



## Canser y coluddyn: Cymraeg

### Bowel cancer: Welsh

Mae'r wybodaeth hon ynghylch cancer y coluddyn a thriniaethau ar gyfer cancer y coluddyn.

Os oes gennych unrhyw gwestiynau am y wybodaeth hon, gallwch ofyn i'ch meddyg neu nyrs yn yr ysbyty lle rydych yn cael eich triniaeth.

Gallwch hefyd ffonio Cymorth Canser Macmillan ar radffôn 0808 808 00 00, 7 diwrnod yr wythnos rhwng 8am ac 8pm. Mae gennym gyfieithwyr, fel y gallwch siarad â ni yn eich iaith eich hun. Pan fyddwch yn ein ffonio, dywedwch wrthym yn Saesneg pa iaith yr ydych ei hangen.

Mae yna ragor o wybodaeth ar ganser mewn ieithoedd eraill ar [macmillan.org.uk/translations](http://macmillan.org.uk/translations)

Mae'r wybodaeth hon yn trafod:

- Y coluddyn
- Canser y coluddyn
- Sut caiff triniaeth ei gynllunio
- Siarad â'ch tîm gofal iechyd
- Triniaethau ar gyfer cancer y coluddyn
- Sgîl-ffeithiau posibl eich triniaeth
- Dilyniant
- Eich teimladau
- Cael y gofal a'r cymorth cywir i chi
- Sut y gall Macmillan eich helpu chi
- Mwy o wybodaeth yn Gymraeg
- Cyfeiriadau a diolchiadau

## Y coluddyn

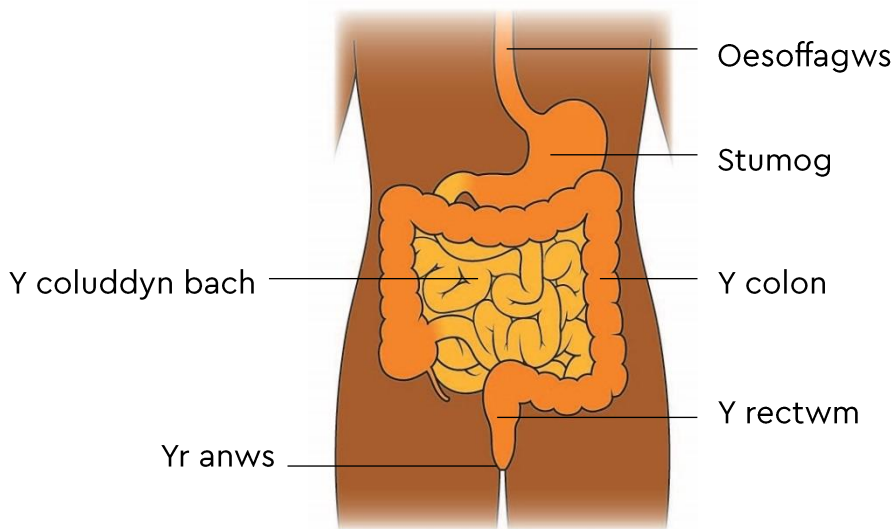
Mae'r coluddyn yn rhan o'r system dreulio. Mae'r system dreulio yn torri bwyd i lawr a'i amsugno fel gall y corff ei ddefnyddio.

Mae 2 ran i'r coluddyn:

- y coluddyn bach
- y coluddyn mawr.

Mae tair rhan i'r coluddyn mawr. Sef:

- y colon
- y rectwm
- yr anws.



## Canser y coluddyn

Mae pob rhan o'r corff wedi'i wneud o gelloedd bach. Mae canser y coluddyn yn digwydd pan fo'r celloedd yn y coluddyn yn tyfu'n afreolus ac yn ffurfio lwmp a elwir yn diwmor.

Yn man lle mae'r canser yn dechrau tyfu gyntaf yw'r canser cychwynnol. Mae'r canser cychwynnol wedi'i enwi ar ôl y man yn y corff lle y dechreuodd, er enghraifft canser y coluddyn.

Canser sy'n effeithio ar y colon neu'r rectwm yw canser y coluddyn. Gelwir canser y coluddyn hefyd yn ganser colorefrol.

Weithiau mae celloedd canser y coluddyn yn lledaenu i rannau eraill o'r corff trwy'r gwaed a'r system lymffatig. Gelwir hyn yn ganser eilaidd.

Nid yw canser y coluddyn yn heintus ac ni ellir ei basio i bobl eraill.

Gall cancer hefyd effeithio ar y coluddyn bach neu'r anws. Mae'r canserau hyn yn cael eu trin yn wahanol i ganser y coluddyn. Mae gennym wybodaeth yn Saesneg am y mathau hyn o ganser.

### **Y system lymffatig**

Mae'r system lymffatig yn helpu i'n hamddiffyn rhag haint ac afiechyd. Mae wedi'i gwneud o diwbiau mân o'r enw llestri lymff. Mae'r llestri hyn yn cysylltu â grwpiau o nodau lymff bach trwy'r corff.

Mae nodau lymff yn agos at y colon a'r rectwm. Gall cancer y coluddyn ledaenu i'r nodau lymff yn agos at y coluddyn.

### **Camau a graddau cancer y coluddyn**

Mae cam cancer yn golygu pa mor fawr ydyw ac a yw wedi lledaenu.

Gradd y cancer yw pa mor gyflym y gallai'r cancer dyfu.

## **Sut caiff triniaeth ei gynllunio**

Bydd eich tîm gofal iechyd yn cyfarfod i gynllunio'r driniaeth orau i chi. Bydd eich nyrs neu feddyg yn siarad â chi am:

- cam a gradd y cancer
- eich iechyd cyffredinol
- y triniaethau a'r sgîl-ffeithiau posibl
- yr hyn yr ydych yn ei feddwl am y triniaethau sydd ar gael.

## **Siarad â'ch tîm gofal iechyd**

Mae'n bwysig siarad am unrhyw driniaeth gyda'ch meddyg.

Gall eich ysbyty drefnu cyfieithydd ar eich cyfer. Rhowch wybod i'ch nyrs os ydych angen un. Efallai y byddwch hefyd am fynd â rhywun gyda chi sy'n gallu siarad eich iaith a Saesneg.

Ar ôl siarad â chi, bydd eich meddyg fel arfer yn gofyn i chi lofnodi ffurflen i ddangos eich bod yn deall beth mae'r driniaeth yn ei olygu a'ch bod yn cytuno i'w chael. Gelwir hyn yn rhoi eich caniatâd. Ni fyddwch yn cael unrhyw driniaeth oni bai eich bod wedi cytuno i'w chael.

## Cwestiynau i'w gofyn am eich triniaeth

Dyma rai cwestiynau y gallech fod am eu gofyn i'ch tîm canser am eich triniaeth:

- Beth mae fy niagnosis yn ei olygu?
- Beth yw cam a gradd y canser?
- Beth fydd fy nhriniaeth?
- Beth yw manteision, risgiau a sgil effeithiau pob triniaeth?
- Sut bydd y driniaeth yn effeithio ar fy mywyd dyddiol?
- Gyda phwy allaf i siarad am sut ydw i'n teimlo?

## Triniaethau ar gyfer canser y coluddyn

Mae'r triniaethau ar gyfer canser y coluddyn yn cynnwys:

- llawdriniaeth (llawfeddygaeth)
- cyffuriau (cemotherapi, therapi wedi'i dargedu neu imiwnotherapi)
- radiotherapi

Mae llawer o bobl yn cael mwy nag un math o driniaeth, megis llawdriniaeth ac yna cemotherapi neu radiotherapi.

### Llawfeddygaeth

Llawdriniaeth i dynnu'r canser yw'r driniaeth fwyaf cyffredin ar gyfer canser y coluddyn.

Weithiau gellir tynnu canserau'r coluddyn bach iawn yn eu camau cynnar gyda llawdriniaeth a elwir yn echdoriad lleol. Dyma lle maen nhw'n tynnu'r canser gan ddefnyddio cyfarpar llawfeddygol sy'n cael eu pasio trwy'r anws. Nid oes angen i'r llawfeddyg wneud toriad yn y bol (abdomen).

Bydd y rhan fwyaf o bobl yn cael llawdriniaeth i dynnu rhan o'r coluddyn. Fel arfer bydd y llawfeddyg hefyd yn tynnu'r nodau lymff sydd wrth ymyl y canser. Gwnaiff hyn oherwydd gall celloedd canser ymledu i nodau lymff wrth ymyl y canser.

Efallai y cewch lawdriniaeth fel:

- **llawfeddygaeth agored** – dyma pan fydd y llawfeddyg yn gwneud 1 toriad mawr cyn tynnu'r canser.
- **llawfeddygaeth twll clo (laparosgopig)** – mae hyn yn golygu bod y llawfeddyg yn gwneud 4 neu 5 toriad bach. Maent yn rhoi cyfarpar llawfeddygol drwy'r toriadau i dynnu'r canser. Fel arfer byddwch yn gwella'n gynt ar ôl llawfeddygaeth twll clo nag ar ôl llawfeddygaeth agored.

### Mathau o lawdriniaeth ar gyfer canser y colon

- **Hemi-colectomi** – tynnu hanner y colon. Gellir naill ai tynnu'r ochr chwith neu'r ochr dde, yn dibynnu ar ble mae'r canser.
- **Colectomi sigmoid** – tynnu'r colon sigmoid.

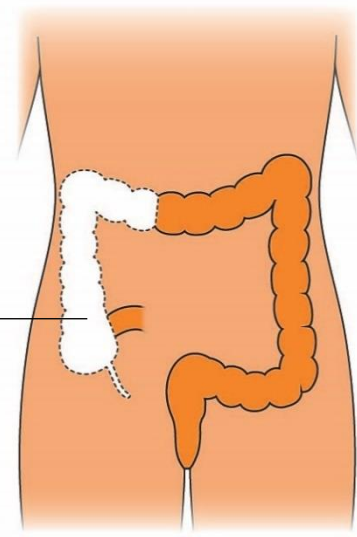
Ar ôl tynnu'r rhan o'r coluddyn ble mae'r canser, mae'r llawfeddyg yn uno dau ben y coluddyn gyda'i gilydd. I rai pobl, efallai y bydd angen tynnu'r colon cyfan. Gelwir hyn yn golectomi cyflawn. Bydd eich meddyg yn dweud mwy wrthy ch am hyn os byddwch angen y math yma o lawdriniaeth.



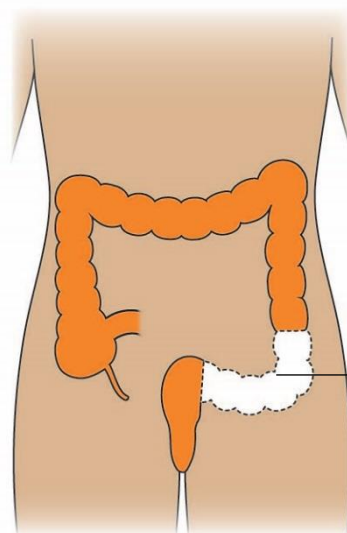
Y rhan a dynnwyd

Y rhan a dynnwyd

Hemi-colectomi de



Hemi-colectomi chwith

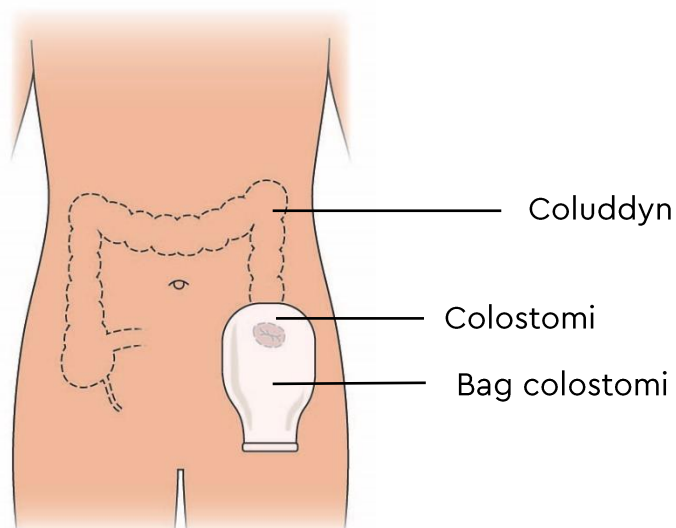


Y rhan a dynnwyd

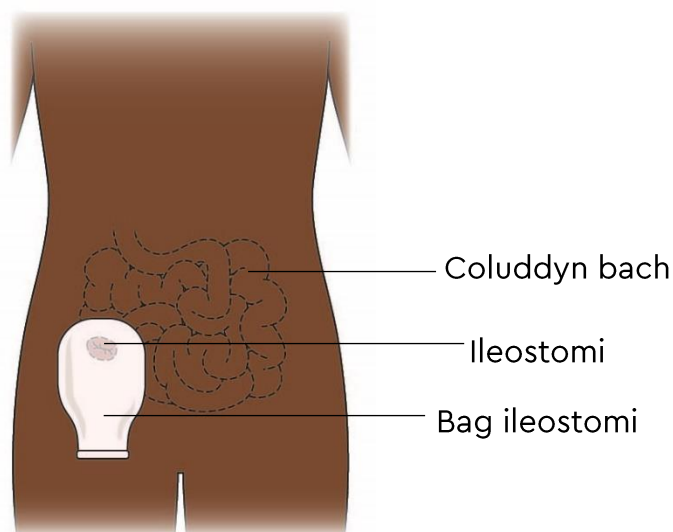
Colectomi sigmoid

## Stoma

Mae rhai pobl angen cael stoma. Dyma pryd mae'r llawfeddyg yn cysylltu pen y coluddyn ag arwyneb y bol (abdomen). Byddwch yn pasio pŵ (carthion) allan trwy'r stoma i mewn i fag arbennig rydych chi'n ei wisgo. Mae gwahanol fathau:



Stoma a bag stoma (colostomi)



Stoma a bag stoma (ileostomi)

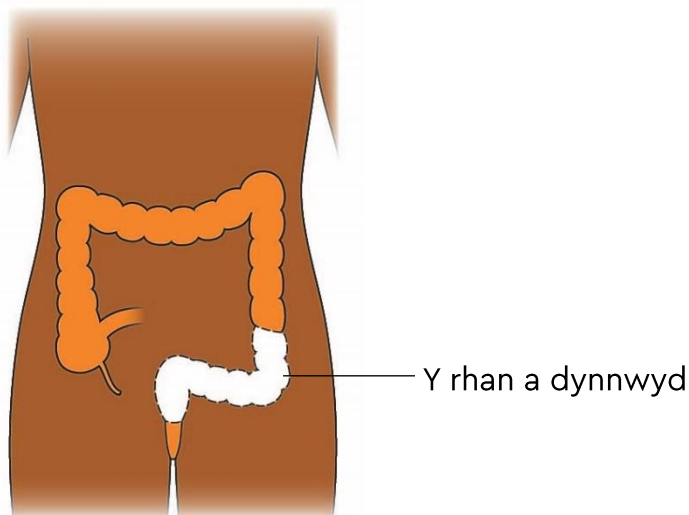
Bydd nyrs stoma yn dangos i chi sut i ofalu am y stoma a rhoi mwy o gyngor a gwybodaeth i chi. Mae nyrs stoma yn nyrs sy'n arbenigo mewn gofal stoma. Efallai y bydd o gymorth i chi siarad â rhywun sydd â stoma. Efallai gall eich nyrs drefnu hyn i chi. Bydd eich nyrs yn eich dysgu sut i reoli eich stoma gartref. Efallai mai dim ond am gyfnod byr ar ôl llawdriniaeth y byddwch angen stoma, er mwyn caniatáu'r coluddyn i wella. Ond weithiau bydd yn parhaol. Gall eich meddyg ddweud wrthyfch os bydd efallai angen stoma arnoch a pha mor hir y gallai fod gennych.

### **Mathau o lawdriniaethau ar gyfer canser y rectwm**

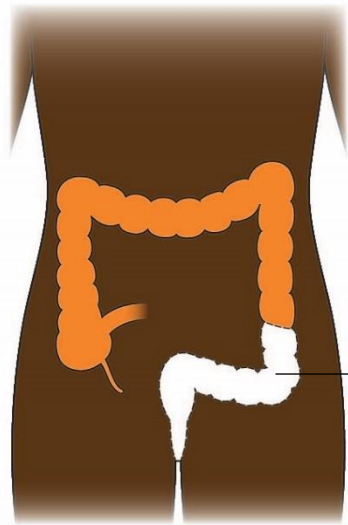
Os oes gennych ganser bach iawn yn y rectwm, efallai y cewch lawdriniaeth a elwir yn doriad lleol. Fel arfer gellir tynnu'r canser drwy'r anws. Mae hyn yn golygu nad oes rhaid i'r llawfeddyg wneud toriad trwy eich bol.

Efallai y bydd angen llawdriniaeth fwy arnoch i dynnu'r canser a rhai o'r meinwe brasterog a'r nodau lymff o amgylch y rectwm. Mae 2 fath o lawdriniaeth:

- **Echdoriad blaen** – mae'r llawfeddyg yn tynnu'r rhan o'r rectwm sydd wedi'i effeithio gan y canser. Maent yn cysylltu 2 ben y coluddyn gyda'i gilydd.
- **Echdoriad abdomino-perineol** – defnyddir hyn gan amlaf ar gyfer canserau ger yr anws. Mae'r meddyg yn tynnu'r rectwm a'r anws. Ar ôl y llawdriniaeth hon, bydd gennych stoma parhaol.



**Echdoriad blaen**



Y rhan a dynnwyd

### Echdoriad abdomino-perineol

#### Mathau eraill o lawfeddygaeth

Weithiau, mae'r cancer yn rhwystro'r coluddyn ac yn atal pŵ rhag pasio drwodd. Gall hyn achosi poen yn y bol a chwydu. Efallai bydd y meddyg yn rhoi tiwb tenau o'r enw stent yn y coluddyn i'w gadw'n agored. I rai pobl, efallai y bydd angen tynnu'r rhan o'r coluddyn sydd wedi blocio yn ystod llawdriniaeth.

Os yw'r cancer wedi lledaenu i ran arall o'r corff, megis yr iau neu'r ysgyfaint, weithiau cewch lawdriniaeth i'w dynnu.

Mae gennym ragor o wybodaeth yn eich iaith am lawfeddygaeth a rhai o'r sgîl-ffeithiau y gallwch eu profi ar ein gwefan, ewch i [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

#### Cemotherapi

Mae cemotherapi yn defnyddio cyffuriau gwrth ganser i ddinistrio celloedd cancer. Fel arfer, nid ydych angen cemotherapi ar gyfer cancer y coluddyn yn ei gamau cynnar. Gellir rhoi cemotherapi:

- ar ôl llawfeddygaeth i leihau'r risg y daw'r cancer yn ôl
- cyn llawfeddygaeth, i leihau'r cancer ac i leihau'r risg y daw'r cancer yn ôl
- fel y brif driniaeth ar gyfer cancer sydd wedi lledaenu.



Gall cyffuriau cemotherapi achosi sgîl-ffeithiau sy'n gwneud i chi deimlo'n sâl. Gall gwahanol gyffuriau achosi gwahanol sgîl-ffeithiau. Mae'r rhain yn cynnwys:

- bod yn fwy tebygol o gael haint
- teimlo'n flinedig
- teimlo'n sâl neu fod yn sâl
- dolur rhydd - pasio mwy o bŵ nag arfer, neu bŵ chwâl neu ddyfrllyd
- ceg ddolurus
- colli gwallt.

Gall eich meddyg siarad â chi am y sgîl-ffeithiau y gallech eu cael a sut i'w rheoli. Gellir rheoli'r rhan fwyaf o sgîl-ffeithiau gyda chyffuriau. Mae'r rhan fwyaf o sgîl-ffeithiau'n diflannu pan fydd y cemotherapi wedi dod i ben.

Mae gennym ragor o wybodaeth am gemotherapi yn eich iaith ar ein gwefan, ewch i [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

### **Radiotherapi**

Mae radiotherapi yn defnyddio pelydrau X ynni uchel i ddinistrio'r celloedd cancer. Fel arfer nid ydych yn cael radiotherapi ar gyfer cancer y colon. Mae'n driniaeth gyffredin ar gyfer cancer y rectwm.

Efallai y cewch radiotherapi cyn llawdriniaeth i dynnu cancer y rectwm. Gall wneud y cancer yn llai ac yn haws ei dynnu a lleihau'r risg y bydd cancer y rectwm yn dychwelyd.

Ar ôl y radiotherapi, byddwch fel arfer yn aros o leiaf 6 wythnos cyn cael llawfeddygaeth. Efallai y defnyddir radiotherapi ar ôl llawdriniaeth os oes siawns bod peth o'r cancer dal ar ôl.

Os yw cancer y rectwm wedi lledaenu neu ddychwelyd, efallai y cewch radiotherapi i'w wneud yn llai. Gall hefyd helpu gyda symptomau fel poen.

Mae sgîl-ffeithiau radiotherapi ar gyfer cancer y rectwm yn cynnwys:

- blinder
- newidiadau i'ch croen
- newidiadau i'r coluddyn
- newidiadau i'r bledren.

Mae gennym ragor o wybodaeth yn eich iaith am radiotherapi a rhai o'r sgîl-ffeithiau y gallwch eu profi ar ein gwefan, ewch i [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

### **Cemobelydredd**

Os oes gennych ganser y rectwm, efallai y cewch gemobelydredd. Dyma pan fyddwch chi'n cael cemotherapi a radiotherapi ar yr un pryd. Gall weithio'n well na chael naill ai cemotherapi neu radiotherapi ar eu pennau eu hunain. Gall cael y triniaethau gyda'i gilydd waethygu'r sgîl-ffeithiau.

## Therapi wedi'i dargeddu

Mae cyffuriau therapi wedi'i dargeddu yn targedu rhywbeth mewn neu o amgylch cell cancer sy'n ei helpu i dyfu a goroesi. Defnyddir therapiâu wedi'u targedu weithiau i drin canserau'r coluddyn sydd wedi lledaenu i rannau eraill o'r corff.

Efallai y byddwch yn cael cyffur therapi wedi'i dargeddu gyda chemotherapi. Gall sgîl-ffeithiau amrywio. Gallai'r rhain gynnwys:

- croen sych neu frech
- dolur rhydd
- teimlo'n sâl
- symptomau ffliw.

Gellir rheoli'r rhan fwyaf o sgîl-ffeithiau gyda chyffuriau ac maent yn diflannu pan fydd y driniaeth wedi dod i ben.

## Imiwnotherapi

Mae cyffuriau imiwnotherapi yn defnyddio'r system imiwneidd i ddod o hyd i gelloedd cancer ac ymosod arnynt. Gellir eu defnyddio i drin cancer y coluddyn sydd wedi lledaenu i rannau eraill o'r corff.

Mae sgîl-ffeithiau imiwnotherapi yn cynnwys:

- dolur rhydd
- newidiadau i'r croen
- poen yn y cymalau
- teimlo'n flinedig.

## Sgîl-ffeithiau posibl eich triniaeth

### Newidiadau i'r coluddyn

Ar ôl triniaeth, efallai bydd eich coluddyn yn gweithio'n wahanol am gyfnod.

Efallai:

- bydd gennych ddolur rhydd
- byddwch angen pŵ yn fwy aml
- na fyddwch yn cael llawer o rybudd pan fyddwch angen pŵ
- bydd gennych ben ôl poenus.

Bydd y rhain fel arfer yn gwella ar ôl amser. Dywedwch wrth eich meddyg neu nyrs os yw'r sgîl-ffeithiau hyn gennych neu os nad ydynt yn gwella. Gallant roi cyngor a meddyginiaethau i'ch helpu.

## Amddiffyn eich croen

Gall cael pŵ chwâl neu ddyfrllyd wneud y croen o amgylch eich pen ôl yn boenus. Gallai'r awgrymiadau hyn helpu:

- Cadwch y croen o amgylch eich pen ôl yn lân a sych.
- Defnyddiwch gadachau gwlyb (wet wipes) di-bersawr gan eu bod yn feddalach ar eich croen na phapur toiled.
- Defnyddiwch badiâu a chadachau rhwystr neu chwistrellau i helpu i amddiffyn eich croen. Gall nyrs arbenigol eich cynghori ynghylch padiau ac eliau i'w defnyddio.
- Gwisgwch ddillad isaf cotwm i gadw'ch croen yn sych a lled oer.

## Newidiadau diet

Efallai y bydd eich tîm gofal iechyd yn eich cynghori i ddilyn diet penodol tra bydd eich coluddyn yn gwella ar ôl llawfeddygaeth.

Am yr ychydig ddyddiau cyntaf ar ôl llawfeddygaeth, efallai y cewch eich cynghori i fwyta diet ffibr isel. Mae bwydydd ffibr isel yn cynnwys bara gwyn, pasta gwyn neu gracers plaen, ffrwythau a llysiau wedi'u plicio.

Bydd bwyta'n rheolaidd yn helpu'ch coluddyn i weithio'n fwy rheolaidd. Efallai y bydd yn haws i chi fwyta sawl pryd bach y dydd yn lle 1 neu 2 bryd mawr.

Os ydych yn parhau i gael problemau gyda'r hyn y gallwch fwyta, siaradwch â'ch nyrs neu feddyg.

## Gor-bryder

Gall teimlo'n or-bryderus neu'n bryderus wneud eich carthion yn fwy rhydd. Gall dysgu sut i ymlacio helpu eich coluddyn i setlo. Mae hefyd yn dda i'ch iechyd cyffredinol.

## Cerdyn toiled Macmillan

Efallai y byddwch chi'n poeni am fynd allan os bydd angen i chi ddefnyddio toiled ar frys. Efallai y bydd o help i gario cerdyn toiled Macmillan am ddim. Gallwch ddangos hwn mewn lleoedd fel siopau, swyddfeydd a chaffis. Gobeithiwn bydd yn eich helpu i gael mynediad at doiled ond efallai na fydd yn gweithio ym mhobman.

Mae'r cerdyn ar gael yn Saesneg yn unig ac mae'n darllen 'due to my cancer treatment I need urgent access to a toilet. Please can you help?'

Gallwch gael un drwy ffonio Llinell Gymorth Macmillan ar 0808 808 00 00. Neu, gallwch ei archebu un yn [orders.macmillan.org.uk](https://orders.macmillan.org.uk)

Gallwch hefyd ddefnyddio toiledau anabl. Mae ynddynt fasn ymolchi a lle i newid eich dillad. Mae toiledau anabl weithiau wedi eu cloi. Gallwch brynu allwedd oddi wrth [Disability Rights UK](https://www.disabilityrightsuk.org/).

## Mwy o wybodaeth am sgîl-ffeithiau

Mae gennym fwy o wybodaeth am flinder a phroblemau bwyta a allai fod yn ddefnyddiol i chi. Gallwch ddod o hyd i'r wybodaeth hon ar-lein yn [macmillan.org.uk/translations](http://macmillan.org.uk/translations).

## Dilyniant

Ar ôl i'ch triniaeth ddod i ben, byddwch yn cael gwiriadau rheolaidd a hefyd efallai profion. Mae'r rhain fel arfer yn parhau am hyd at 5 mlynedd.

Os byddwch yn sylwi ar unrhyw symptomau newydd rhwng gwiriadau, dywedwch wrth eich meddyg teulu, meddyg canser neu nyrs cyn gynted â phosibl.

## Eich teimladau

Efallai byddwch yn teimlo wedi eich llethu pan gewch wybod bod gennych ganser. Efallai bydd gennych sawl emosiwn gwahanol. Does dim ffordd gywir nac anghywir o deimlo. Mae yna sawl ffordd i ymdopi gyda hyn. Gallai siarad â ffrind agos neu berthynas helpu. Gall eich meddyg neu nyrs helpu hefyd.

## Cael y gofal a'r cymorth cywir i chi

Os oes gennych ganser a ddim yn siarad Saesneg, efallai eich bod yn poeni y bydd hyn yn effeithio ar eich triniaeth a'ch gofal canser. Ond dylai eich tîm gofal iechyd gynnig gofal, cymorth a gwybodaeth i chi sy'n bodloni'ch anghenion.

Gwyddom y gall pobl wynebu heriau ychwanegol weithiau wrth gael y cymorth cywir. Er enghraifft, os ydych yn gweithio neu os oes gennych deulu, gall fod yn anodd dod o hyd i amser i fynd i apwyntiadau ysbyty. Efallai y bydd gennych bryderon hefyd am arian a chostau cludiant. Gall hyn i gyd fod yn straen ac yn anodd ymdopi ag ef.

Rydym hefyd yn cynnig Grantiau Macmillan i bobl â chanser. Mae'r rhain yn daliadau untro y gellir eu defnyddio ar gyfer pethau fel parcio mewn ysbyty, costau teithio, gofal plant neu filiau gwresogi.

## Sut y gall Macmillan eich helpu chi

Yn Macmillan, rydym yn gwybod sut y gall diagnosis canser effeithio ar bopeth, ac rydym yma i'ch cefnogi.

### Llinell Gymorth Macmillan

Mae gennym ni gyfieithwyr, felly gallwch chi siarad â ni yn eich iaith. Dywedwch wrthym, yn Saesneg, yr iaith rydych am ei defnyddio.

Gallwn helpu gyda chwestiynau meddygol, rhoi gwybodaeth i chi am gymorth ariannol, neu fod yno i wrando os oes angen rhywun i siarad â chi. Mae'r llinell ffôn gyfrinachol am ddim ar agor 7 diwrnod yr wythnos, 8am i 8pm. Ffoniwch ni ar **0808 808 00 00**.

### **Gwefan Macmillan**

Mae ein gwefan yn cynnwys llawer o wybodaeth yn Saesneg am ganser. Mae mwy o wybodaeth hefyd mewn ieithoedd eraill ar [macmillan.org.uk/translations](https://macmillan.org.uk/translations)

Gallwn hefyd drefnu cyfieithiadau ar eich cyfer chi yn unig. E-bostiwch ni yn [informationproductionteam@macmillan.org.uk](mailto:informationproductionteam@macmillan.org.uk) i ddweud wrthym yr hyn rydych ei angen.

### **Canolfannau gwybodaeth**

Mae ein canolfannau gwybodaeth a chymorth wedi eu lleoli mewn ysbytai, llyfrgelloedd a chanolfannau symudol. Ymwelwch ag un i gael y wybodaeth sydd ei hangen arnoch a siaradwch â rhywun wyneb yn wyneb. Cewch hyd i'ch canolfan agosaf ar [macmillan.org.uk/informationcentres](https://macmillan.org.uk/informationcentres) neu ffoniwch ni ar **0808 808 00 00**.

### **Grwpiau cefnogaeth lleol**

Mewn grŵp cefnogaeth, gallwch siarad â phobl eraill wedi'u heffeithio gan ganser. Gallwch ddysgu am grwpiau cefnogaeth yn eich ardal ar [macmillan.org.uk/supportgroups](https://macmillan.org.uk/supportgroups) neu ffoniwch ni ar **0808 808 00 00**.

### **Cymuned Ar-lein Macmillan**

Gallwch siarad â phobl eraill y mae canser wedi effeithio arnynt ar-lein yn [macmillan.org.uk/community](https://macmillan.org.uk/community)

Gallwch ei defnyddio ar unrhyw adeg o'r dydd neu'r nos. Gallwch rannu'ch profiadau, gofyn cwestiynau, neu ddarllen yr hyn mae pobl wedi eu postio.

## Mwy o wybodaeth yn Gymraeg

Mae gennym wybodaeth yn Gymraeg am y pynciau hyn:

### Ymdopi â chanser

- Canser a'r coronafeirws
- Gofal Canser yn y DU
- Hawlio budd-daliadau pan mae gennych chi ganser
- Problemau bwyta a chanser
- Diwedd oes
- Gofal iechyd ar gyfer ffoaduriaid a phobl sy'n ceisio lloches
- Bwyta'n iach
- Help gyda chostau pan fydd gennych chi ganser
- Os cewch ddiagnosis o ganser
- Pobl LHDTTC+ a chanser
- Sepsis a chanser
- Sgîl-effeithiau triniaeth canser
- Blinder (lludded) a chanser

### Mathau o ganser

- Canser y fron
- Canser ceg y groth
- Canser y coluddyn mawr
- Canser yr ysgyfaint
- Canser y brostad

### Triniaethau

- Cemotherapi
- Radiotherapi
- Llawfeddygaeth

I weld y wybodaeth hon, ewch i [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

## Cyfeiriadau a diolchiadau

Mae'r wybodaeth hon wedi ei hysgrifennu a'i golygu gan dîm Datblygu Gwybodaeth Canser Cymorth Canser Macmillan. Mae wedi'i chyfieithu i'r iaith hon gan gwmni cyfieithu.

Mae'r wybodaeth sydd wedi'i chynnwys yn seiliedig ar ein cynnwys canser y colon a chanser y rectwm sydd ar gael yn Saesneg ar ein gwefan.

Mae'r wybodaeth hon wedi ei hadolygu gan arbenigwyr perthnasol a'i chymeradwyo gan ein Uwch Olygydd Meddygol, Dr Paul Ross, Oncolegydd Meddygol Ymgynghorol.

Diolch hefyd i'r bobl sydd wedi eu heffeithio gan ganser a adolygodd y wybodaeth hon.

Mae'n holl wybodaeth yn seiliedig ar y dystiolaeth orau sydd ar gael. Am ragor o wybodaeth am y ffynonellau a ddefnyddiwn, cysylltwch â ni yn [informationproductionteam@macmillan.org.uk](mailto:informationproductionteam@macmillan.org.uk)

**Adolygwyd y cynnwys: 2024**

**Adolygiad arfaethedig nesaf: 2027**

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Rydym yn gwneud pob ymdrech i sicrhau bod y wybodaeth a ddarparwn yn gywir ac yn gyfredol ond ni ddylid dibynnu arni yn lle cyngor proffesiynol arbenigol sydd wedi'i deilwra i'ch sefyllfa. Cyn belled ag y caniateir gan y gyfraith, nid yw Macmillan yn derbyn atebolrwydd mewn perthynas â defnyddio unrhyw wybodaeth a gynhwysir yn y cyhoeddiad hwn neu wybodaeth trydydd parti neu wefannau sydd wedi'u cynnwys neu y cyfeirir atynt ynddo.

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## Bowel cancer: ENGLISH

This information is about bowel cancer and treatments for bowel cancer.

If you have any questions about this information, ask your doctor or nurse at the hospital where you are having treatment.

You can also call Macmillan Cancer Support on freephone 0808 808 00 00, 7 days a week, 8am to 8pm. We have interpreters, so you can speak to us in your own language. When you call us, please tell us in English which language you need.

There is more cancer information in your language and other languages at [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

This information is about:

- The bowel
- Bowel cancer
- How treatment is planned
- Talking to your healthcare team
- Treatments for bowel cancer
- Possible side effects of your treatment
- Follow up
- Your feelings
- Getting the right care and support for you
- How Macmillan can help you
- More information in your language
- References and thanks



## The bowel

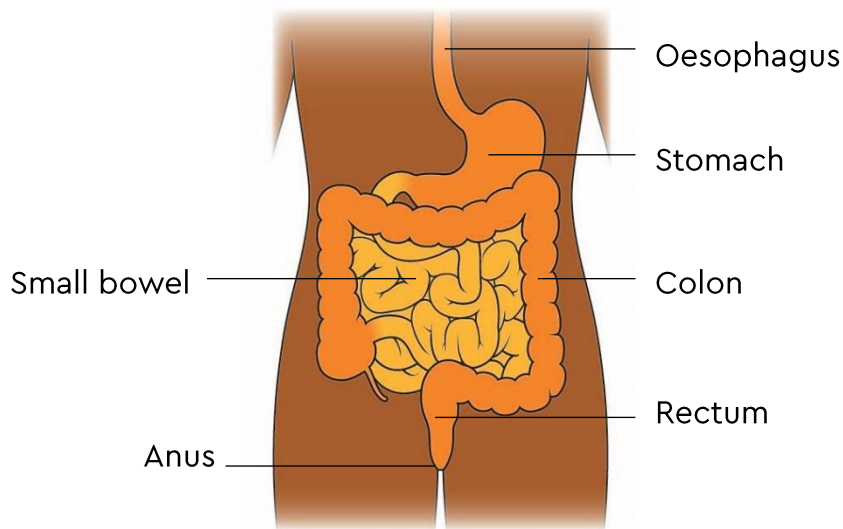
The bowel is part of the digestive system. The digestive system breaks down and absorbs food so that the body can use it.

The bowel has 2 parts:

- the small bowel
- the large bowel.

The large bowel has three parts. These are:

- the colon
- the rectum
- the anus.



## Bowel cancer

All parts of the body are made up of tiny cells. Bowel cancer happens when the cells in the bowel grow in an uncontrolled way and form a lump called a tumour.

The place where the cancer first begins to grow is the primary cancer. The primary cancer is named after the place in the body where it started, for example bowel cancer.

Bowel cancer is cancer that affects the colon or the rectum. Bowel cancer is also called colorectal cancer.

Sometimes, bowel cancer cells spread to other parts of the body through the blood and the lymphatic system. This is called secondary cancer.

Bowel cancer is not infectious and cannot be passed on to other people.

Cancer can also affect the small bowel or the anus. These cancers are treated differently to bowel cancer. We have information in English about these types of cancer.

### **The lymphatic system**

The lymphatic system helps protect us from infection and disease. It is made up of fine tubes called lymphatic vessels. These vessels connect to groups of small lymph nodes throughout the body.

There are lymph nodes close to the colon and rectum. Bowel cancer can spread to the lymph nodes close to the bowel.

### **Stages and grades of bowel cancer**

The stage of a cancer means how big it is and if it has spread.

The grade of a cancer is how quickly the cancer may grow.

## **How treatment is planned**

Your healthcare team will meet to plan the best treatment for you. Your doctor or nurse will then talk to you about:

- the stage and grade of the cancer
- your general health
- the treatments and possible side effects
- what you think about the available treatments.

## **Talking to your healthcare team**

It is important to talk about any treatment with your doctor.

Your hospital can arrange an interpreter for you. Let your nurse know if you need one. You may also want to take someone with you who can speak your language and English.

After talking with you, your doctor will usually ask you to sign a form to show that you understand what the treatment means and that you agree to having it. This is called giving your consent. You will not be given treatment unless you have agreed to it.

## Questions to ask about your treatment

Here are some questions you might want to ask your cancer team about your treatment:

- What does my diagnosis mean?
- What is the stage and grade of the cancer?
- What will my treatment be?
- What are the benefits, risks and side effects of each treatment?
- How will the treatment affect my daily life?
- Who can I talk to about how I am feeling?

## Treatments for bowel cancer

Treatments for bowel cancer include:

- an operation (surgery)
- drugs (chemotherapy, targeted therapy or immunotherapy)
- radiotherapy

Many people have more than one type of treatment, such as an operation and then chemotherapy or radiotherapy.

### Surgery

An operation to remove the cancer is the most common treatment for bowel cancer.

Sometimes, very small early-stage bowel cancers can be removed with an operation called a local resection. This is where they remove the cancer using surgical tools passed through the anus. The surgeon does not need to make a cut in the tummy (abdomen).

Most people will have an operation to remove part of the bowel. The surgeon will usually remove the lymph nodes that are near the cancer. This is because cancer cells can spread to lymph nodes near the cancer.

You may have your operation as:

- **open surgery** – this is when the surgeon makes 1 large cut before removing the cancer.
- **keyhole (laparoscopic) surgery** – this means the surgeon makes 4 or 5 small cuts. They put surgical tools through the cuts to remove the cancer. You usually recover more quickly from keyhole surgery than from open surgery.

### Types of operation for colon cancer

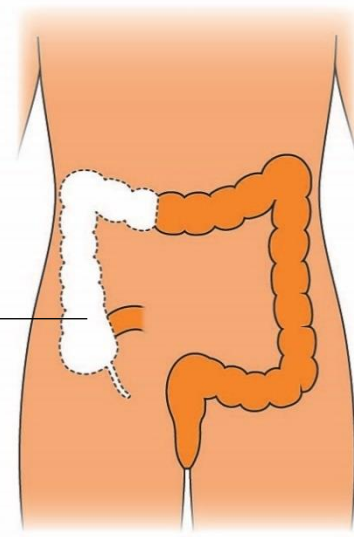
- **Hemi-colectomy** – half of the colon is removed. This may be the right or left side, depending on where the cancer is.
- **Sigmoid colectomy** – the sigmoid colon is removed.

After removing the part of the bowel where the cancer is, the surgeon joins the two ends of the bowel together. Some people may need to have all the colon removed. This is called a total colectomy. Your doctor will tell you more about this if you need this type of operation.



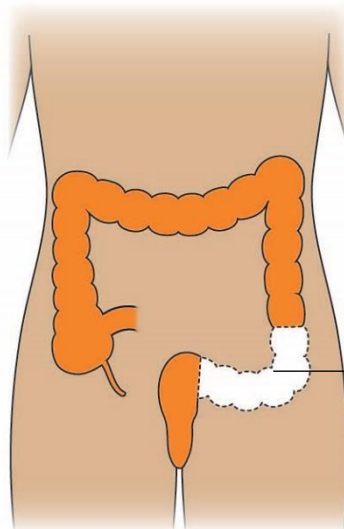
Area removed

**Left hemi-colectomy**



Area removed

**Right hemi-**

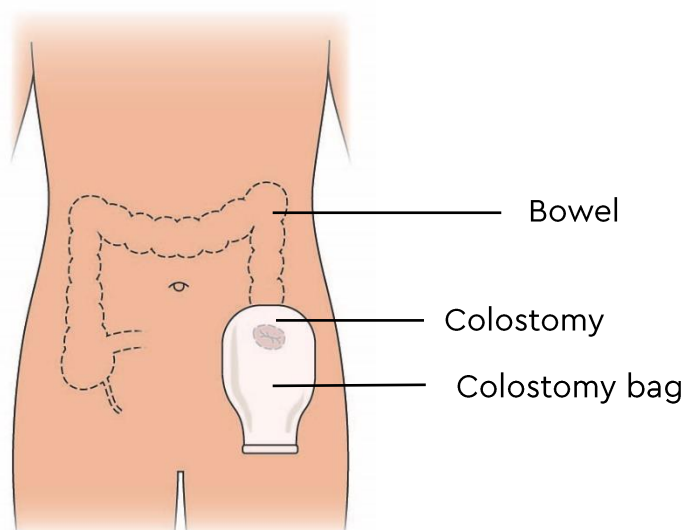


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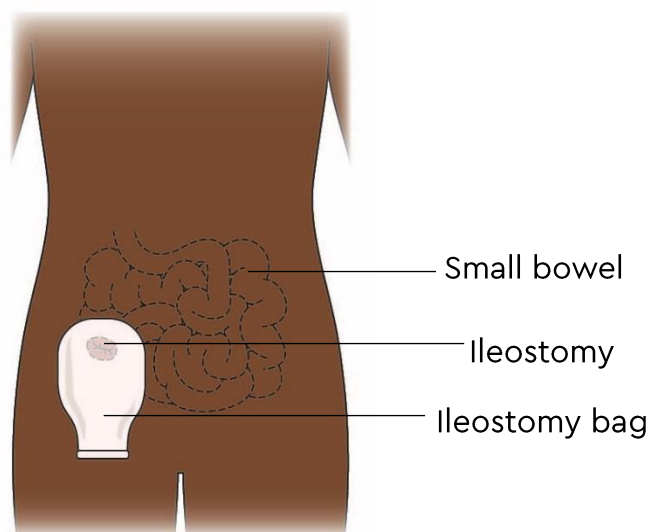
**Sigmoid colectomy**

## Stomas

Some people need to have a stoma. This is when the surgeon connects the end of the bowel to the surface of the tummy (abdomen). You will pass poo (stools) out through the stoma into a special bag you wear. There are different types:



**Stoma and stoma bag (colostomy)**



**Stoma and stoma bag (ileostomy)**

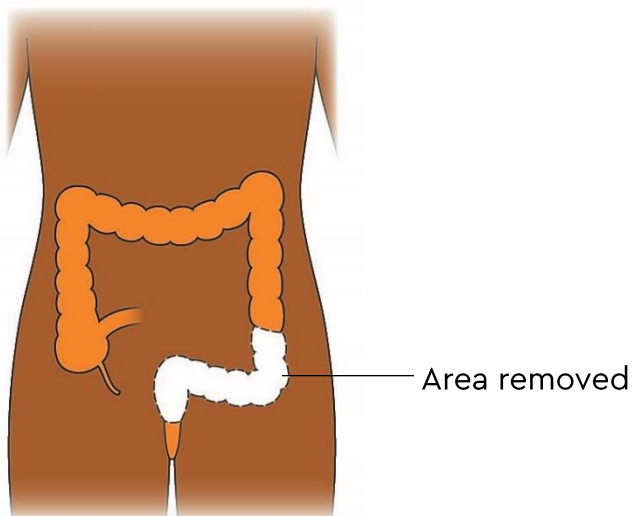
A stoma nurse will show you how to look after the stoma and give you more advice and information. A stoma nurse is a nurse who specialises in stoma care. You may find it helps to talk to someone who has a stoma. Your nurse may be able to arrange this for you. Your nurse will teach you how to manage your stoma at home. You may only need a stoma for a short time after an operation, to allow the bowel to heal. But sometimes it will be permanent. Your doctor can tell you if you may need a stoma and how long you may have it for.

## Types of operation for rectal cancer

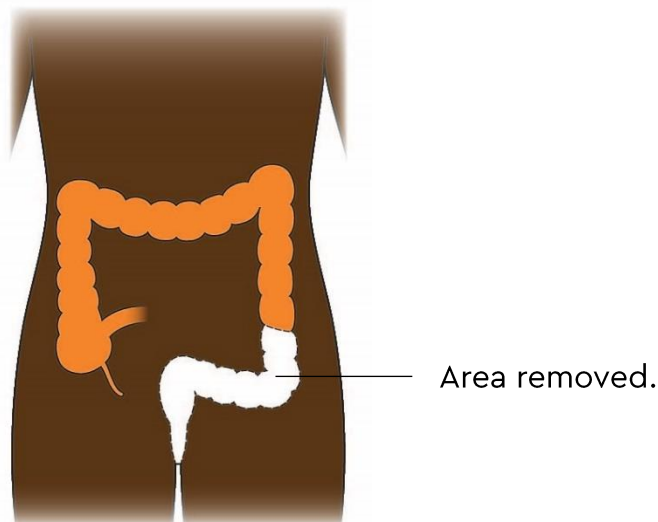
If you have a very small rectal cancer, you may have an operation called a local excision. The cancer can usually be removed through the anus. This means the surgeon does not have to make a cut in your tummy.

You may need a larger operation to remove the cancer and some of the fatty tissue and the lymph nodes around the rectum. There are 2 types of operation:

- **Anterior resection** – the surgeon removes the part of the rectum that is affected by the cancer. They join the two ends of the bowel together.
- **Abdominal perineal resection** – this is usually used for cancers near the anus. The doctor removes the rectum and anus. After this operation, you will have a permanent stoma.



**Anterior resection**



**Abdominal perineal resection**

### **Other types of surgery**

Sometimes, the cancer blocks the bowel and stops poo from passing through. This can cause tummy pain and vomiting. The doctor may put a small tube called a stent into the bowel to keep it open. Some people may need to have the blocked part of the bowel removed during an operation.

If the cancer has spread to another part of the body, such as the liver or lungs, you can sometimes have an operation to remove it.

We have more information in your language about surgery and some of the side effects you may have on our website, visit [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

### **Chemotherapy**

Chemotherapy uses anti-cancer drugs to destroy cancer cells. You do not usually need chemotherapy for early-stage bowel cancer. Chemotherapy may be given:

- after surgery to reduce the risk of cancer coming back
- before surgery, to shrink the cancer and reduce the risk of it coming back
- as the main treatment for cancer that has spread.

Chemotherapy drugs can cause side effects that make you feel unwell. Different drugs can cause different side effects. These include:

- being more likely to get an infection
- feeling tired
- feeling sick or being sick
- diarrhoea – passing more poo than usual, or loose or watery poo
- a sore mouth
- hair loss.

Your doctor can talk to you about the side effects you may have and how to manage them. Most side effects can be controlled with drugs. Most side effects go away when chemotherapy is over.

We have more information about chemotherapy in your language on our website, visit [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

### **Radiotherapy**

Radiotherapy uses high-energy x-rays to destroy the cancer cells. You do not usually have radiotherapy for colon cancer. It is a common treatment for rectal cancer.

You may have radiotherapy before an operation to remove rectal cancer. It can make the cancer smaller and easier to remove and reduce the risk of the rectal cancer coming back.

After the radiotherapy, you usually wait at least 6 weeks before having surgery. Radiotherapy may be used after an operation if there is a chance that some cancer remains.

If rectal cancer has spread or comes back, you may have radiotherapy to make it smaller. It can also help with symptoms, such as pain.

Side effects of radiotherapy for rectal cancer include:

- tiredness
- changes to your skin
- bowel changes
- bladder changes.

We have more information in your language about radiotherapy and some of the side effects you may have on our website, visit [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

### **Chemoradiation**

If you have a rectal cancer, you may have chemoradiation. This is when you have chemotherapy and radiotherapy at the same time. It can work better than having either chemotherapy or radiotherapy on their own. Having the treatments together can make the side effects worse.

### **Targeted therapy**

Targeted therapy drugs target something in or around a cancer cell that is helping it grow and survive. Targeted therapies are sometimes used to treat bowel cancers that have spread to other parts of the body.

You may have a targeted therapy drug with chemotherapy. Side effects can vary. They may include:

- dry skin or a rash
- diarrhoea
- feeling sick
- flu symptoms.

Most side effects can be controlled with drugs and go away when treatment is over.

### **Immunotherapy**

Immunotherapy drugs use the immune system to find and attack cancer cells. They may be used to treat bowel cancer that has spread to other parts of the body.

Side effects of immunotherapy include:

- diarrhoea
- skin changes
- joint pains
- feeling tired.



## Possible side effects of your treatment

### Bowel changes

After treatment, your bowel may work differently for a while. You may:

- have diarrhoea
- need to poo more often
- not get much warning when you need to poo
- have a sore bottom.

These usually improve over time. Tell your doctor or nurse if you have these side effects or if they do not improve. They can give you advice and medicines to help.

### Protect your skin

Having loose or watery poo can make the skin around your bottom sore. These tips may help:

- Keep the skin around your bottom clean and dry.
- Use unperfumed wet wipes as they are softer on your skin than toilet paper.
- Use pads and barrier wipes or sprays to help protect your skin. A specialist nurse can advise you about pads and creams to use.
- Wear cotton underwear to keep your skin dry and cool.

### Diet changes

Your healthcare team may advise you to follow a specific diet while your bowel recovers from surgery.

For the first few days after surgery, you may be advised to eat a low-fibre diet. Low fibre foods include white bread, white pasta or plain crackers, peeled fruit and vegetables.

Eating at regular times will help your bowel to work more regularly. You may find it easier to eat several small meals a day instead of 1 or 2 large meals.

If you continue to have problems with what you can eat, speak to your nurse or doctor.

### Anxiety

Feeling anxious or worried can make your poo looser. Learning how to relax may help your bowel to settle. It is also good for your general health.

### Macmillan toilet card

You may worry about going out if you need to use a toilet urgently. It may help to carry a free Macmillan toilet card. You can show this in places such as shops, offices and cafes. We hope it will help you get access to a toilet but it may not work everywhere.

The card is only available in English and reads 'due to my cancer treatment I need urgent access to a toilet. Please can you help?'

You can get one by calling our Macmillan Support Line on 0808 808 00 00. Or you can order one at [orders.macmillan.org.uk](https://orders.macmillan.org.uk)

You can also use disabled toilets. They have a wash basin and space to change your clothes. Disabled toilets are sometimes locked. You can buy a key from [Disability Rights UK](https://www.disabilityrightsuk.org/).

### **More information on side effects**

We have more information about tiredness and eating problems which you may find helpful. You can find this information online at [macmillan.org.uk/translations](https://macmillan.org.uk/translations).

## **Follow up**

After your treatment has finished, you will have regular check-ups and may also have tests. These usually continue for up to 5 years.

If you notice any new symptoms between check-ups, tell your GP, cancer doctor or nurse as soon as possible.

## **Your feelings**

You may feel overwhelmed when you are told you have cancer. You may have many different emotions. There is no right or wrong way to feel. There are many ways to cope with this. Talking to a close friend or relative may help. Your doctor or nurse can help too.

## **Getting the right care and support for you**

If you have cancer and do not speak English, you may be worried that this will affect your cancer treatment and care. But your healthcare team should offer you care, support and information that meets your needs.

We know that sometimes people may face extra challenges in getting the right support. For example, if you work or have a family it can be hard to find time to go to hospital appointments. You might also have worries about money and transport costs. All of this can be stressful and hard to cope with.

We also offer Macmillan Grants to people with cancer. These are one-off payments that can be used for things like hospital parking, travel costs, childcare or heating bills.

## **How Macmillan can help you**

At Macmillan, we know how a cancer diagnosis can affect everything, and we are here to support you.

## Macmillan Support Line

We have interpreters, so you can speak to us in your language. Just tell us, in English, the language you want to use.

We can help with medical questions, give you information about financial support, or be there to listen if you need someone to talk to. The free, confidential phone line is open 7 days a week, 8am to 8pm.

Call us on 0808 808 00 00.

## Macmillan website

Our website has lots of information in English about cancer. There is also more information in other languages at [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

We can also arrange translations just for you. Email us at [informationproductionteam@macmillan.org.uk](mailto:informationproductionteam@macmillan.org.uk) to tell us what you need.

## Information centres

Our information and support centres are based in hospitals, libraries and mobile centres. Visit one to get the information you need and speak with someone face to face. Find your nearest centre at [macmillan.org.uk/informationcentres](https://www.macmillan.org.uk/informationcentres) or call us on 0808 808 00 00.

## Local support groups

At a support group, you can talk to other people affected by cancer. Find out about support groups in your area at [macmillan.org.uk/supportgroups](https://www.macmillan.org.uk/supportgroups) or call us on 0808 808 00 00.

## Macmillan Online Community

You can talk to other people affected by cancer online at [macmillan.org.uk/community](https://www.macmillan.org.uk/community)

You can access it at any time of day or night. You can share your experiences, ask questions, or just read through people's posts.

## More information in your language

We have information in your language about these topics:

### Coping with cancer

- Cancer and coronavirus
- Cancer care in the UK
- Claiming benefits when you have cancer
- Eating problems and cancer
- End of life
- Healthcare for refugees and people seeking asylum
- Healthy eating

- Help with costs when you have cancer
- If you are diagnosed with cancer
- LGBTQ+ people and cancer
- Sepsis and cancer
- Side effects of cancer treatment
- Tiredness (fatigue) and cancer

### Types of cancer

- Breast cancer
- Cervical cancer
- Large bowel cancer
- Lung cancer
- Prostate cancer

### Treatments

- Chemotherapy
- Radiotherapy
- Surgery

To see this information, go to [macmillan.org.uk/translations](https://macmillan.org.uk/translations)

## References and thanks

This information has been written and edited by Macmillan Cancer Support's Cancer Information Development team. It has been translated into this language by a translation company.

The information included is based on our colon cancer and rectal cancer content available in English on our website.

This information has been reviewed by relevant experts and approved by Senior Medical Editor Dr Paul Ross, Consultant Medical Oncologist.

Thanks also to the people affected by cancer who reviewed this information.

All our information is based on the best evidence available. For more information about the sources we use, please contact us at [informationproductionteam@macmillan.org.uk](mailto:informationproductionteam@macmillan.org.uk)

**Content reviewed: 2024**

**Next planned review: 2027**

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We make every effort to ensure that the information we provide is accurate and up-to-date but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. As far as is permitted by law,

Tudalen 28 o 29 Taflen ffeithiau Macmillan 2024: Canser y coluddyn

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