

Colorectal Cancer

Allison Douds

Margaret H Rollins School of Nursing

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Cathy Griffin

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Would you get a colonoscopy if it were the difference between life and death?

“Colorectal cancer (CRC) is the third most common cause of cancer death in both men and women in the United States and ranks second when men and women are combined.” (Colorectal Cancer Statistics, 2020, Introduction, para. 1) Colorectal cancer affects the lowest sixth of the gastrointestinal tract. The colon, also known as the large intestine, is about five feet long and 3 inches in diameter. It is made up of six sections; the cecum, ascending colon, transverse colon, descending colon, sigmoid colon, and the rectum. The functions of the colon include absorption of water and electrolytes from digested material, as well as forming and transporting fecal matter so that it can be expelled from the body. Colorectal cancer can inhibit normal colonic functions, and in more severe cases the cancer can completely obstruct the large intestine. Like with most other cancers, early detection is the key to preserving life. “Most guidelines suggest initiating screening at the age of 50 unless individuals have inflammatory bowel disease, a history of abdominal radiation, a positive family history, or a predisposing inherited syndrome.” (Finlay A Macrae, MD & Johanna Bendell, MD, 2021, Introduction, para. 2) These more high risk people, including men and the obese should be diligent about getting screened regularly. While colorectal cancer isn’t something most people think of as fatal, it is important to be conscious of the risk factors, get regular screenings, and understand treatment options available. The colon is an imperative aspect of the human body, and cancer will destroy it if not treated promptly.

Statement of the Problem

Colon cancer is differentiated by two different types; ascending (right sided) colorectal cancer and descending (left sided) colorectal cancer. “Tumors in the proximal or right colon usually appear grossly as polypoid or fungating exophytic masses” (Carolyn C Compton, MD, PhD, 2021, Pathology, para. 1) while “tumors involving the distal or left colon are more

commonly annular or encircling lesions that produce an "apple-core" or "napkin-ring" appearance.” (Carolyn C Compton, MD, PhD, 2021, Pathology, para. 2) The cancer usually begins as benign polyps in the mucosal lining of the colon that grow slowly into cancerous lesions known as adenomas. If the cancer goes undiagnosed, these adenomas will continue to spread until they eventually metastasize outside of the confinement of the colon. Common signs and symptoms of colon cancer could include changes in bowel habits, rectal bleeding, and nonspecific abdominal pain. In early stages of the disease, most patients will be asymptomatic or have minor changes in bowel habits and cramping; In advanced stages of the disease signs and symptoms would consist of abdominal tenderness, a possible mass upon palpation, hepatomegaly, ascites, and varied systemic symptoms due to metastasis.

It’s important to understand your body and listen to it when something changes; even something minor like changes in weight or bowel habits can be a warning sign of something much bigger. “Among individuals aged younger than 50 years, the incidence rate increased by approximately 2% annually for tumors in the proximal and distal colon, as well as the rectum” (Colorectal Cancer Statistics, 2020, Abstract, para. 1). People under fifty years of age are often asymptomatic until the cancer has progressed to a late stage, and this leads to an increase in the untreatable colon cancers that require palliative nursing care. Palliative nursing care can take a deep toll on the nurses in the field. Having to watch these patients suffer, knowing the disease is going to take their life, can be a difficult burden to bear. These “Patients who received palliative care were more likely to be younger, recently diagnosed, treated at academic hospitals, and have stage IV disease.” (The Determinants of Palliative Care Use in Patients with Colorectal Cancer, 2018, Results, para. 1) It is the nurse’s job to help these young patients and their families understand what is happening and help the families to cope with the impending loss of their

loved one. The need for palliative care measures in the patient with colorectal cancer can be avoided, if people understand their possible risk factors, get screened when necessary, and listen to their body and help to prevent the bigger problem.

Risk Reduction / Treatment of the Problem

There are a wide variety of risk factors that could lead to the diagnosis of colorectal cancer. “male sex and increasing age have consistently shown strong associations with disease incidence. Both hereditary and environmental risk factors play a part in the development of colorectal cancer” (Colorectal Cancer, 2019, Risk Factors, paragraph 1). While nobody can alter their family history or sex, there are several environmental factors that can be easily modified to lower a person’s risk of colorectal cancer; some of these risk factors include smoking, alcohol consumption, obesity, red meat consumption, use of NSAIDS, and lacking physical activity. However, there are many simple ways to reduce the risk of getting colorectal cancer. A person could increase their physical activity, decrease red meat intake and increase fiber intake, as well as minimize the use of NSAIDs as much as possible. While getting screened regularly, through a colonoscopy procedure, won’t reduce a patient’s risk of getting colon cancer, it will help reduce the risk of advanced stage colon cancer. Those with an average risk of being diagnosed with colorectal cancer should have a colonoscopy done every ten years and start this process no later than the age of 50. “Positive family history seems to have a part in approximately 10–20% of all patients with colorectal cancer.” (Colorectal Cancer, 2019, Risk Factors, paragraph 1) A patient with a family history of colon cancer is considered high risk and should start getting screened ten years prior to the diagnosis age of the relative that was youngest upon diagnosis of cancer. The goal of regular colonoscopies is to find colon cancer before it becomes life threatening.

Treatment for colorectal cancer will depend on the staging and location of the cancer. A possible option for patients whose cancer is confined to the colon could include tumor resection through a hemi or total colectomy, and removal of localized lymph nodes; this could result in the addition of an ostomy bag to divert fecal matter out of the body when the colon is no longer a viable option. Other treatments consist of chemotherapy and radiation, that could be used in conjunction with surgery, or on their own. For late-stage colorectal cancer, a patient can expect to be treated based on symptom management. This could include bowel diversion therapies through ileostomy or colostomy, chemotherapy, radiation, tumor resections, and any other comfort care that might be needed to improve the patient's quality of life.

Reflection

Colorectal cancer does not have to be a fatal disease; early detection and treatment can lead to a very promising quality of life in most patients. As a nurse, it will be my job to ensure that patients are conscientious of risk factors, get regular screenings, and understand their treatment options. I foresee it being difficult to get patients to understand the severity of the situation when they may not even be at a high risk of getting colon cancer. Nobody wants to get a colonoscopy until they know that it could be a life-saving procedure. I will need to ensure that my patients understand why they need to get colonoscopies regularly, and hopefully convince them to have the procedure done.

Conclusion

Colorectal cancer isn't something most people even think about, but it is important to understand possible risk factors, get regular colonoscopies, and learn about treatment options. Being proactive about health and wellness in every aspect can be the difference between life and death. Colon Cancer is usually slow growing, starting out as benign polyps, and can stop with

polyps if the patient is getting regular colonoscopies. Without regular screening, polyps can become cancerous lesion known as adenomas. Screenings are available to anyone that is willing and able to get them. These screenings should be utilized, as it is critical to find cancer before it becomes life threatening.

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