

Surgery for Rectal Cancer

CR04 Lite - Expires end of January 2026



This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

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What is rectal cancer?

Rectal cancer is a harmful growth that starts in the wall of your rectum, which is the final part of your large bowel just before your anus.

Surgery for rectal cancer involves removing the cancer along with part of your rectum either side of it.

What are the benefits of surgery?

The aim is to remove the cancer along with part of your bowel either side of it. If the cancer is small, it may be possible for it to be removed without removing part of your bowel.

Are there any alternatives to surgery for rectal cancer?

Sometimes, chemotherapy and radiotherapy given before the operation can remove the cancer.

It is possible to have a procedure to ease any blockage without treating the underlying cancer. This involves forming a stoma (your bowel opening onto your skin).

What does the operation involve?

The operation is performed under a general anaesthetic and usually takes 2 to 3 hours.

There are two main types of operation for rectal cancer.

- If the cancer is close to your anus, your surgeon will need to remove your anus to remove all the cancer. You will need a permanent colostomy (your large bowel opening onto your skin) and your back passage will be closed with stitches. Your surgeon will often remove a larger amount of tissue to give you the best chance of being free of rectal cancer. This involves filling your wound with a flap of muscle and skin taken from your abdomen or buttock, or inserting a mesh in your wound.
- If the cancer is a little further away from your anus, it is usually possible for your surgeon to remove the cancer and join your bowel back together inside. For safety reasons, they will often need to make a stoma.

What complications can happen?

General complications of any operation

- Bleeding during or after the operation
- Infection of the surgical site
- Allergic reaction to the equipment, materials or medication
- Acute kidney injury
- Developing a hernia in the scar
- Blood clot in your leg
- Blood clot in your lung
- Chest infection
- Difficulty passing urine

Specific complications of this operation

Keyhole surgery complications

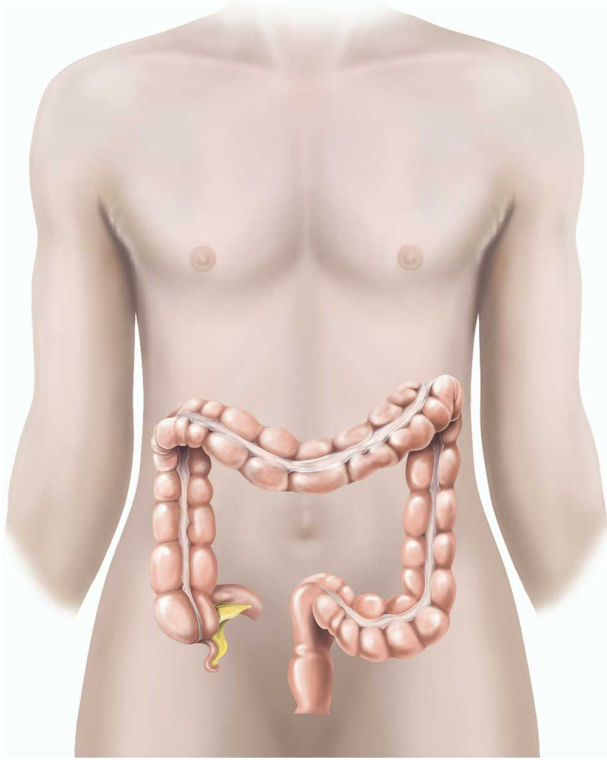
- Damage to structures such as your bowel, bladder or blood vessels
- Developing a hernia near one of the cuts used to insert the ports
- Surgical emphysema (a crackling sensation in your skin caused by trapped carbon dioxide)
- Gas embolism

Complications of surgery for rectal cancer

- Anastomotic leak
- Continued bowel paralysis
- Perineal wound infection
- Sexual disturbance
- Urinary disturbance
- Compartment syndrome causing pain and damage to your legs
- Death

Consequences of this procedure

- Pain
- Unsightly scarring of your skin



Your doctor can mark where the cancer is

How soon will I recover?

Getting out of bed and walking is an important part of your recovery. You may also be given breathing or other exercises to do.

If you have a temporary or permanent stoma, you will need to learn how to change the bag and care for your stoma.

You should be able to go home after 5 to 10 days.

It may take up to 3 months for you to recover fully.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

The tissue and lymph nodes that your surgeon removed will usually be examined under a microscope. If cancer cells were found in some of your lymph nodes which were removed, you may need more treatment (chemotherapy).

Summary

Removing the cancer by surgery gives you the best chance of being free of rectal cancer.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewers

Anna Wilkes (B. Pharm, MB.BS (Hons), FRACS)

Catherine Boereboom (FRCS, PhD)

Illustrator

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