PATIENT EDUCATION

Colon and rectal cancer & radiation therapy

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

What is this cancer?

Colon and rectal cancers start in the large bowel. They are often grouped as “colorectal,” but radiation is used much more often for rectal (and anal) cancer than for colon cancer. Screening with colonoscopy saves lives by finding polyps early. Stage and location decide surgery, chemotherapy, and radiation.

What you may notice

- Blood in the stool, a change in bowel habit, or iron-deficiency anemia
- Pain or a feeling of incomplete emptying (more rectal)
- Some people have no symptoms — a screening exam finds it
- Family history that may change when relatives should start screening

Usual care — the big picture

Colon cancer is mainly surgery and medicines; radiation is reserved for special situations (for example, a stuck tumor or a metastasis). Rectal cancer often uses radiation with chemotherapy before or after surgery to help the surgeon and lower local return. Confirm your sequence — it has changed in recent years for some stages.

Where CureRays may fit. CureRays provides pelvic image-guided radiation for selected rectal and other pelvic bowel cancers, with daily setup that accounts for the bladder and rectum. Learn more on the colorectal guide. This sheet does not assign you a stage or a percent chance of cure.

What radiation treatment usually involves

- Joint review with surgery and medical oncology when those teams are involved
- Simulation with a pelvic immobilization device
- A course of outpatient treatments; chemotherapy days if prescribed elsewhere
- Bowel and bladder coaching (see symptom handouts)

Immobilization — why it matters

A belly board, mold, or full-bladder routine may be used so small bowel gets less dose. Say if you cannot hold the position. You go home each day.

Side effects you should know about

Effects depend on the area treated, the dose, and other therapies. This list is typical, not a promise and not complete. Confirm your personal list with your clinician.

- **Bowel urgency or loose stool.** Common in pelvic fields.
- **Skin** in the fold or natal cleft can get sore.
- **Urinary frequency.** Usually temporary.
- **Rare / serious.** Fever, obstruction (no stool or gas plus vomiting), or heavy bleeding.

What this means for you at CureRays

If radiation is recommended, it is to help local control or comfort — we will say which. Colon-only cases may never need a pelvic course. Ask us to draw the difference.

Questions to ask

- Is my tumor colon, rectum, or both — and does that change radiation?
- Will radiation come before or after surgery?
- What daily bowel/bladder prep do I follow?
- When is my next colonoscopy after treatment?

How to schedule or learn more

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