

Follow Up Evaluation After Surgery for Colorectal Cancer

Why Should There be a Postoperative Follow Up Program?

Surgery is the most effective treatment for colorectal cancer. Even when all visible cancer has been removed, it is possible for cancer cells to be present in other areas of the body. These cancer deposits, when very small, are undetectable at the time of surgery, but they can begin to grow at a later time. The chance of recurrence depends on the characteristics of the original cancer and the effectiveness of chemotherapy, if needed, or other follow up treatment. Patients with recurrent cancers, if diagnosed early, may benefit or be cured by further surgery or other treatment.

Another good reason for postoperative follow up is to look for new colon or rectal polyps. Approximately one in five patients who has had colon cancer will develop a new polyp at a later time in life. It is important to detect and remove these polyps before they become cancerous.

How Long Will My Follow Up Program Last?

Most recurrent cancers are detected within the first two years after surgery. Therefore, follow up is most frequent during this time period. After five years, nearly all cancers that are going to recur will have done so. Follow up after five years is primarily to detect new polyps, and can therefore be less frequent, but is advisable for life.

What Might I Expect at My Follow Up Visit?

Your doctor will examine you approximately every two or three months for the first two years, and discuss your progress. A CEA blood test can be done, as a method of trying to detect recurrence of cancer. Because this test is not totally reliable, other follow up examinations may be advised. These examinations may include flexible sigmoidoscopy (an examination of the rectum and lower colon with a flexible, lighted instrument), colonoscopy (examination of the entire colon with a long flexible instrument), chest x-rays, and sometimes CT scans or ultrasound tests.

What About My Family?

Close relatives of patients with colon and rectal cancer (parents, brothers, sisters, children) are at increased risk for the disease. Because of this, periodic examination of the lining of the colon, using a colonoscope to detect small polyps, is advised. If polyps are promptly detected and removed, cancers cannot develop. Other factors which increase the risk of developing polyps or cancer include cancer occurring at an early age, and a personal history of breast or female genital cancer.

What is a Colorectal Surgeon?

Colon and rectal surgeons are experts in the surgical and non-surgical treatment of colon and rectal problems. They have completed advanced training in the treatment of colon

and rectal problems in addition to full training in general surgery. Colon and rectal surgeons treat benign and malignant conditions, perform routine screening examinations and surgically treat problems when necessary.

The executive office of the 2,600 member American Society of Colon and Rectal Surgeons is located in the Chicago suburb of Arlington Heights. Board-certified colon and rectal surgeons complete a residency in general surgery, plus an additional year in colon and rectal surgery, and pass an intensive examination conducted by the American Board of Colon and Rectal Surgery.