

Surgery

- Surgery is the main treatment for colon cancer. Rectal cancer is often treated with chemoradiation followed by surgery.
- If the cancer is found early, surgery can often cure it.
- If the cancer is very small you may only need a small surgical procedure to remove it (local resection).
- After your surgery you may have a stoma – an opening on your tummy that lets poo leave your bowel into a bag.

Surgery for colon cancer

Surgery is a common treatment for colon cancer. You may need other treatments before or after surgery for colon cancer.

Surgery for rectal cancer

For rectal cancer a combination of radiotherapy and chemotherapy (chemoradiation) and sometimes additional chemotherapy can be given before surgery. For very early rectal cancers, surgery may be the main treatment.

Types of surgery

The type of surgery you have will depend on:

- Where in the bowel the tumour is found and how big it is
- The type of tumour
- If the cancer has spread to other tissues/organs

Surgery aims to remove the part of the bowel that contains the tumour. Once the part of your bowel with the tumour is removed (bowel resection), the two ends of your bowel are joined together, if possible.

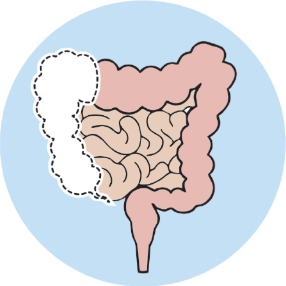
Your surgery may involve a stoma, which allows your bowel motions (poo) to pass through an opening on your tummy instead of through your back passage. A bag will collect the bowel motions. This may be an ileostomy (opening into small bowel) or a colostomy (opening into large bowel).

You may have a temporary stoma to allow the join in your bowel to heal. Or you may have a stoma because it's not possible to join up the ends of your bowel again. See page 93 for more about stomas.

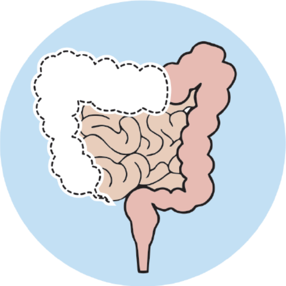
Lymph nodes will also be removed as part of your surgery, to help prevent the cancer spreading.

Examples of colon surgeries

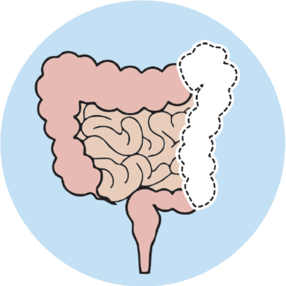
Which part of your bowel will be removed depends on where the cancer is. For example, a high anterior resection removes the sigmoid part of the colon. A total colectomy means removing all of the colon. A panprocto-colectomy means removing all of the colon and rectum.



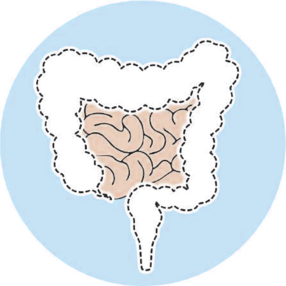
Right hemi-colectomy



Extended right hemi-colectomy

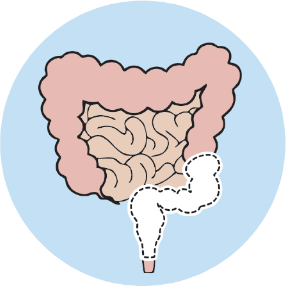


Left hemi-colectomy



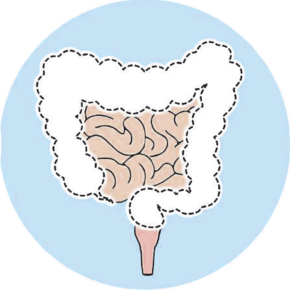
Pan procto-colectomy

High anterior resection



Low anterior resection

Abdomino-perineal resection



Sub-total colectomy

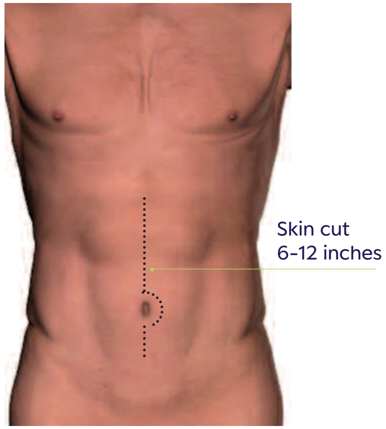
Images adapted with
kind permission from
Bowel Cancer UK

Ways of doing bowel surgery

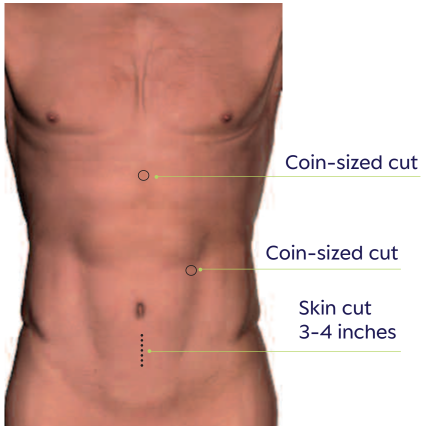
Keyhole surgery (laparoscopic surgery)

With keyhole surgery, a small cut is made in your abdomen. Your surgeon will put a tube with a tiny telescope and light inside your body through a very small cut. Special instruments can then be used to remove the tumour. There is usually a quicker recovery with keyhole surgery than with open surgery and you may spend less time in hospital. Although the scar on your tummy will be smaller, your bowel will still need the same amount of healing – it's important you give yourself time to recover.

Keyhole surgery can be used for some types of bowel cancer. Your surgeon will discuss if you're suitable and if this type of surgery is available in your hospital.



Open surgery



Keyhole surgery

Robotic surgery

This is similar to laparoscopic keyhole surgery. The surgeon uses robotic arms to help remove the tumour through a small incision. As with all keyhole surgery, the aim is to provide quicker recovery with less post-operative pain.

Open surgery

Here a long cut is made in your abdomen. This means your wound may go from below your breastbone down towards your pelvis in a straight line. The length will depend on where the cancer is.

Surgery for cancer that has spread or come back (recurred)

If the cancer comes back in the same place (local recurrence) or has spread beyond your bowel (for example, to your liver), you may still be suitable for surgery. It depends on the size and position of the cancer. Other options include radiotherapy and anti-cancer drugs, such as chemotherapy. Your consultant will discuss your options if your cancer has returned or spread to another part of your body. See page 90 for more about treating advanced (metastatic) cancer.

Before surgery

Preassessment

Your hospital may have a preassessment clinic. This is to ensure you are medically fit for the operation and that all necessary preparations are in place for a safe operation. Here you will meet an anaesthetist and a nurse specialist.

You may have tests to make sure you are fit for surgery. These could include a chest X-ray, heart tests (ECG and echocardiogram), breathing tests, blood pressure tests and some more blood tests.

You may need to stop or adjust medications such as blood thinners, diabetic medication or immunosuppressants. Your medical team will advise you about this.

Your nurse will give you advice on how to clear your bowels fully before surgery if required and any changes you might need to make to your diet. You may need an enema on the day of your surgery.

On the day of surgery you will be fitted with elastic stockings to reduce the risk of clots in your legs.

You will be given advice on how to do deep breathing exercises and start moving after surgery. These will help your circulation and reduce the risk of a chest infection and blood clots after surgery.

Prehabilitation

Your hospital may have a prehabilitation service. Prehabilitation means using the time before treatment to improve your health and get your body and mind ready for treatment. For example, being physically active and eating a balanced diet. Ask your medical team about prehabilitation.

Smoking

Try to quit or cut down before your surgery as this will reduce the risk of chest infection and help with wound healing. See page 56 for more.

Stomas

Your surgery may involve a stoma which allows your poo to pass through an opening on your tummy instead of your back passage. This requires a bag to collect the bowel motions. This may be a colostomy (opening into large bowel) or an ileostomy (opening into small bowel) and may be permanent or temporary.

If your surgeon tells you that you might need to have a stoma formed as part of your surgery, they will refer you to the stoma care nurse. You will have an appointment with the stoma care nurse before surgery. You can bring a friend or relative with you.

The nurse will explain your surgery, show you a stoma bag and mark a suitable place on your tummy for the stoma. This will be in the best position for you to be able to take care of your stoma. You should be able to wear your clothes as normal. See page 93 for more about stomas.

Night before surgery

You will not be able to eat anything for a number of hours before your operation. Your doctor or nurse will advise you about this. You may get an injection of an anti-clotting drug like heparin to prevent any clots in your legs later. You may have to give yourself this injection at home.

After surgery

Tubes

When you wake up you may notice some tubes attached to your body. They may look alarming but are normal after an operation like this.

Drip

A drip will be put into a vein in your arm or neck. This will give you fluids until you can drink again.

Catheter

A small thin tube called a catheter may be put into your bladder. This helps to drain your urine into a bag.

Drains

Small tubes will drain any extra fluid from your surgery site, helping it to heal.

Epidural

There may be a thin epidural tube in your back to help relieve any pain.

Pain and sickness

You are likely to have some pain for the first few days. You may also feel or get sick. Your nurses can give you painkillers and medication to stop you feeling sick if needed. Always ask for help before the pain or sickness get too bad. If the medication isn't controlling your pain or you are feeling sick, let your nurse know, as it can be changed.

Eating and drinking

Your doctor will tell you when you can start to eat small amounts of solid food again.

Exercising

You will be asked to move your legs in bed and do deep breathing exercises at least once an hour to avoid clots. On the day after surgery, your nurses will help you out of bed and take you for a short walk. As you get better, these walks will become longer and you can go on your own. Sitting down may not be easy at first but it should get better as your wound begins to heal.

Enhanced recovery programmes

Some hospitals follow an enhanced recovery programme, which aims to reduce the time you spend in hospital and speed up your recovery. You will also play an active part in your recovery. For example, you will be given information about diet and exercise before surgery.

Going home

Your hospital stay will depend on the type of surgery. Some people are ready to go home 3-7 days after surgery. For bigger surgeries the length of stay may be 10-14 days.

If you live alone or have problems getting around the house, ask to talk to the medical social worker. Do this as soon as you are admitted to the hospital. That way, they can organise the community services that you may need after you leave hospital. On the day you go home, you will be given a date to come back for a check-up.

Will I need more treatment after surgery?

The part of your bowel removed will be examined fully in the laboratory. Examining the cancer cells can give your medical team more information about your type of cancer and its stage and grade. Lymph nodes removed during surgery will be examined to see if there are any cancer cells in them.

It can take at least 10–14 days to get the results back. Your medical team will then discuss the results and decide if you need more treatment or not. For example, sometimes chemotherapy is given after bowel surgery to reduce the risk of the cancer coming back.

Chemotherapy

- Chemotherapy is a drug treatment used to kill cancer cells or slow their growth.
- It may also help to prevent the cancer coming back after surgery or to control a more advanced cancer.
- Any side-effects depend on the drug used and the dose. They usually go away after treatment ends.
- Side-effects include sore mouth, taste changes, loss of appetite, diarrhoea, nausea and vomiting.

Chemotherapy drugs may be given:

- Before surgery to shrink the tumour and make it easier to remove. This is called neo-adjuvant treatment.
- With radiotherapy, to make the radiation more effective (chemoradiation).
- After surgery to reduce the risk of the cancer coming back. This is called adjuvant treatment.
- As a treatment for cancer that comes back after surgery.

Chemotherapy is the most common treatment if the cancer has spread outside your bowel.

The doctor who specialises in chemotherapy and other drug treatments is called a medical oncologist.

How often will I have chemotherapy?

Chemotherapy is often given in cycles with a rest period between treatments. This rest period allows your body time to recover from the side-effects of treatment.

The number and length of cycles can vary, depending on your cancer type and how well it is responding to treatment.

How is chemotherapy given?

Usually your treatment will be given in the oncology day ward. Chemotherapy may be given directly into a vein as an injection and/or through an intravenous infusion (drip). It may also be given in tablet form.

If you're having chemotherapy and radiotherapy together (chemoradiation) to shrink your tumour before rectal cancer surgery, you may have the chemotherapy as a continuous infusion. This is where you are attached to a pump that gives chemotherapy continuously into your veins through a drip for a number of weeks. Or you may be given oral chemotherapy taken each day of your radiotherapy.

You may have a central venous access device fitted. This is a thin tube (line), which goes directly into a vein and stays in place until your treatment is over. This saves you having repeated injections.

There are different types of central venous access devices, such as ports, Hickman lines and PICC lines. There's more information on the types of central venous access devices and how to look after them in our booklet, ***Understanding chemotherapy and other cancer drugs***.

If you are continuing your chemotherapy at home, you will go home with a chemotherapy pump that will attach to the central venous access device. Your nurse will show you how to look after it at home.

What kinds of drugs are used?

There are several chemotherapy drugs used to treat cancer in the colon, rectum or anus. Your doctor or nurse will discuss your treatment with you. Chemotherapy drugs can be used on their own or in combination with each other.

Before you start certain chemotherapy treatments, you may need to have a blood test to check your levels of an enzyme called DPD.

People who have low DPD levels can develop serious or life-threatening side-effects and this can affect the treatments that are available for you. Your doctor can explain this in more detail and will arrange this blood test for you if needed.

Understanding your drug treatment

It's important that you understand the drugs you have been given. Ask your doctor or specialist nurse for more information about your drug treatment and any possible side-effects. They should give you a printed sheet to take home with you.

If you know the name of your drug, you can visit the Health Products Regulatory Authority's website at **www.hpra.ie** to find more about:

- What the drug is
- How it is given
- Possible side-effects

If you have any questions or need any more information, you can speak to our cancer nurses. Call our Support Line on 1800 200 700 or go to your nearest Daffodil Centre.

What are the side-effects of chemotherapy?

The side-effects of chemotherapy vary from person to person. Some people have fewer side-effects than others. The type of side-effects you might get and how severe they are mainly depends on the amount of chemotherapy you have and the drugs used. Side-effects can be more severe if you have chemotherapy and radiotherapy together.

Ask your doctor or nurse if you're worried about side-effects or have any questions. Most side-effects can be helped by medication. Usually the side-effects go away when the treatment ends or soon after.

Side-effects may include:

Diarrhoea

Passing more than 3 watery bowel motions (poos) a day is known as diarrhoea. You may also have cramping and/or abdominal (tummy) pain. Tell your doctor or nurse if you get diarrhoea. There is medication that can help.

If you have an ileostomy, contact your stoma nurse for advice on treating diarrhoea and drinking fluids.

Feeling sick (nausea) or getting sick (vomiting)

Chemotherapy can cause nausea (feeling sick) and vomiting (getting sick). You will be given medication to take to help with this but if this is not working, let the hospital know so they can consider a different medication for you. Thinking or talking about the treatment can also make you feel sick. This is called anticipatory nausea. Tell your doctor or nurse if you have these side-effects.

Hints and tips: Nausea, vomiting, diarrhoea

- **Find out when is best for you to eat and drink before treatment.** Some people need a light snack, while others need an empty stomach.
- **Eat small amounts of food regularly rather than 3 big meals.**
- **Drink plenty of clear fluids,** more if you have diarrhoea (1.5 to 2 litres a day).
- **Eat bland, easy-to-digest foods and drinks,** like toast, crackers or plain biscuits.
- **Avoid foods that make you feel sick.** For example, foods with a strong smell, like garlic and onions or fried foods.
- **Eat warm or cool foods** if you cannot tolerate the smell of hot food.
- **Avoid milk, alcohol, very hot or cold drinks and spicy or fried foods** if you have diarrhoea.
- **Eat less raw fruit, cereals and vegetables** if you have diarrhoea.

Mouth and throat problems

Chemotherapy can cause mouth and throat problems including a dry mouth, ulcers and gum infections. It may help to rinse your mouth with a mouthwash made of 1 level teaspoon of salt or baking soda (sodium bicarbonate) dissolved in half a litre of warm water. If your mouth becomes very sore, talk to your nurse or doctor – they can advise you about mouthwashes and medications to help.

Loss of appetite

You may find that you have little or no appetite. Eating very small amounts of food often can help. Taking special build-up drinks can give you extra proteins and calories too. Talk to your nurse or dietitian for more advice or see our booklet, ***Understanding diet and cancer*** or ask our cancer nurses about our diet webinars.

Risk of infection

Chemotherapy drugs make you more likely to get infections. You will be asked to watch out for signs of infection at all times. These signs include feeling shivery and unwell, having a high or low temperature, having a cough or sore throat, or pain passing urine.

If you have a high temperature or feel unwell (even with a normal temperature), it is very important to call the number you have been given straight away – never delay. Check with your hospital about the temperature advice to follow.

Feeling very tired (fatigue)

Fatigue is very common. It can make you feel tired and weak. For more information see page 109.

Hair loss (alopecia)

Hair loss does not happen very often with the drugs used to treat bowel cancer. However, you may notice that your hair thins out a little. If you do lose your hair, it will fall out quite quickly but will grow again after treatment.

Peripheral neuropathy

Some drugs can affect your nerve endings. Tell your doctor if you have numbness or a tingling or burning sensation in your hands and feet. This is known as peripheral neuropathy.

Anaemia

Chemotherapy can cause the bone marrow to make fewer red blood cells. Having fewer red blood cells is called anaemia. Anaemia can make you feel tired and breathless. You will have regular blood tests to measure your red cell count during treatment. You may need a blood transfusion to treat your anaemia.

Bleeding and bruising

Chemotherapy can stop your bone marrow from making enough platelets. Platelets help make your blood clot and stop bleeding. With fewer platelets you may bleed or bruise very easily. You will have regular blood tests to measure your platelets. Tell your doctor if you have any bruising or bleeding.

Skin and nail changes

Skin may become dry, flaky and itchy. Nails may become dark, yellow or brittle.

Changes in kidney or liver function

Some drugs can irritate or damage kidney and liver cells. Decreased urination, swelling of the hands or feet (oedema) or headaches are some of the signs of kidney damage. Yellowing of the skin or eyes (jaundice) can be a sign of liver problems. Tell your doctor if you have these or any other changes in your body. Blood tests will check your kidney and liver function regularly.

Hand–foot syndrome

This causes pain, swelling and redness of your hands and/or your feet. It can look like sunburn, where your skin begins to peel as well. It is due to small amounts of chemotherapy leaking out of the tiny blood vessels in the palms of your hands and soles of your feet. Tell your nurse or doctor if you notice this side-effect. The drug dosage may need to be reduced or stopped. Your doctor can also prescribe medication or creams to help.

Allergy

On rare occasions people can have a reaction to certain chemotherapy drugs. Reactions can include rash, itching, low blood pressure and shortness of breath. Contact the hospital if you have these side-effects.

Blood clots

Chemotherapy and having cancer can both increase your risk of developing blood clots. A blood clot may cause pain, redness and swelling in your leg, breathlessness or chest pain. Contact your hospital immediately if you have any of these symptoms, as blood clots can be serious. Usually they are treated with medication to thin your blood.

Reduced fertility

Chemotherapy for bowel cancer can affect fertility if you are of reproductive age. Menstrual periods may become irregular or stop during treatment, and you may experience some menopausal symptoms. See page 115 for more about fertility.

If you have any symptoms that are troubling you or you feel unwell, tell your doctor or nurse straight away. You will be given contact details of who to contact to report any side-effects before you start your treatment.

For more information on the side-effects of chemotherapy or a copy of the booklet ***Understanding chemotherapy and other cancer drugs***, call our Support Line on 1800 200 700 or visit a Daffodil Centre. You can also look at our website, **www.cancer.ie**, for tips on coping with different side-effects.

Targeted therapies

- Targeted therapies are drugs that target particular DNA changes in the cancer cells that make them different from other cells.
- They can help to control cancer that has spread.
- Side-effects depend on the drugs being used and vary from person to person.

Targeted therapies can stop cancer growing or spreading by targeting specific proteins and gene changes that help the cancer to grow. These drugs are often used to control cancer that has spread (metastatic cancer).

Different drugs work in different ways. For example, with bowel cancer, they can:

- Block or turn off chemical signals that tell cancer cells to divide and grow
- Change proteins in the cancer cells so the cells die
- Stop new blood vessels being made, which can feed the cancer cells
- Carry toxins to the cancer cells to kill them

You may have blood tests to look at your genes to see if you are suitable for particular targeted therapies. For example, with bowel cancer, the RAS gene test will tell your doctors if you are suitable for targeted therapies called cetuximab and panitumumab.

You may have targeted therapies in combination with other treatments. For example, chemotherapy. Some drugs are given in tablet form. Others are given into a vein through a drip.

Side-effects

Side-effects depend on the drugs being used and vary from person to person. Common side-effects include fatigue, flu-like symptoms, rashes, loss of appetite, high blood pressure and blood clotting problems.

These side-effects are usually short term and improve over time. Your doctor can prescribe medication if they become a problem for you, so let your medical team know if you don't feel well or if you are having any symptoms that are troubling you.

For more information on targeted therapies and their side-effects or a copy of the booklet ***Understanding Chemotherapy and other cancer drugs***, call our Support Line on 1800 200 700 or visit a Daffodil Centre.

New treatments

New treatments are being developed all the time and existing therapies are being used in new ways. You may also be given a targeted therapy as part of a clinical trial (see page 89). Ask your doctor if there are any targeted therapies available to treat your cancer or if there are any trials that are suitable for you.

Immunotherapy

In specific cases (depending on a special feature which may be present in your tumour), immunotherapy drugs can be used to treat cancer. Immunotherapy helps your immune system to recognise and attack the cancer cells. You might have immunotherapy on its own or with other cancer treatments. Immunotherapy is now being given in both early stage and later stage disease.

Radiotherapy

- Radiotherapy uses high-energy rays to kill cancer cells.
- It is used for rectal cancer and anal cancer, often with chemotherapy. It isn't usually used for colon cancer.
- Side-effects affect the area of the body where the radiotherapy is aimed.
- Side-effects normally go soon after treatment ends, but some can be long-lasting.

Why is radiotherapy given?

Radiotherapy uses high-energy rays to kill cancer cells. The aim of radiotherapy is to destroy the cancer cells with as little damage as possible to normal cells. It isn't usually used for colon cancer.

Radiotherapy may be given:

- Before surgery to shrink the cancer making it easier to remove. This is called neo-adjuvant treatment
- After surgery to destroy small amounts of the cancer that may be left. This is called adjuvant treatment. However, it's more common to have chemotherapy after surgery rather than radiotherapy.
- With chemotherapy to make the treatment work better (chemoradiation)
- To control and relieve any symptoms you may have (palliative radiotherapy)

The radiation comes from machines that aim rays directly at your tumour. The radiotherapy may also be targeted to lymph glands in the groin, if your doctor thinks this is necessary. The machines are called linear accelerators (LINACs).

Radiotherapy for metastatic cancer

Radiotherapy may be used to relieve symptoms caused by a tumour where surgery is not possible. It works by shrinking the tumour, which can ease pain and pressure. In some cases you might need more radiotherapy if the tumour has come back, even if you had this treatment before. This is called palliative treatment.

Stereotactic radiotherapy

Stereotactic radiotherapy gives very high doses of radiotherapy to small areas of the body. It is only suitable for a small number of people. Your doctor will tell you if it’s an option for you.

Planning your treatment

Radiotherapy must be carefully planned so that the highest dose is given to the tumour area and as little as possible to the nearby cells.

CT planning

You will have a CT scan to pinpoint the area to be treated. Your skin will be marked with tiny tattoo dots, so that the machine can be lined up using these marks as a guide when you have your treatment. CT planning can last for up to 30 minutes.

Pregnancy test

It is important that you are not pregnant during your treatment. A pregnancy test can be arranged if there is any chance that you could be pregnant.

Having radiotherapy

During treatment you will first be positioned carefully on a treatment table. Then the machine will move around you so that you receive the precise treatment at different angles.

The treatment normally takes several minutes and is painless. Most people receive radiotherapy as outpatients, travelling to the radiotherapy unit each week day. In some cases the patients may stay in hospital.

External radiotherapy does not make you radioactive. It is safe for you to mix freely with family and friends, including pregnant women and children.

How much radiotherapy do I need?

Treatment to the rectum or anus where the aim is cure usually involves daily (Monday to Friday) radiotherapy for 5.5 weeks. Where the aim of treatment is to alleviate symptoms (palliative), radiotherapy is usually given over 1 to 10 days.

Stereotactic treatment is usually only used to treat secondary cancer in the lung, bone or liver (as an alternative to surgery) and is sometimes curative. The number of treatments range from 1 to 5.

Where will I have radiotherapy?

Radiotherapy is normally given in special cancer treatment centres, so you may have to go to a different hospital from where you had surgery or chemotherapy.

> Your radiation therapist will give you information on who to contact if you have any problems between sessions.

Radiotherapy side-effects

Radiotherapy is given directly to the site of the cancer. This means that any side-effects mainly affect the part of your body being treated.

How severe these side-effects are will vary from person to person, depending on the amount of treatment received. Most side-effects develop during or shortly after your treatment and get better within a few weeks. Late side-effects may develop some time after treatment. Some side-effects are long-term or may even be permanent. The most common side-effects are:

Diarrhoea

Passing more than 3 watery bowel motions (poos) a day is known as diarrhoea. This is a fairly common side-effect. You may also have stomach cramps and wind. If this happens, drink lots of clear fluids to replace the fluid you are losing. It is also best to eat a low-fibre diet and cut down on fruit and vegetables, brown bread, porridge and beans. There is also medication that can help to stop diarrhoea. Ask your radiation therapist and nurse for advice.

Bladder irritation

Your bladder may become irritated during radiotherapy. This can make you pass urine more often with a stinging or burning feeling. There may be a trace of blood in your urine too. If you get these side-effects, discuss them with your nurse or radiation therapist.

Irritation to your back passage (rectum)

Radiotherapy can cause irritation to your back passage and anus. It can cause a feeling of fullness and pressure there. You may have the urge to empty your bowel but without success when you go to the toilet. It may be itchy around your anus as well as sore. You may also notice a slimy mucous discharge. Radiotherapy can also irritate piles. There are creams and suppositories to relieve these problems, so tell your radiation therapist or nurse if you have any side-effects.

Skin changes

During radiotherapy your skin in the treated area may become red, sore and itchy. This usually only happens if you are having treatment for anal cancer. Your radiation therapist or nurse can give you advice on special creams to help this. You can take baths and showers while on treatment but avoid using perfumed soaps or powders on the treated area. Do not rub the area. When drying your skin, pat it gently with a soft towel.

Tiredness (fatigue)

You may feel very tired (fatigued) while having radiotherapy and for some time afterwards. Fatigue can often come on in the later weeks of treatment. It is best to allow yourself plenty of time to rest but try to stay as active as possible without getting overtired. The tiredness usually eases off gradually once treatment has ended. For some people the tiredness may last for several months. See page 109 for more about fatigue.

Feeling sick (nausea)

You may feel sick while having radiotherapy. Eating small meals often should help. Your doctor can also give you medication to prevent you feeling or being sick. Talk to your doctor or nurse if you feel sick.

Sexual problems and infertility

Radiotherapy can cause sexual problems such as problems with erections or a narrowed vagina. In some cases, it can cause infertility, particularly with radiotherapy to the rectum. See pages 111-115 for more details.

If you feel unwell or have any other side-effects or symptoms – during or at any time after treatment – tell your doctor, nurse or radiation therapist.

If you would like more information on radiotherapy and its side-effects, call our Support Line on 1800 200 700 or visit a Daffodil Centre to talk to a cancer nurse. You can ask them for a free copy of our booklet, ***Understanding radiotherapy***.

Clinical trials

Clinical trials are research studies that try to find new or better ways of treating cancer or reducing side-effects.

Patients with cancer are sometimes asked to consider taking part in a clinical trial. This means that instead of, or as well as, the standard treatment you may get a new trial drug. Or you may be given existing treatments used in different ways. For example, you may have a different dose of a drug or you may be given 2 treatments together. Because the drugs are still in trial, you'll be very closely monitored and may have extra tests and appointments.

Trials often investigate very specific features of a particular cancer or treatment, so you may not be suitable for a trial even if it is researching your particular cancer. Your doctor can advise you about this.

More information

It's best to talk to your doctor if you're interested in taking part in a clinical trial. For more information, you can read our factsheet ***Cancer and Clinical Trials***. It's available to read or download on our website, **www.cancer.ie**. You can also get a free copy by calling our Support Line on 1800 200 700 or by dropping into a Daffodil Centre.

You can see a list of current cancer trials at **www.cancertrials.ie**

Treatment for cancer that has spread (metastatic cancer)

If the cancer spreads to another part of your body, it is called metastatic or secondary cancer. If bowel cancer spreads, it often spreads to the lung or the liver. Your cancer may be in more than one part of your body when it is first diagnosed. If your cancer has spread it can still be treated. Treatment is usually to try to control the cancer rather than to cure it.

Often metastatic cancer is treated with chemotherapy or targeted therapies. There may also be treatments that you can have as part of a clinical trial (see page 89).

Some people may be suitable for surgery or stereotactic radiotherapy to remove cancer from the liver or the lung, but it depends on the size and position of the cancer and your general health. Your doctor will discuss the best treatment option for you with the healthcare team.

You can also have treatment to help with any symptoms. You may be referred to the palliative care team, who are experts in managing the symptoms of metastatic cancer.

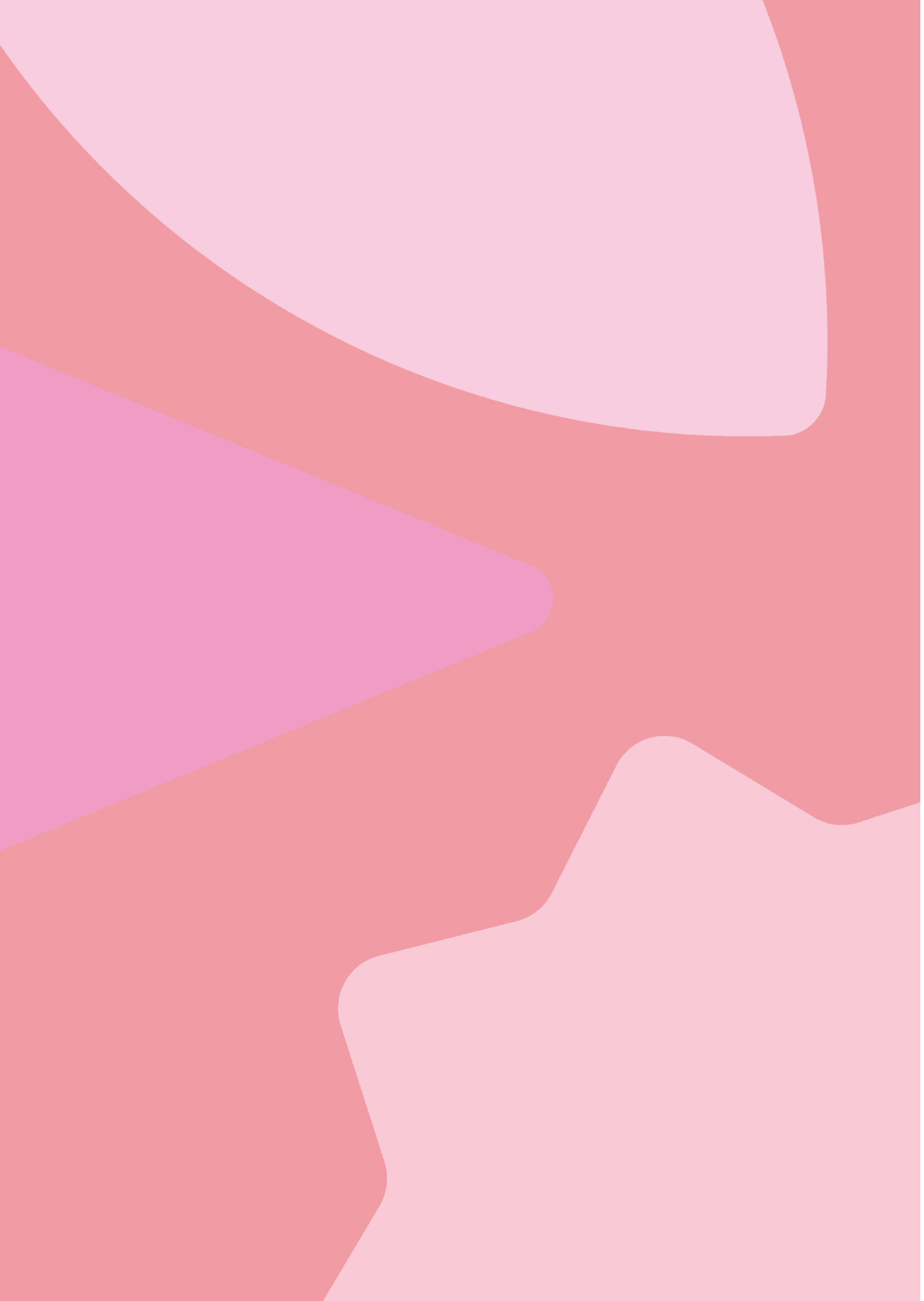
Thanks to recent advances in research and treatments, many people are living longer with metastatic cancer and with a better quality of life.

Palliative care

Palliative care helps you to manage your physical symptoms and improve your quality of life. Palliative care includes end-of-life care, but your doctor may also recommend palliative care to manage symptoms and complications earlier in your illness.

Palliative care includes physical, psychosocial and spiritual care. The team can include specially trained doctors, nurses, social workers, physiotherapists, occupational therapists, complementary therapists, chaplains and counsellor. Palliative care can be arranged by your family doctor (GP), public health nurse or by the hospital. Palliative care is a free service for all patients with advanced cancer. Palliative care teams work both in hospitals and in the community and sometimes visit patients at home. They may work along with your treating team.

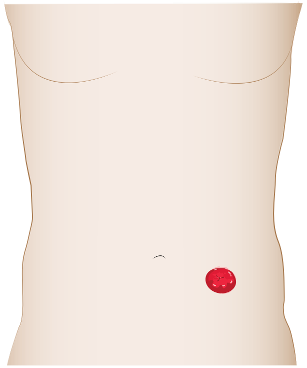
Stomas



Stomas

- With a stoma, bowel motions (poo) pass through the stoma (opening) into a bag instead of going through your back passage (rectum).
- It can take a bit of time and practice to get used to managing a stoma. Your stoma care nurse is always there to help you.
- Your consultant and stoma care nurse will advise you if you can have a reversal of your stoma. Reversing the stoma isn't always possible.

Ileostomy and colostomy



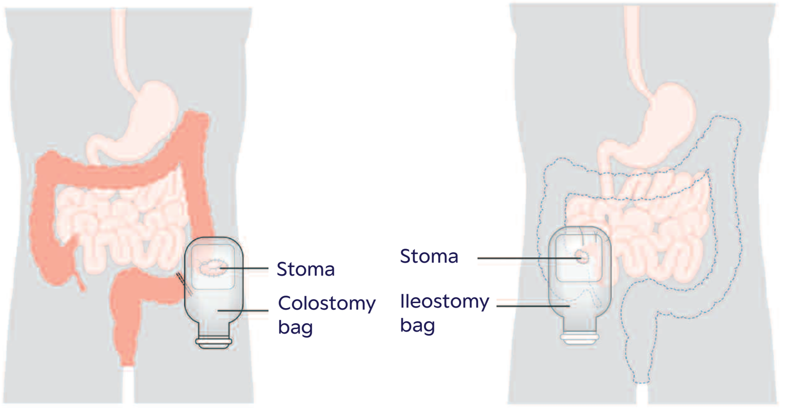
Often with bowel surgery your surgeon will make an opening (stoma) on your tummy. The cut end of your bowel (end stoma) or a loop of bowel with a hole made in it (loop stoma) is brought to the surface. Your poo passes through the stoma into a bag. Before your surgery your stoma nurse will examine your abdomen and mark the best position for your stoma to ensure that it will be as trouble free as possible to take care of.

A stoma is made to let your bowel rest and heal. If the ends of your bowel can't be joined together again after surgery, you might have a permanent stoma.

If the large bowel (colon) is brought out, it is called a **colostomy**.

If the small bowel is brought out, it is called an **ileostomy**.

A stoma is red and moist. Some people say it looks like a strawberry. After the operation it will be quite swollen. The swelling will usually reduce over about 6 weeks.



Images courtesy of Cancer Research UK/Wikimedia Commons

You will need to wear a bag over the opening to collect your bowel motions (poo).

The stoma nurse will measure the size of the stoma to make sure the bag is cut to the right size.

Your bowel motions (poo) pass through the stoma into a bag instead of going through your back passage (rectum). With a colostomy, the bowel motions should be firm, with an ileostomy they are more liquid.

If the stoma is temporary, you will need to have another operation to reconnect the bowel used to form the stoma to the rest of the bowel. This is called a stoma reversal. See page 103 for more about stoma reversal.

Having a stoma

Having a stoma is a big change to your body. It can take time to get used to having a stoma. Your stoma nurse will support you and can put you in contact with others living with a stoma, if you would like. You are not alone – there are thousands of people in Ireland living with a stoma.

How do I manage my stoma?

After your operation the stoma care nurse will help you to empty and change your bag. When you're feeling better they will teach you how to manage the stoma yourself, so that you are confident with it before you go home. They can also teach your relative or carer if you wish. The stoma/colorectal nurse will support you and guide you with any concerns or issues you may have once you go home.

Getting supplies

Your stoma care nurse will give you supplies to last you for the first couple of weeks at home.

You will be reviewed regularly for the first 6 weeks. You will receive a prescription for the supplies you need, available from your pharmacy.

If you have a medical card: You must bring your prescription to your GP who will add it to your medical card script.

If you don't have a medical card: Bring the prescription straight to your pharmacy. Make sure you have signed up for the Drugs Payment Scheme, which limits the amount you will pay for prescription drugs and other equipment every month.

Getting support after you leave hospital

You can contact the stoma care nurse at the hospital where you had your surgery if you have any problems at home. You may also be linked with a community stoma nurse who comes to your house.

Hints and tips: Looking after your stoma

- It takes time to get into the routine of looking after your stoma. Give yourself plenty of time and privacy to practise until you get used to it.
- The stoma nurse will give you written and verbal instructions on the right way to change your bag (pouch).
- Pouch changes depend on the type of stoma you have. If it is a more liquid poo (stool), the stoma care nurse will teach you how to empty the pouch regularly. If the poo is more solid, you may prefer to change the pouch rather than empty it. Your stoma care nurse will advise you about the best pouch for you.
- Before removing your pouch, make sure you have everything ready: a new pouch, wet and dry wipes for cleaning, a rubbish bag for waste and any accessories you use.
- Always bring enough supplies for one pouch change with you when you're out and about. Keep this in your car/pocket/bag for peace of mind.
- When travelling abroad, contact your stoma nurse for a travel cert, which is a special document for people with a stoma. Make sure you have enough supplies to last you and bring extra in case of delays.
- Keep in touch with your stoma nurse if you would like to change the products or accessories you're using. Your stoma nurse is there to support you. Don't ever be concerned that you are bothering them.

Will I have to change the foods I eat?

If you have a colostomy

Most people don't need to change how they eat. It's important to eat a well-balanced diet and drink plenty of water.

If you have an ileostomy

You will meet a dietitian who will give you information about the best diet for you. You may be started on a low-fibre diet after the operation. High-fibre foods such as brown bread, green leafy veg, beans and pulses may make your bowels move too much. It's important to eat slowly and chew your food well. It's also very important to have enough fluids, so drink at least 8 glasses a day.

If your bowel motions are very watery, you may need anti-diarrhoea medication to slow down your bowel activity. You may also need to drink special electrolyte drinks to prevent dehydration.

> "It's important to eat slowly and chew your food well."

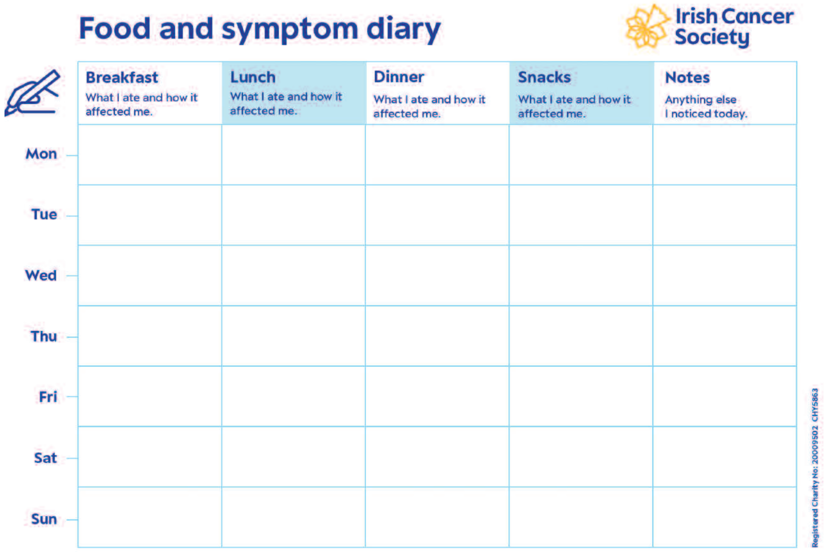
Talk to the dietitian

Ask to talk to the dietitian at the hospital if you want advice about your diet or if you're having any difficulties. They can give you advice on the best diet for you and how to avoid problems.

Food/symptom diary

It might help to keep a note of what you eat and how it affects you – for example, certain foods might affect your bowel motions, cause discomfort or give you wind. If you notice any symptoms, don't cut foods out straight away. Try them again until you're sure they are causing the symptom. Even if you cut out certain foods, try them again in the future to see if they still have the same effect. You can ask the dietitian about this.

There's a printable diary page on our website, **www.cancer.ie** – Search '**Food diary**'.



Food and symptom diary

Irish Cancer Society

	Breakfast What I ate and how it affected me.	Lunch What I ate and how it affected me.	Dinner What I ate and how it affected me.	Snacks What I ate and how it affected me.	Notes Anything else I noticed today.
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

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> It can take time to get used to having a stoma, but most people cope very well. Ask your stoma nurse if you need any advice.

What bowel changes might I have?

Bowel activity

The consistency of your poo – whether it is formed or more watery – and how often you poo will depend on the part of the bowel the stoma is formed from.

If you have an ileostomy: The consistency is similar to porridge. You can expect to empty your bag between 4 and 6 times a day. If you have very watery poo for a few days and you start to feel unwell or tired or if your mouth is dry, you may be dehydrated. It's important to contact your doctor or stoma nurse for advice if you have these symptoms.

If you have a colostomy: The poo tends to be formed (more solid). Your stoma may work 1-2 times a day, but everyone's bowel habit is individual, so your stoma may work more or less often than this. You should contact your GP or the hospital for advice if you go longer than 3 days without having a bowel movement.

Wind (flatulence)

Some foods can cause excess wind. For example, beans, onions, fizzy drinks and chewing gum. If wind is a problem for you, try drinking peppermint tea. Avoid smoking and chewing gum, allow fizzy drinks to go flat before you drink them and chew with your mouth closed.

Getting advice

It's important to contact your stoma nurse if you're having any difficulty with your stoma. You're not bothering them – they are there to help, support and advise you.

Stomas and sex

If you have a stoma, it may change the way you feel about your body. You may also have concerns about how your partner will react. Try to talk to your partner about the way you're feeling. Talking can help to ease your anxiety. If you need more advice, talk to your doctor. They can refer you for special counselling if you feel it would help.

Food and drink

It is best not to eat too much before sex. Also, watch the types of food you eat if you know there are certain foods that affect your bowel movements. You could plan times for sex when a bowel movement is less likely. Empty the bag before sexual intimacy.

Intimacy

You may be afraid that the bag will interfere with sex, become dislodged or cause damage to the stoma. These are all normal fears. But an empty and flat bag will not become loose from the stoma. It can be rolled up or taped down so it won't get in the way.

Decorative covers

It is possible to wear decorative covers as well. There are also a variety of pouches to suit your needs. There are bands you can wear on your tummy for support and discretion. Your stoma care nurse can give you advice about this.

Stoma reversal

Stoma reversal (closing the stoma) is when the bowel used to form the stoma is reconnected to the remainder of the bowel. Patients often look forward to the reversal of the stoma and see it as a return to normal.

If all of your rectum has been removed, you will not be suitable for stoma reversal, as waste can't leave your body in the normal way without it.

If and when you might have a stoma reversal depends on:

- If you have recovered from your first surgery and your bowel has healed.
- If you need any more treatment such as chemotherapy or radiotherapy. You will need to finish and recover from these treatments before stoma reversal can be considered.

- If your bowel is healthy – for example, there is no disease in your bowel and no narrowing of the bowel.
- If the muscles around your back passage (anal sphincters) are working. These control the flow of waste and wind from your bowel and so are needed for normal bowel function.
- If you're medically fit to have more surgery.

Your surgeon will talk to you about whether you might be suitable for stoma reversal surgery. You may need to have more tests to give your surgeon more information.

Often stoma reversal happens anytime from a few months after the stoma was made to 1 or 2 years later. Stoma reversal surgery may be delayed or may not be suitable for you, so try not to focus too much on reversal, and instead focus on adjusting to living with a stoma.

You may prefer not to have more surgery, even if reversal is an option for you.

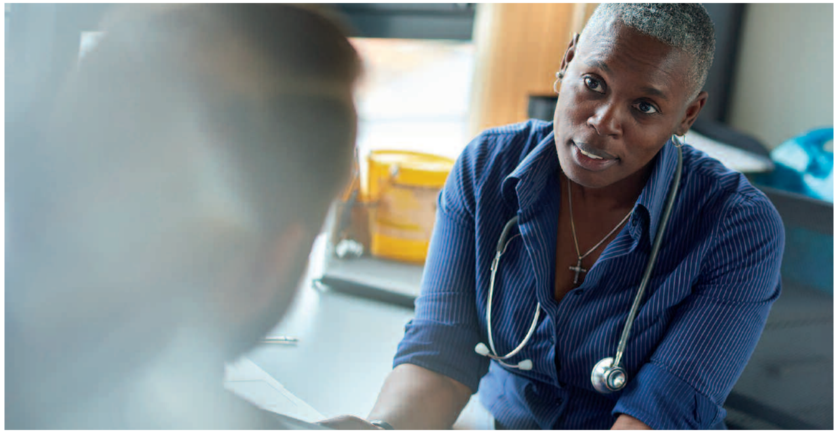
Stoma reversal surgery

Rejoining the 2 ends of the bowel (stoma reversal) is usually a simpler operation than surgery to remove a tumour, but the preparation and aftercare are similar. As with any surgery, there are always risks and possible complications. Talk to your surgeon so that you understand your surgery. See pages 66-69 for more about getting ready for surgery and recovering afterwards.

Getting used to life without a stoma

The vast majority of people who have had their stoma reversed look forward to getting on with their lives without the stoma and they return to normal life.

Some people's bowel pattern may not return to how it was before their cancer treatment, but generally people adapt to a 'new normal' routine for their bowels and manage very well.



Bowel function often improves over time. This can vary from weeks to months and even years for some people. A minority of people will have more significant bowel function problems after stoma reversal. They may need more support from healthcare professionals and possibly further medical procedures.

Possible bowel changes include:

- Needing to go to toilet more often, including during the night
- Needing to rush to get to the toilet in time (urgency)
- Diarrhoea – looser or more watery poos
- Doing lots of small poos rather than one big one
- Feeling that you need to poo all the time or that you haven't emptied your bowel fully
- Poo leaking from your back passage
- Constipation
- Sore skin around the back passage

These changes can be upsetting. You may feel embarrassed or worry about how bowel changes will affect your day-to-day life or your sexual relationships. Stay in touch with your medical team and let them know if you are having any problems. They can advise you on things that may help such as:

- Changes to your diet
- Medication
- Skin care
- Pelvic floor exercises
- Anal plugs
- Talking to a physiotherapist
- Irrigation (flushing out the rectum and/or the colon using warm water and special equipment)

Carry the card

The Irish Cancer Society has a card that you can show at shops and other public places to request urgent access to a toilet. Get one from a Daffodil Centre or by calling our Support Line on 1800 200 700.

Managing side-effects and symptoms

How can I cope with fatigue?

Fatigue means feeling extremely tired. Fatigue is very common with cancer. Usually fatigue starts to improve once treatment is over, but it can carry on for some people. Tell your doctor or nurse if fatigue is affecting you, so that they can help you.

Fatigue when you have cancer can be caused by many things, including:

- The cancer itself
- Tests and treatments for cancer
- Not eating well
- Low levels of red blood cells (due to the cancer or its treatment)
- Dealing with difficult emotions and feeling anxious or depressed
- Not sleeping well
- Symptoms like pain, breathlessness or fluid retention

Finding out what is causing your fatigue makes it easier to treat. For example, if you have a low red blood cell count, a transfusion can make you feel better. If you are not eating well, a dietitian may be able to give you some advice to help you.

Hints and tips: Fatigue

- **Ask your doctor about exercising.** Being active can help with fatigue. Your doctor may also be able to recommend an exercise programme for you.
- **Plan your days:** Get to know when your energy levels tend to be better. You may have to decide which tasks are important to finish and do them over the course of the day or when you have most energy.
- **Ask for help at work or at home** with any jobs that you find tiring.
- **Try to eat a well-balanced diet.** Eat little and often if your appetite is poor. Our booklet ***Understanding diet and cancer*** has tips to help.
- **Try to avoid stress.** Talk to friends and family about any worries you have and take time to enjoy yourself. Counselling may help too (see page 126).
- **If you are not sleeping well, have a good bedtime routine and try relaxation techniques.** Avoid stimulants like caffeine and alcohol in the evening and try not to use electronic devices for an hour before bedtime.
- **Short naps (less than an hour) and rest periods can be helpful,** as long as they don't stop you from sleeping at night.
- **Try complementary therapies** like meditation, acupuncture or massage, if your doctor says they're safe for you.

Our booklet ***Coping with fatigue*** has more advice. Call our Support Line on 1800 200 700 or visit a Daffodil Centre for a free copy. It's also on our website **www.cancer.ie**

Will treatment affect my sex life?

Cancer can affect how you feel about sex and your relationships. Coming to terms with the fact that you have cancer can take quite a while. It can be hard to relax as well when you have a lot of worries on your mind. You may also be feeling tired from the effects of treatment and lose interest in sex as a result. Or you may be coming to terms with changes in your appearance after surgery or getting used to having a stoma.

There is no right or wrong way to feel about your sexuality and sex life. Even if you do not feel like having sex, you can still enjoy a close and loving relationship with your partner. Touching and holding each other can help you to stay physically close.

You may find that talking about your feelings may ease any worries you have. If you find it hard to express your feelings to your partner or a close friend, talk to your doctor or nurse. Our Support Line 1800 200 700 and our Daffodil Centres can help you to find supportive information and accredited therapists if you would like to talk to someone. Therapy can help you and your partner deal with a change in your sexual relationship and find ways of being close again. You can also ask for a copy of our booklet, ***Understanding sex, sexuality and cancer,*** or download it from **www.cancer.ie**

There is no set time for you to be ready to have sex again. It varies from person to person. Your doctor will advise if you can have sex while on radiotherapy. But you may find it will be some weeks before you will feel well enough to have sex again after surgery.

Some people fear that cancer can be passed on to a partner during sex. There is no truth to this.

Physical problems

You may have physical side-effects that can cause difficulties with sex, depending on the type of treatment you've had. Sometimes surgery to the rectum can affect the nerves and blood supply to the sexual organs. This may result in problems having an erection and ejaculation. This usually clears up over time, but in some cases, it may last much longer or be permanent. Your surgeon should talk to you before surgery about any sexual problems that might happen.

Always let your medical team know if you're having problems. They can give you advice and refer you to another specialist, if necessary.

Radiotherapy to the rectum or possibly surgery can narrow and shorten the vagina, which can make sex painful. Your nurse can give you advice about treatments to help, such as using vibrators or vaginal dilators, which can help to stretch the vagina. Some patients may have a loss of sensation or vaginal dryness. Simple solutions such as lubricants may help with this.

Go to the sexual side-effects section of our website for more information.

Anal sex may be more difficult after some treatments or you may experience a loss of sensation. You may also be more likely to get infections if the skin in the area is more delicate after radiotherapy. It's best to ask your medical team about when it's safe to have anal sex again and about any precautions you should take. Anal sex isn't possible after surgery to remove your anus and rectum. This will have a big impact on some people's sex life. Though it will take time to adjust, there are other ways for you to enjoy a fulfilling sex life. Sharing your thoughts and feelings with your partner, if you have one, can help with this. Or ask your medical team about professional counselling or other support services.

If you have a stoma you may feel self-conscious about your body or worry about the bag during sex. See pages 102-103 for more about stomas and sex. There's more about managing the sexual side-effects of treatment on our website, **www.cancer.ie**

Contraception

If you are having sex and you are fertile, you should use a reliable method of contraception during and for some time after treatment. Some chemotherapy and other cancer drugs may harm a developing baby, so it's important to avoid pregnancy during and for a time after treatment. Chemotherapy is present in all your bodily fluids so you should use a barrier method of contraception such as condoms to protect your partner if you have sex during treatment.

Many specialists recommend that you wait for up to 2 years after treatment before trying to start a family or having more children. This time gives your body a chance to recover from the effects of the cancer and its treatment.

Ask your doctor's advice about contraception or if you are thinking about having children after treatment.

Asking for advice

If you have any questions about how treatment may affect your sex life, you can ask your doctor or nurse. They are well used to talking about these matters, so try not to feel embarrassed. You can also call our Support Line on 1800 200 700 or visit a Daffodil Centre. You can discuss any worries you might have with a cancer nurse in confidence. Or email the nurses at supportline@irishcancer.ie

Will treatment affect my fertility?

Your fertility may be affected by some of the treatments so that you may not be able to have a child in the future. This may be temporary or permanent. It depends on the type and amount of treatment you have.

Discuss any worries you have about infertility with your doctor before treatment starts. They can tell you if there are any options open to you. For example, it may be possible to freeze your eggs or sperm before treatment begins. Your doctor can refer you to a specialist fertility clinic for advice, counselling and support if this is an option for you.

Dealing with infertility can bring feelings of sadness, anger and loss of identity. It can help to talk through your concerns with someone who is a good listener or with a professional counsellor. You can also call our Support Line on 1800 200 700 or visit a Daffodil Centre for information and support from a cancer nurse.

Cancer and complementary therapies

Complementary therapies are treatments and activities that you can have along with your standard medical treatment to try and feel better. For example, meditation, acupunture and aromatherapy.

Complementary therapies can't treat or cure cancer, but some people say that complementary therapies help them to feel more relaxed and better able to cope with their cancer and the side-effects of treatment.

It's very important to talk to your doctor if you're thinking of using complementary therapies. Tell them also if you're using or considering using over-the-counter or herbal medications. Some can interfere with your treatment or be harmful to you, even if you have used them safely before your cancer diagnosis.

What's the difference between complementary and alternative therapies?

Complementary therapies are used **together with** standard medical treatment.

Alternative therapies are used **instead of** standard medical care.

Modern medical treatments are very effective at curing cancer and keeping it under control. An unproven alternative could harm your health, or you might miss out on a treatment that could really help you.

After treatment

What follow-up will I need?

After your cancer treatment has ended, you will still need to have regular check-ups. This is called follow-up. If you had surgery, your first visit might be 2–6 weeks afterwards. Follow-up usually involves seeing your doctor and having tests such as a physical exam, X-rays, scans, colonoscopies and blood tests.

At first you will see your doctor or your nurse specialist quite often, sometimes every 3 to 6 months, especially for the first 2 years. The follow-up will continue for at least 5 years. In general, if the cancer has not returned after 5 years, you are considered cured. As there is a genetic link in bowel cancer, you might like to talk to your doctor about getting other family members screened.

Tell your doctor or nurse how you have been since your last appointment. Remember to tell them about any new symptoms, aches or pains you have, or if you are finding it hard to cope.

It can help to write down what you want to say before you see the doctor, so you don't forget anything.

It's important to go to your follow-up appointments so your doctor can check for signs of the cancer coming back (recurrence) and help with any side-effects that you may have. They can also check for signs of new side-effects that may develop after you have finished treatment. It is better to be aware of these as early as possible so that suitable treatment can be given.

If you are between check-ups and have a symptom or problem that is worrying you, call your specialist nurse for advice or to arrange an earlier outpatient appointment if necessary.

If you become suddenly unwell and can't contact your specialist nurse or hospital team, go to your GP or the emergency department at the hospital.

Blocked bowel

If you have pain or tenderness in your tummy area (abdomen) or vomiting, let your medical team know straight away. It could be caused by a blockage in your bowel, which will need to be treated as soon as possible.

Life after treatment

It can take some time to adjust to life after cancer treatment. It isn't unusual to feel quite low, vulnerable and lost after your treatment has ended, especially during the first few months.

Feelings you may have include:

- Fear of cancer coming back and worrying about every small symptom
- Loneliness without the company and support of your medical team and fellow patients
- Stress at having to deal with things that may have been on hold during your treatment, such as your finances, going back to work and family issues.
- Isolation or guilt if your family and friends expect you to get back to normal before you are ready
- Anxiety and self-doubt about sexual and romantic relationships
- Anger at what has happened and the effect on you and your loved ones
- Depression or sadness

There is more about how to cope with these feelings and adjusting to life after cancer on our website **www.cancer.ie**

You can also call our Support Line or visit a Daffodil Centre to talk to a cancer nurse in confidence. See page 127 for other ways to get emotional support.

> “The physical and emotional effects of cancer can sometimes affect people months or years after their diagnosis. Don't be afraid to seek medical help or go back to counselling or support services if you feel you need them.”

After-treatment workshops

You might like to join our ***Life and Cancer – Enhancing Survivorship* (LACES)** programme after treatment. This workshop covers topics such as diet, exercise, wellbeing, finance and self-management and gives information on support and services to help you. Call our Support Line or visit a Daffodil Centre for details.

Living a healthy lifestyle

Having a healthy lifestyle is important as it can help you to:

- Feel better
- Heal and recover faster
- Cope better with any side-effects
- Keep up your energy and strength
- Reduce your risk of further illness

A healthy lifestyle includes:

- Exercising
- Eating well
- Not smoking
- Avoiding alcohol
- Protecting yourself from the sun

It's also important to have any vaccines recommended for you. For example, flu and pneumonia. Some vaccinations may not be suitable if you've had cancer treatment, so check with your doctor which you should have and make sure you get them.

If you want more information or advice, call our Support Line on 1800 200 700 or visit a Daffodil Centre. You can also go to our website **www.cancer.ie** for tips and publications on healthy living.

What if the cancer comes back?

If cancer does come back, it can often be treated again. Your cancer doctor will advise you on what your treatment options are.

Coping and emotions

How can I cope with my feelings?

Some people say that trying to cope with their thoughts and feelings is the hardest part of having cancer.

You may find it hard to come to terms with your diagnosis. You may blame yourself, resent other people who are healthy or feel very anxious or depressed.

Feelings like sadness, fear, grief, hopelessness, anxiety and anger can happen at different times, sometimes months or years after treatment.

> A cancer diagnosis can be hard on you – mentally and emotionally. Give yourself time and space to deal with your emotions and get help if you need it.

A helpful booklet that discusses in detail how you may be feeling is called ***Understanding the emotional effects of cancer***. Call our Support Line on 1800 200 700 or visit a Daffodil Centre for a free copy or download it from **www.cancer.ie**

Anxiety and depression

If you feel that anxiety or low moods are getting the better of you or you're finding it hard to cope, it's important to get help. Try to talk with someone you know who is a good listener, join a support group or tell your GP. Medical social workers can also offer support to you and your family.

Your doctor may also suggest medication to help with anxiety or depression. Often a short course of medication can work well. Professional counselling can also be very helpful.

> It's not a sign of failure to ask for help or to feel unable to cope on your own.

Counselling

If you're feeling very distressed or finding it hard to cope, a trained counsellor who is not involved in your situation can help you to express your feelings, worries and fears and make sense of them. Counselling can also give you emotional support, help you to make decisions and learn ways to cope better.

The Irish Cancer Society funds one-to-one counselling, remotely and through many local cancer support centres. To find out more about counselling call our Support Line on Freephone 1800 200 700 or visit a Daffodil Centre. Or email the nurses at supportline@irishcancer.ie

> “Counselling has helped me with every part of my life. I feel I have a future now.”

Ways to get emotional support

Find out about cancer support services in your area: Most provide a range of helpful services like counselling, complementary therapies, exercise programmes and other activities. They can also give you practical advice and support. See page 152 for more about cancer support services.

Join a support or educational group: You might find it reassuring to talk to other people with cancer who are facing similar challenges. Many cancer support centres have activities and groups where you can meet other people affected by cancer.

Ask about psycho-oncology services at the hospital: Psycho-oncology services give cancer patients emotional and psychological support to help them cope. Your healthcare team can refer you to psycho-oncology services if they're available at your hospital

Talk things through: It can be a great weight off your mind to share your feelings and worries. You could talk to a friend or family member if you feel comfortable doing so. You could also speak to the medical social worker at the hospital or to one of our cancer nurses.

Seek spiritual support: For some people spiritual and religious beliefs can bring comfort and hope. Practices such as prayer or meditation may help you to focus on what has value and meaning in your life.

If you need more information or help with finding support, call our Support Line on 1800 200 700 or drop into a Daffodil Centre.

Peer Support

Peer Support is the Irish Cancer Society's free and confidential telephone service connecting people with similar cancer experiences. Peer Support volunteers are fully trained to provide emotional and practical cancer support in a safe, responsible and kind way. To be referred to a Peer Support volunteer, call 1800 200 700 or contact your nearest Daffodil Centre.

> "Talking about cancer made it less awful and helped ease my fears. I learned to cope and understand myself better."

Positive feelings

In time, some people say they can find positive things in their cancer experience. They say that cancer brought them closer to the people around them or made them appreciate what's important in life. Or it opened up new experiences and relationships.

Getting support, such as counselling, may help you to come to terms with your diagnosis and feel more positive.

> "I am very happy and content … even though I have to live with this."

You and your family

Every family deals with cancer in its own way. You may feel that you don't want your illness to upset family life, feel guilty that you can't join in as much as before, or that you're letting down your partner or children. You may also worry about the emotional impact your illness will have on your loved ones. These are all natural feelings to have at this time. Our booklet ***Understanding the emotional effects of cancer*** can help to you find ways to talk about your cancer and to ask for the help and support you need.

If you or your family members need more support or advice, speak to the medical social worker at the hospital or get in touch with one of our cancer nurses. Call us on 1800 200 700 or visit a Daffodil Centre.

Changing relationships

You may feel that people are treating you differently. Some people may withdraw and not contact you as much because they are afraid of doing or saying the wrong thing. Others may not understand that you feel too unwell to go out. Try to talk openly to your friends and family if there are any misunderstandings or problems. Tell them how you feel. If you find it hard, ask another family member or friend to talk to them.

Talking to children and teenagers

Saying nothing

You may feel it's best not to tell your children anything. You may be worried about what to say or how they will react. But children and teenagers can often sense that there is a problem. If no one explains to them why things have changed, they may imagine something worse or blame themselves. By talking openly you can answer their questions and help them to cope with their emotions.

How to tell your children

It's best that you or your partner tell your children about your cancer diagnosis. How you discuss your cancer and treatment with them will depend on their age and character. Your specialist nurse and our cancer nurses can also support you if you have children and aren't sure what to say to them. You could also read our booklet ***Talking to Children about Cancer***, which has practical advice about how to talk to children of different ages. It also has information on supporting children and teenagers and helping them to deal with their emotions.

The booklet is available free of charge from Daffodil Centres or by calling our Support Line. It's also available on our website **www.cancer.ie**.

Further information and support

If you want more advice and support, you can ask your nurse or medical social worker. Or call our Support Line on 1800 200 700 or visit a Daffodil Centre to talk to a cancer nurse in confidence.

Supporting someone with cancer

Supporting someone with cancer

Finding out someone you love has cancer and trying to care for them can be difficult. You might be unsure about how best to support the person with cancer, practically or emotionally. You might also be struggling with your own feelings and responsibilities.

Here are some things that can help to make life a little easier:

Learn about cancer

Try to go to hospital visits and also read any information from the hospital so you can understand your loved one’s illness and treatment, how it might affect them, physically and emotionally, and how you can best support them. Visit our website **www.cancer.ie** or call our Support Line for free copies of our cancer information booklets.

Share worries

If you are feeling anxious or overwhelmed, share your worries with someone else. Call our Support Line on 1800 200 700 or drop into a Daffodil Centre if you want to chat to a cancer nurse in confidence.

Be kind to yourself

Your health and happiness matter too. Make some time for yourself, stay in touch with your friends and don't be afraid to let other people help out with the caring.

Try counselling

You might find it helpful to talk to a counsellor. The Irish Cancer Society funds one-to-one counselling for friends and family members, remotely and through many local cancer support centres. Talk to your GP or see page 126.

Find out about support for carers

Find out about groups and organisations especially for carers of people with cancer. Many local cancer support centres have services for carers too.

How to talk to someone with cancer

When someone close to you has cancer, it can be hard to know what to say. You may find it difficult to talk about their cancer. Or you may be afraid of saying the wrong thing. Often what people with cancer want most is someone to listen to them.

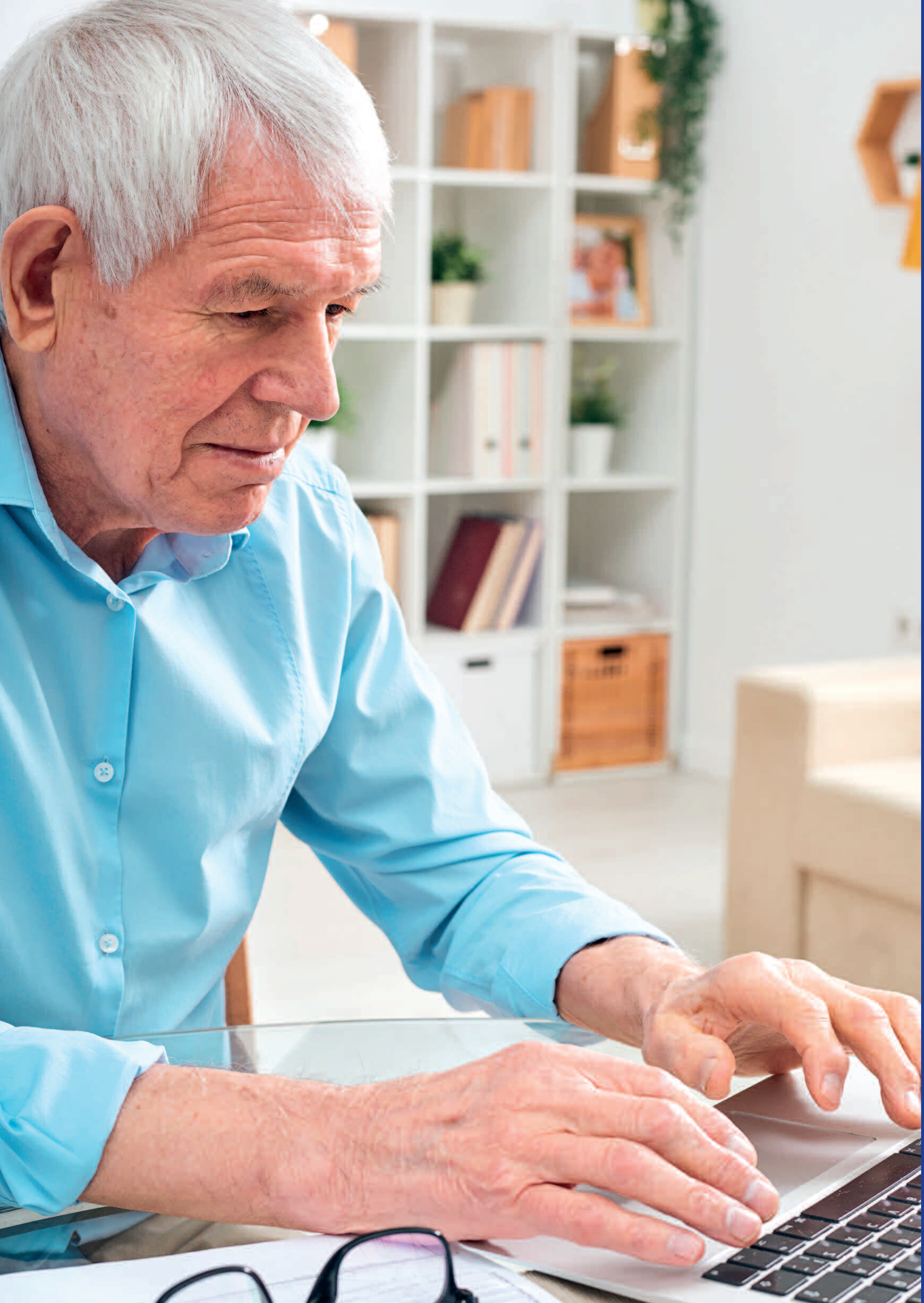
If you want advice on how to support a friend or loved one with cancer, call our Support Line on 1800 200 700. Ask for a copy of our booklet ***Caring for someone with cancer***. The booklet gives advice on talking to someone with cancer. It also has tips to help you to feel more confident about supporting your friend or relative. You can also pick up a copy of the booklet at any Daffodil Centre, or download it at **www.cancer.ie**

Support for you

Our cancer nurses are there to support you. Call our Support Line on 1800 200 700, visit a Daffodil Centre or email supportline@irishcancer.ie for confidential support, advice and information. Our booklet, ***Caring for someone with cancer***, has lots of information on:

- Getting organised
- Managing and giving medications
- Giving personal care
- Practical and money matters
- Relationships with other people
- Looking after yourself
- Life after caring

Free copies are available from our Daffodil Centres and our Support Line, or download it from our website **www.cancer.ie**



Support resources

Money matters

- If you have cancer you may not be able to work for a time. You may also have extra expenses.
- You may have to pay for some of your cancer treatment.
- You might be entitled to certain social welfare payments.
- There are services to help you if you're finding it hard to manage.

A diagnosis of cancer often means that you will have extra expenses, such as medication, travel, heating and childcare costs. If you can't work or you are unemployed, this may cause even more stress. It may be harder for you to deal with your illness if you are worried about money.

Irish Cancer Society Welfare and Supports Team

We provide appropriate supports and advice for people living with cancer. This includes:

- **Understanding your welfare entitlements**
- **Advice on accessing extra childcare**
- **Telling your boss about your diagnosis/returning to work**
- **Housing and homelessness issues**

We can tell you about the public services, community supports and legal entitlements that might help you and your family. We can also act as advocates for patients and their families who may need extra support after a diagnosis. This might include having an Irish Cancer Society Welfare Officer present when discussing your diagnosis with your employer or at meetings with your financial provider to help them understand your diagnosis.

To be referred, call our Support Line on Freephone 1800 200 700 or contact your nearest Daffodil Centre. Our nurses will chat with you and confirm if a discussion with one of our Welfare Officers or other supports might be of help.

Medical expenses

Medical expenses that you might have to pay include:

- Visits to your family doctor (GP)
- Visits to hospital
- Overnight stays in hospital
- Medicines
- Medical aids and equipment (appliances), like wigs

How much you pay towards your medical expenses depends on whether or not you qualify for a medical card and what type of health insurance you have, if any.

If you have a medical card, you will probably have very little to pay for hospital and GP (family doctor) care or your medication. If you are over 70, you can get a free GP visit card.

Medical cards are usually for people on low incomes, but sometimes a card can be given even if your income is above the limit. For example, if you have a large amount of medical expenses. This is known as a discretionary medical card.

An emergency medical card may be issued if you are terminally ill and in palliative care, irrespective of your income.

If you don't have a medical card you will have to pay some of the cost of your care and medication.

If you have health insurance the insurance company will pay some of the costs, but the amount will depend on your insurance plan. It's important to contact your insurance company before starting treatment to check you're covered.

Benefits and allowances

There are benefits that can help people who are ill and their family. For example, Illness Benefit, Disability Allowance, Invalidity Pension, Carer's Allowance, Carer's Benefit, Carer's Leave.

If you want more information on benefits and allowances, contact:

- The medical social worker in the hospital you are attending
- Citizens Information – Tel: 0818 074 000
- Department of Employment Affairs and Social Protection – Tel: 0818 662 244 or ask to speak to a DSP representative at your local health centre or DSP office.

Always have your PPS number to hand when you are asking about entitlements and benefits. It's also a good idea to photocopy completed forms before posting them.

If you have money problems

If you are getting into debt or you are in debt, the Money Advice and Budgeting Service (MABS) can help you. MABS can look at your situation, work out your budget, help you to deal with your debts and manage your payments. The service is free and confidential.

Call the MABS Helpline 0818 072 000 for information.

If you are finding it hard to cope financially, contact the medical social worker in the hospital or your local health centre for advice. The Irish Cancer Society can also give some help towards travel costs in certain cases. See page 149 for more details of our Transport Service and the Travel2Care fund.

You can also call our Support Line 1800 200 700 or visit a Daffodil Centre and the nurse will suggest ways to help you manage.

Money and finances

Go to **www.cancer.ie** and see our **Welfare and supports** page for information on:

- Medical costs and help available
- Benefits and allowances that you or your family may qualify for
- Travel services
- Ways to cope with the cost of cancer

Our website has lots of information on government supports for people who are unwell and their carers. Our Welfare and Supports Team may also be able to help (see page 142).

Irish Cancer Society services

Our Cancer Support Department provides a range of cancer support services for people with cancer, at home and in hospital, including:

- Support Line
- Daffodil Centres
- Telephone Interpreting Service
- Peer Support
- Patient Education
- Counselling
- Support in your area
- Transport Service
- Night Nursing
- Publications and website information
- Welfare and Supports Team (see page 142)

Support Line Freephone 1800 200 700

Call our Support Line and speak to one of our cancer nurses for confidential advice, support and information for anyone affected by cancer. Our Support Line is open Monday to Friday, 9am-5pm.

The Support Line service also offers video calls for those who want a face-to-face chat with one of our cancer nurses. From the comfort of your own home, you can meet a cancer nurse online and receive confidential advice, support and information on any aspect of cancer.

Our cancer nurses are available Monday to Friday to take video calls on the Microsoft Teams platform. To avail of this service, please go to **https://www.cancer.ie/Support-Line-Video-Form**

You can also email us at any time on supportline@irishcancer.ie

Daffodil Centres

Visit our Daffodil Centres, located in 13 hospitals nationwide. The centres are staffed by cancer nurses and trained volunteers who provide face-to-face advice, support and information to anyone affected by cancer. The service is free and confidential. This is a walk-in service; you do not need an appointment. For opening hours and contact details of your nearest Daffodil Centre, go to **www.cancer.ie** and search 'Daffodil Centres'.

Who can use the Daffodil Centres?

Daffodil Centres are open to everyone. Just call in if you want to talk or need information on any aspect of cancer including:

- Cancer treatments and side-effects
- Chemotherapy group education sessions
- Emotional support
- Practical entitlements and services
- Living with and beyond cancer
- End-of-life services
- Lifestyle and cancer prevention
- Local cancer support groups and centres

Telephone Interpreting Service

We make every effort to ensure that you can speak to our Support Line and Daffodil Centre nurses in your own language through our Telephone Interpreting Service.

If you would like to speak to us using the Telephone Interpreting Service, call our Support Line on Freephone 1800 200 700, Monday to Friday 9am-5pm, or contact your nearest Daffodil Centre.

Tell us in English the language you would like. You will be put on hold while we connect with an interpreter. You may be on hold for a few minutes. Don't worry, we will come back to you.

We will connect you to an interpreter.

The interpreter will help you to speak to us in your own language.

Peer Support

Peer Support is a free and confidential telephone service connecting people with similar cancer experiences. Peer Support volunteers are fully trained to provide emotional and practical cancer support in a safe, responsible and kind way.

To be referred to a Peer Support volunteer, call Freephone 1800 200 700 or contact your nearest Daffodil Centre. For more information on Peer Support, search 'peer support' at **www.cancer.ie**

Patient Education

At our free patient education workshops, our cancer nurses provide tailored information before and after cancer treatment.

The workshops take place in person, in one of our 13 Daffodil Centres nationwide, or online. To register for a place at one of our patient education workshops, call our Support Line on 1800 200 700, contact your nearest Daffodil Centre or email patienteducation@irishcancer.ie. You can also learn about different treatments by watching our patient education videos at **www.cancer.ie**

Counselling

The Society funds professional one-to-one counselling for those who have been affected by a cancer diagnosis. Counselling is available for the person who has been diagnosed, family members and close friends. The services we provide are:

- Remote counselling nationwide, by telephone or video call.
- In-person counselling sessions in cancer support centres around the country.

For more information, call Freephone 1800 200 700 or contact your nearest Daffodil Centre.

Support in your area

We work with local cancer support centres and the National Cancer Control Programme to ensure patients and their families have access to high-quality confidential support in a location that's convenient to them.

For more information about what's available near you, visit **www.cancer.ie/local-support**, contact your nearest Daffodil Centre or call our Support Line on 1800 200 700.

Transport Service

We provide patient travel and financial grants for patients in need who are in cancer treatment.

- Transport is available to patients having chemotherapy treatments in our partner hospitals, who are having difficulty getting to and from their local appointments.
- We have recently opened a pilot service for radiotherapy patients attending University Hospital Cork and the Bons Secours Hospital, Cork for treatment.
- Travel2Care is a fund for patients who are having difficulty getting to and from their diagnostic test appointments or cancer treatments. Patients can apply for the fund if they are travelling over 50km one way to a national designated cancer centre or approved satellite centre. Travel2Care is made available by the National Cancer Control Programme.

To access any of these services please contact your hospital healthcare professional, call Freephone 1800 200 700 or contact your nearest Daffodil Centre.

Night Nursing

We provide end-of-life care for cancer patients in their own home. We offer up to 10 nights of care for each patient. Our service allows patients to remain at home for the last days of their lives surrounded by their families and loved ones. This is a unique service in Ireland, providing night-time palliative nursing care to patients, mostly between 11pm and 7am.

For more information, please contact the healthcare professional who is looking after your loved one.

> “We were really lost when we brought Mammy home from the hospital and the night nurse’s support was invaluable. She provided such practical and emotional support.”

> “Our night nurse was so caring and yet totally professional. We are so grateful to her for being there for Dad and for us.”

Publications and website information

We provide information on a range of topics including cancer types, treatments, side-effects and coping with cancer. Visit our website **www.cancer.ie** to see our full range of information and download copies. You can also Freephone our Support Line or call into your nearest Daffodil Centre for a free copy of any of our publications.

To find out more about the Irish Cancer Society’s services and programmes:

- **Visit us at www.cancer.ie**
- **Call our Support Line on Freephone 1800 200 700**
- **Email our Support Line at supportline@irishcancer.ie**
- **Contact your nearest Daffodil Centre**
- **Follow us on:**
  Facebook
  X
  Instagram
  LinkedIn

Local cancer support services

The Irish Cancer Society works with cancer support services all over Ireland. They have a range of services for cancer patients, their partners, families and carers, during and after treatment, many of which are free. For example:

- Professional counselling (the Irish Cancer Society funds one-to-one counselling through many local support services)
- Support groups, often led by professionals like social workers, counsellors, psychologists or cancer nurses
- Special exercise programmes
- Stress management and relaxation techniques, such as mindfulness and meditation
- Complementary therapies like massage, reflexology and acupuncture
- Specialist services such as prosthesis or wig fitting and lymphoedema services, such as education, exercise, self-management and manual lymph drainage
- Mind and body sessions, for example, yoga and tai chi
- Expressive therapies such as creative writing and art
- Free Irish Cancer Society publications and other high-quality, trustworthy information on a range of topics

Cancer support services usually have a drop-in service where you can call in for a cup of tea and find out what's available.

You can call our Support Line on Freephone 1800 200 700 to find your nearest cancer support centre. Or go to **www.cancer.ie/local-support**

You can also call our Support Line 1800 200 700 or visit a Daffodil Centre and the nurse will suggest ways to help you manage.

What does that word mean?

Abdomen: The part of your body that lies between your chest and hips. Sometimes called your belly or tummy.

Adjuvant treatment: Treatment given soon after surgery when a diagnosis of cancer is made. For example, chemotherapy or radiotherapy.

Alopecia: Hair loss. No hair where you normally have hair.

Anti-emetic: A tablet, injection or suppository that is given to stop you feeling sick or vomiting.

Benign: Not cancer. A tumour that does not spread.

Biopsy: Removing a small amount of cells or tissue from your body to find out if cancer cells are present.

Cells: The building blocks that make up your body. These are tiny and can only be seen under a microscope.

Colon: The hollow tube in your intestine where water is absorbed. Also called the large bowel.

Colorectal: This refers to the colon and rectum.

Colostomy: When your large bowel opens onto the surfaceof your abdomen through a cut in your skin.

Ileostomy: When your small bowel opens onto the surface of your abdomen through a cut in your skin.

Malignant: Cancer.

Metastasis: The spread of cancer from one part of your body to other tissues and organs. Also called secondaries.

Oncology: The study of cancer.

Polyp: A mass of tissue that grows on the inside wall of a hollow organ, like your bowel. It is usually benign.

Rectum: The large hollow tube that stores waste material in your back passage.

Rectal: This refers to the rectum.

Notes/Questions

Acknowledgments

This booklet has been produced by the Irish Cancer Society to meet the need for improved communication, information and support for cancer patients and their families throughout diagnosis and treatment. We would like to thank all those patients, families and professionals whose support and advice made this publication possible. We would particularly like to acknowledge the contribution of the many consultants, nurses and other healthcare professionals who so kindly gave up their time and expertise to contribute to previous editions of this booklet.

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Join the Irish Cancer Society team

If you want to make a difference to people affected by cancer, join our team! Visit **www.cancer.ie** if you want to get involved.

Support people affected by cancer

Reaching out directly to people with cancer is one of the most rewarding ways to help:

- Help people needing lifts to hospital by becoming a volunteer driver
- Give one-on-one support to someone newly diagnosed with cancer as part of our Peer Support Programme
- Give information and support to people concerned about or affected by cancer at one of our hospital-based Daffodil Centres

Share your experiences

Use your voice to bring reassurance to cancer patients and their families, help people to connect with our services or inspire them to get involved as a volunteer:

- Share your cancer story
- Tell people about our services
- Describe what it's like to organise or take part in a fundraising event

Raise money

All our services are funded by the public's generosity:

- Donate direct
- Take part in one of our fundraising events or challenges
- Organise your own event

Did you like this booklet?

We would love to hear your comments or suggestions.
Please email reviewers@irishcancer.ie

Our cancer nurses are here for you:

- Support Line Freephone **1800 200 700**
- Email **supportline@irishcancer.ie**
- Contact your nearest Daffodil Centre

Irish Cancer Society

www.cancer.ie