

Patient information from BMJ

Last published: Aug 05, 2021

Bowel cancer: what are the treatment options?

Bowel cancer is a serious disease, but it can often be cured if it's caught early.

You can use our information to talk to your doctor and decide which treatments are right for you.

What is bowel cancer?

The term 'bowel cancer' includes cancers of the colon and rectum, which make up the upper and lower part of your large bowel. Bowel cancer is sometimes called colorectal cancer.

Your large bowel turns food your body doesn't need into solid waste. The waste then leaves your body when you go to the toilet.

Bowel cancer starts when some of the cells in your large bowel begin to grow out of control. This can form a lump called a tumour. Cancer cells can then break off from the tumour and spread to other parts of your body and cause damage there.

Your doctor will probably talk about what 'stage' your cancer is. 'Staging' cancers is all about how big they have grown and how far they have spread. So:

- stage I bowel cancer is at an early stage and is usually treatable. About 95 in 100 people with stage I bowel cancer are still alive five years after diagnosis
- stages II and III are larger and less easy to treat. But many people can still be cured. About 80 in 100 people with stage II bowel cancer are still alive after 5 years. For stage III bowel cancer, the number varies between 45 and 85 in 100
- stage IV (4) bowel cancer is hard to treat, and most people are not cured. About 8 in 100 people are still alive after 5 years.

What treatments are available?

Cancer that grows in your bowels can be treated. You have a good chance of being cured if the cancer hasn't spread very far in your bowel.

Surgery is the main treatment for most people. You may also need radiotherapy or chemotherapy, or both.

Bowel cancer: what are the treatment options?

What treatment you have depends on several things, including:

- where the cancer is
- how much it has spread,
- your general health, and
- your individual preferences.

Surgery

Most people with bowel cancer are treated with surgery. If your cancer is caught fairly early, your surgeon will try to remove all the cancer cells. This gives you a chance of getting rid of your cancer completely.

If your cancer has spread beyond your bowel, into other organs such as your liver and lungs, surgery won't cure you. But it can help to improve your quality of life and help you to live longer.

For example, your surgeon might recommend an operation to remove as much of the cancer as possible, or to clear a blockage in your bowel.

You might also have surgery on your liver or lungs if the cancer has spread to these organs.

The type of surgery you will need depends on:

- where the cancer is
- how big it is, and
- how far it has spread.

Bowel cancer usually starts in small growths called **polyps**. If you have a polyp, your doctor may remove it during your colonoscopy.

If the polyp tests positive for cancer cells but these cells seem to be all contained within the polyp, then you may not need any further surgery. However, to be sure all the cancer cells are gone, your doctor may recommend removing some of the tissue around the polyp.

If the tumour is bigger, you may need an operation to remove part of your bowel. A section is cut away and the ends from either side are joined together. Your surgeon may also need to remove some extra tissue from around your bowel.

Surgery for bowel cancer can be done through a cut in your abdomen (open surgery) and also often as keyhole surgery. That's when tiny instruments are put through small cuts in your body.

Keyhole surgery seems to work just as well as open surgery. And you're likely to recover more quickly afterwards.

The part of your large bowel called your colon is quite long. So an operation to remove part of it may not have much impact on your life afterwards.

Your rectum (the last part of your large bowel before the anus) is much shorter. Surgery in this area is more difficult.

Bowel cancer: what are the treatment options?

There's a chance you could need a **colostomy** after surgery. If you have a colostomy, the surgeon makes a hole in your abdomen. Part of your bowel is then attached to this hole.

Waste from your bowel then travels out through the hole in your abdomen, instead of travelling out through your rectum. The waste is collected in a bag.

Not everyone who has rectal cancer will need a colostomy. And some people need a colostomy only temporarily, while their bowel heals.

Lots of people worry about having a colostomy. But even if you do need one you'll get plenty of help learning to cope.

Modern technology means that a colostomy is much less inconvenient than it used to be. The bags are small and they don't show through your clothes. They usually have a filter, so they don't smell. And a colostomy shouldn't stop you doing things you did before, such as playing sport.

After surgery, you'll need to stay in hospital for a few days. If you get pain, make sure you talk to a doctor or nurse. They'll be able to give you medicine to help treat your pain.

Chemotherapy

Chemotherapy uses drugs to kill cancer cells. These drugs can be used to treat cancer before or after surgery. They can also be used if surgery isn't possible.

Chemotherapy drugs affect your whole body, so they're good for killing any cancer cells that might have been missed by surgery. Having chemotherapy before surgery can also help to shrink the cancer to make it easier to remove.

There are several chemotherapy drugs that can be used. They are usually given as injections.

Chemotherapy drugs are sometimes used along with medicines called monoclonal antibodies. These help the chemotherapy drugs work better.

Having chemotherapy helps people with bowel cancer live longer. But it has side effects. These include diarrhoea, swelling in your mouth and throat, and feeling very tired.

Some people feel sick while having chemotherapy. You may be given other drugs to stop you feeling sick. Some people get problems with their blood that mean they bleed more easily and pick up more infections. You may also lose your hair.

Radiotherapy

Radiotherapy uses high-energy x-rays to kill cancer cells. It's not usually used for cancer in the colon, but it is sometimes used to treat cancer in the rectum.

Your doctor may recommend having radiotherapy to shrink your tumour before surgery, possibly combined with chemotherapy. This makes it easier for your surgeon to cut away all the cancer cells.

Radiotherapy is also sometimes used with chemotherapy after surgery. The aim is to kill any cancer cells left behind after your operation.

Bowel cancer: what are the treatment options?

You'll need to go to hospital to have radiotherapy. A machine aims a beam of radiation into the spot where your cancer is. You'll be given small doses of treatment each day for several days or weeks.

Radiotherapy doesn't usually hurt, although you'll have to stay still for a minute or so during treatment. This can be uncomfortable. Side effects during radiotherapy include feeling very tired, feeling sick, or getting diarrhoea.

Other problems can happen after treatment, including having problems controlling your bowels or having a blocked bowel, which may need emergency surgery.

If radiotherapy damages the nerves in your abdomen, you could have problems during sex. Men might find it hard to get an erection, and women can get a dry vagina.

For more background information on bowel cancer see our leaflet *Bowel cancer: what is it?*

The patient information from *BMJ Best Practice* is regularly updated. The most recent version of Best Practice can be found at bestpractice.bmj.com. This information is intended for use by health professionals. It is not a substitute for medical advice. It is strongly recommended that you independently verify any interpretation of this material and, if you have a medical problem, see your doctor.

Please see BMJ's full terms of use at: bmj.com/company/legal-information. BMJ does not make any representations, conditions, warranties or guarantees, whether express or implied, that this material is accurate, complete, up-to-date or fit for any particular purposes.

© BMJ Publishing Group Ltd 2025. All rights reserved.

What did you think about this patient information guide?

Complete the [online survey](#) or scan the QR code to help us to ensure our content is of the highest quality and relevant for patients. The survey is anonymous and will take around 5 minutes to complete.



BMJ Group