

Colorectal CANCER



Ten years ago, patients diagnosed with colorectal cancer had limited options. The standard treatment was open surgery, followed by a lengthy recuperation.

Rectal cancer patients often had a permanent colostomy—a procedure in which a surgeon creates an opening outside the body for waste to pass through into a bag. Urinary and sexual problems were also common after surgery.

Today, a new generation of minimally invasive approaches has resulted in improved outcomes for colorectal patients—and the preservation of normal bowel, urinary and sexual function in most cases.

Extraordinary surgical techniques.

Operations involving the rectum, however, require extraordinary surgical skill due to the confines of the pelvic bones and the proximity of the nerves that govern sexual, bladder and bowel functioning.

Preserving the anal sphincter—the ring of muscles that controls the release of feces and gas—also demands exacting surgical techniques.

A procedure called total mesorectal excision (TME) is among the most challenging operations performed for any type of cancer. “TME entails the removal of malignant rectal tumors, as well as the lymph nodes and blood vessels supplying the rectum,” says **Dr. Steven Mills**, a colorectal surgeon at UCI Medical Center. This process requires a number of difficult surgical maneuvers. Advanced techniques are used to protect pelvic nerves, resulting in an 85 percent preservation rate for bowel, urinary and sexual function. “At UCI Medical Center, with its dedicated colorectal program, a patient’s chances of having a permanent colostomy are decreased to less than 10 percent,” says Mills. “Studies show that TME reduces the local recurrence rates for rectal cancer to under 10 percent, compared to 25 percent or greater for conventional surgery.”

Another innovation called the colonic J-pouch is also helping rectal cancer patients maintain their quality of life. During the procedure, the surgeon creates a pouch out of the large intestine and connects it to the anus. This sphincter-sparing operation makes it possible to have near-normal bowel function.

When experience counts. Patients with colon cancer are also benefiting from advanced technology. “Colon tumors and nearby lymph nodes can be removed during a minimally invasive procedure called a laparoscopic colectomy,” says Mills. The procedure requires several small openings in the abdomen. Since post-operative pain is directly related to the size of the incision, patients who have laparoscopic procedures recover much faster than those undergoing conventional operations with larger incisions.

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Studies show that the skill and experience of the surgeon play a greater role in a colorectal cancer patient’s outcome and recovery than with any other type of malignancy. Because minimally invasive colorectal procedures are highly specialized and require extensive training, not all surgeons are qualified to perform them.

“Helping patients maintain their quality of life is a major focus of the UCI colorectal surgery program,” says Mills. The hospital’s multidisciplinary colorectal team is composed of experienced specialists, including surgeons, gastroenterologists, radiation oncologists, and oncologists. “Radiation and chemotherapy frequently play critical roles in the care of colorectal cancer patients,” says Mills. “It takes an expert team to get the best results.” For referral to a UCI colorectal surgeon, call 1-888-717-GIMD.