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Cancer colon pdf 2018

There are two main categories of treatment for colon cancer. Local treatment targets one particular area, such as surgery or radiation. Systemic, or whole body, treatment has wider nets and includes chemotherapy or targeted biological therapy. Depending on your physical health, cancer levels, and personal preferences, you can choose a treatment or a combination. Early detection and treatment of colon cancer can improve your prognosis (treatment outcomes) and quality of life. In fact, according to the American Cancer Society, when stage 1 colon cancer is detected and treated early, 92% of people are still alive five years or more after treatment. Get our printable guide for your next doctor appointment to help you ask the right questions. Surgical removal is an optional treatment for most early-stage colon cancer, but the type of surgery depends on factors such as the extent to which the cancer has spread and where the colon it is located. Polypectomy Many early colon cancers (stage 0 and several early stage 1 tumors) and most polyps can be removed during colonoscopy. During polypectomy, cancer polyps are cut on the trunk using a wire loop tool passed through the colonoscope, which is long, flexible Collective This form of colon cancer surgery involves a specialist, called a colorectal surgeon, removing part (or part) of the intestines. Rarely, the amount of colectomy, in which the rest of the colon is removed, is needed to treat colon cancer. The amount of colectomy can be used to treat those with hundreds of polyps (such as people with adenomatous polyposis of families) or those with severe inflammatory bowel disease. There are two ways a collection can be done—laparoscopic or open—and the choice of your surgeon chooses depending on factors such as the size and location of colon cancer, as well as the experience of surgeons. Laparoscopic procedures require smaller incisions than open colectomy, so recovery is generally faster. During the colectomy, the diseased part of the colon is removed, along with parts next to a healthy colon and lymphoma nodes. Then, both healthy intestinal ends are re-treated. The goal of a surgeon is for patients to return to the most common bowel function. This means that the surgeon will take as little colon as possible. Some tissues removed from the lymph nodes are taken to pathological laboratories and examined under the microscope by pathologists. Pathologists will find signs of cancer in lymphoma tissue. The lymphoma nodes run a liquid called lymphoma to the cells in the body. Cancer cells tend to accumulate in lymph nodes, so they are a good indicator of how far the cancer has spread. The removal of lymphoma nodes also reduces the risk of recurrent cancer. In some cases, such as if should be done immediately because the tumor blocks the colon, a healthy reconnection of the intestines (called anastomosis) may not be In this case, a colostomy may be necessary. It is important to note that in some cases, the surgeon will not know how far the cancer has developed before starting surgery; In other words, there is a more chance the colon should be removed than previously thought. Colostomy Colostomy surgery is created when part of a large intestine is inserted through the opening on the stomach wall. The part of the colon that is outside the body is called stoma (Greek for mouth). Pink stoma, such as gum tissue, and does not feel pain. External bags worn in the stomach then need to collect waste. The bag is emptied several times a day and changes regularly. Most colostomies performed to treat colon cancer are temporary and only necessary to allow the colon to heal properly after surgery. During the second surgery, the tip of the healthy colon resumes together and the stoma is closed. Rarely, a colostomy remains needed. Preparation and Rehabilitation Each medical procedure carries risks and benefits. Be sure to talk to your doctor about them and ask questions so that you feel confident about the results of your treatment. Some of the risks associated with intestinal surgery include: Bleeding Infection Blood frozen incorrect legs Leaking anastomosis Incision dehiscence (stomach slices opening) Scars and adhesion Before any surgery in the colon, it must squeeze clean on the inside. This is achieved through the preparation of a complete intestines, just as you may have for your colonoscopy. Time in the hospital will allow any surgical insertions to begin to heal, while nurses and doctors monitor hydration, nutrition, and other necessities after surgery, such as pain control. Depending on the surgery, the drain can be placed. This drain allows excess fluid, such as blood, to leave the stomach. Drains can be removed before being allowed to leave the hospital. If you have a colostomy inserted during surgery, the nursing staff will teach you how to keep your colostomy bags and stoma before you return home. Of course, following any surgery, be sure to listen to your body and report any unusual symptoms to your surgeon. Contact your doctor immediately if you experience: Fever Increasing painful, drainage or softness around the sliced area of sites Non-healing incision Nausea, vomiting Blood in stools or coughing of colostomy bags that does not go eyes or skin In certain, radiation therapy can be used in the colon treatment of radiation therapy using a particular type of X-ray to kill cancer cells and can be used in conjunction with chemotherapy and can be used in conjunction with cancer Radiation oncologists will provide targeted radiation treatments to reduce any painful symptoms of cancer, killing any cancer remaining suspected after surgery or from recurrence, or as a form of treatment if a person is unable to reduce any painful symptoms of cancer, killing any remaining cancer cells suspected after surgery or from recurrence, or as a form of treatment if a person is unable to reduce any symptoms of painful cancer, killing any cancer cells remaining suspected after surgery or recurrence, or as a form of treatment if a person is unable to reduce any painful symptoms of cancer, kill any suspected remaining cancer cells after surgery or from recurrence, or as a form of treatment if a person is unable to reduce any painful symptoms of cancer, killing any suspected remaining cancer cells after surgery or from recurrence, or as a form of treatment if a person is unable to reduce any symptoms of painful cancer, killing any cancer cells remaining suspected after surgery or recurrence, or as a form of treatment if a person is unable to reduce any symptoms of painful cancer, kill any suspected cancer cell after surgery or from recurrence, or as a form of treatment if a person is unable to reduce any painful symptoms of cancer painful Surgery. Radiation therapy sessions usually occur five days a week and painless procedures, although one may suffer from skin irritation (such as sunburn) on a radiation site, as well as nausea or vomiting at some point during treatment. Unlike radiation, this option affects the whole body, rather than zero in certain areas. Chemotherapy drugs move throughout the body and kill divisive cells (growing or making tired) quickly. Although the treatment does not distinguish between cancer cells and healthy and rapidly dividing cells (such as hair or nails), the latter will be replaced when finished chemotherapy. The majority of people with stage 0 or stage 1 colon cancer will not require chemotherapy. For those with later stage colon cancer, chemotherapy can be given before surgery to shrink the tumor before physical removal. Chemotherapy is also sometimes used to shrink tumors throughout the body when systemic metastasis has occurred (in stage 4 cancer). Your doctor can also advise you to have chemotherapy after surgery to kill any remaining cancer cells and reduce the chances of recurrent cancer. Chemotherapy can be administered along with other colon cancer treatments (for example, surgery or radiation) or by itself. Medical oncologists (cancer doctors who order chemotherapy) will take a number of factors to consider when choosing the best chemotherapy options, including your stage and grade of cancer and physical health. Drugs and treatment regimens: Intravenous chemotherapy drugs are given by injections through veins, while oral chemotherapy drugs are given by mouth with pills. Most intravenous chemotherapy drugs are given in the cycle, which is followed by a rest period. Your doctor will take your health, stage and grade of your cancer, the chemotherapy medications used, and the goal of treatment to consider while deciding how much treatment is right for you. After chemotherapy is started, your doctor will have a better idea of how long you need treatment based on your body's response to medications. Some of the chemotherapy drugs used to treat colon cancer include: 5-FU (fluorouracil) Eloxatin (oxaliplatin) Xeloda (capecitabine) Camptosar (irinotecan, irinotecan hydrochloride) Trifluridine and tipiracil (Lonsurf), the combined drug Side effects of chemotherapy for colon cancer are diverse, but most can be facilitated with other medications. You may suffer from: Nausea, vomiting, and loss of appetite Hair loss the blood count of sores Diarrhea Low, which can make you more susceptible to bruises, bleeding, and infection Hand-foot syndrome, which is a red rash in the hands and feet that can peel and blimp (may occur with capecitabine or 5-FU) Numbness Tingling of the arms or legs (may occur with oxaliplatin) Allergic reactions or sensitivity (may occur with oxaliplatin) Treatment Targeted oksaliplatin) oksaliplatin) with chemotherapy or in itself if chemotherapy no longer works. These drugs typically recognize protein growth factors covering cancer cells, such as vascular endothelial growth factors (VEGF) or epidermal growth factor receptors (EGFR), or proteins located inside the cell. Some of these drugs are administered intravenously, which specifically attacks the proteins they ikati. They only kill the cells covered in these factors and have the potential for fewer side effects than chemotherapy agents. Some of these agents are given simultaneously with chemotherapy once every one to three weeks, including: Avastin (bevacizumab) Erbitux (cetuximab) Vectibix (panitumab) Zaltrap, Eylea (afibercept) Other Cyramza (ramucirumab) may be administered only. Tyrosine kinases inhibitors, such as Stivarga (regorafenib), are administered orally. All treatments present a risk of side effects. The benefits of your treatment should outweigh the risks. Your doctor will work closely and customize your treatment program to your needs. That said, the most common side effects of drugs targeting EGFR are rashes such as acne on the face and chest during treatment. Other potential side effects include headaches, fatigue, fever, and diarrhea. For medications targeting VEGF, the most common side effects include: High blood pressure Fatigue (fatigue) Bleeding Increased risk of infection Headaches Mouth sores Loss appetite Diarrhea Immunotherapy For people with advanced colon cancer or cancer that still develop despite chemotherapy, immunotherapy The purpose of immunotherapy is to use a person's own immune system to attack cancer. Two types of immunotherapy drugs include: Keytruda (pembrolizumab) Opdivo (nivolumab) Some side effects of these drugs include: Fatigue Fever Cough Feeling shortness of breath and Nausea rash, diarrhea, loss of appetite, or constipation Muscle and/or joint pain If colon cancer has spread to other organs, such as the liver or lung (called metastatic colon cancer), surgery can be performed to remove one or more of those places. Many factors go to the results of how to treat metastatic colon cancer, including the number of metastatic wounds, where they are, and patient care goals. Non-surgical procedures can also be used to destroy or downsize metastatic wounds. These non-surgical procedures include: Cryosurgery, which kills cancer cells by freezing the therapeutic ablation Radiofrequency, which uses energy waves to destroy (burn) cancer cells that have metastasized to other organs, such as liver or lungs SEthanol ablation, which destroys cancer cells with injections focus on subduing uncomfortable symptoms from chronic or terminal illnesses. In colon cancer, palliative treatment can help you cope physically, emotionally, and spiritually spiritually your struggles. When people receive palliative treatment, medications, procedures, or surgery selected are intended to help with the management of symptoms, as opposed to providing a cure for cancer. Some common symptoms and sources of discomfort to be focused by palliative care doctors include: Anxiety, depression, and confusion Shortness breath and fatigue Appetite and Weight Loss Constipation, Diarrhea, and intestinal barrier Lymphedema Nausea and vomiting Again, pain management is a top priority in palliative You can receive pain management from your primary doctor, oncologist, or even pain management experts Interventions for reducing or controlling your cancer pain may include: Painkillers (prescription, over-the-counter medications, and complementary drugs) Tricyclic or anticonvulsants antidepressants (for nerve-based pain) Interventional procedures (epidurals, nerve blocks) Physical or occupational therapy And biofeedback research show that combining chemotherapy with Chinese herbal therapy and other antioxidant vitamins can increase survival rates in colon cancer For example, a large study in California found that conventional therapy combined with Pan-Asian drugs plus vitamins reduced the risk of death in colon cancer level 1 by 95%; colon cancer level 2 by 64%; colon cancer level 3 by 29%; and colon cancer level 4 by 75% (compared to conventional therapy with chemotherapy/radiation). While combining complementary medicine into your colon cancer care is a reasonable idea, make sure only do this under the guidance of your oncologist. This will help prevent any unwanted side effects or interactions. Interaction.