



Topic outline for discussion - tutorials

Tutorial - Rectal cancer management

A 51-year-old male came with painless rectal bleeding for a period of 3 months. He had increased frequency of stool passage and at times did not pass adequate amount of stools although he had the urge to defecate. There was also a sense of incomplete evacuation every time he passes stools. He was seen at the clinic and the following actions were undertaken. Discuss the rationale for each of them.

1. Perform a total colonoscopy
Following a biopsy report confirming a cancer in the rectum
2. Perform a CECT abdomen, pelvis and chest
3. Perform a MRI of the pelvis
4. Serum CEA
5. Serum Albumin
6. Hold a MDT meeting
7. Administer neo-adjuvant chemoradiation
8. Have a structured exercise programme for 6 weeks prior to surgery
9. Administer polyethylene glycol and oral antibiotics prior to surgery
10. Administer 50g of glucose with a clear drink on the night before
11. Perform a total mesorectal excision
12. Start LMWH on the first post operative night
13. Send the pathological sample for K-RAS/ BRAF mutations and MSI immunohistochemistry
14. Pathologist reported that 0 out of 6 lymph nodes harvested from the specimen were positive. He was referred for adjuvant chemotherapy.
15. Request his siblings and children to attend screening colonoscopies