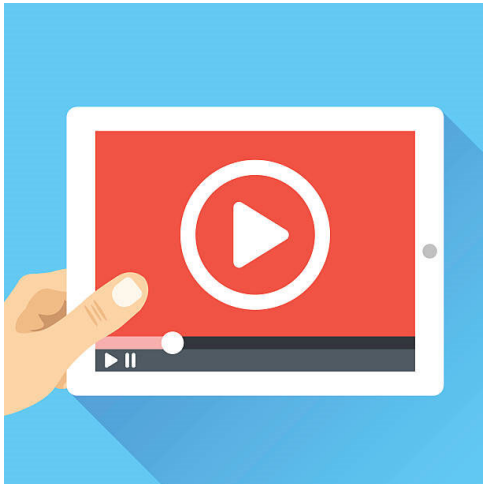




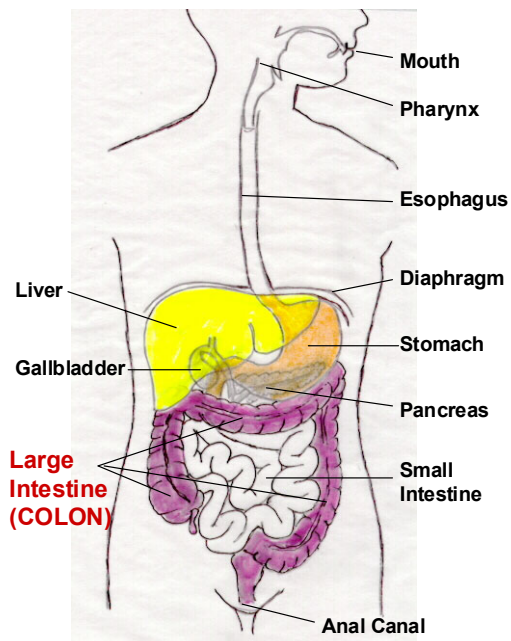
Colorectal Introduction & Anatomy Effective 2018 dx and forward

Presented by Lori Somers, RN
SHRI Video Training Series | Iowa Cancer Registry
August 2024

[1]

1

Anatomy

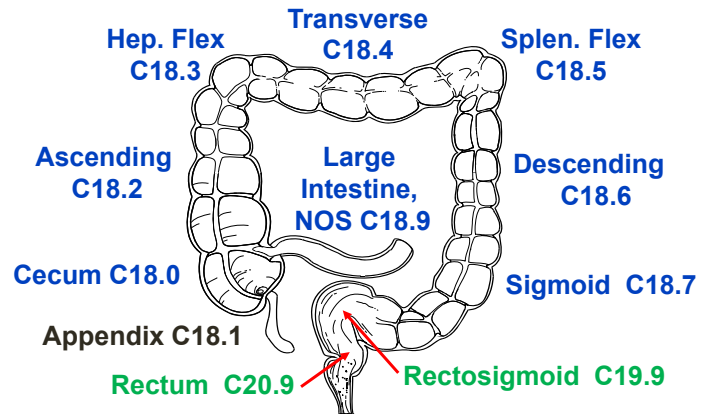


[2]

2

Colorectal Anatomy

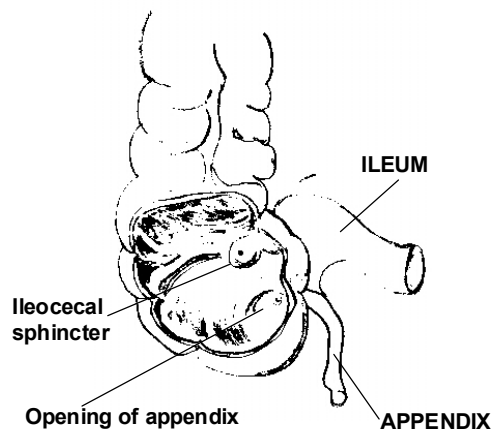
Primary Site ICD-O Codes for Colon and Rectum



[3]

3

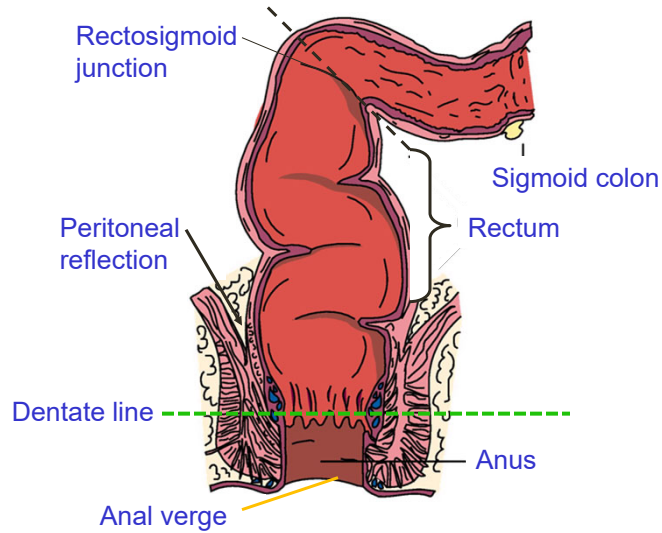
ILEOCECAL JUNCTION



[4]

4

Rectum, Rectosigmoid and Anus

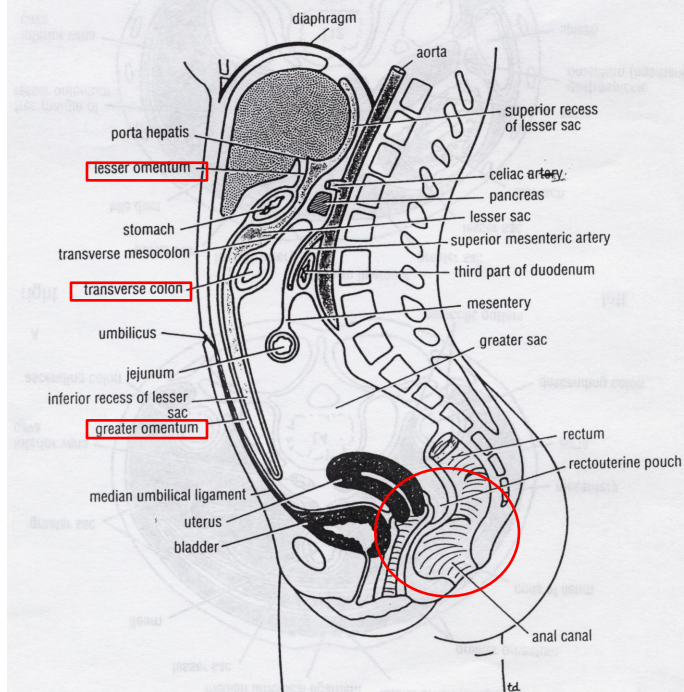


[5]

5

Peritoneum: serous membrane lining the interior of the abdominal cavity and covers the abdominal organs.

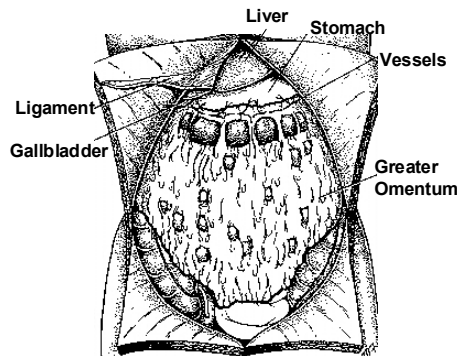
Rectum is “**extraperitoneal**”
Rectum lies below the peritoneal reflection and outside of peritoneal cavity



[6]

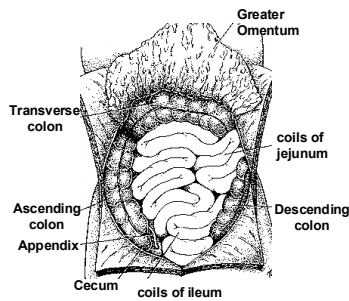
6

Greater Omentum



slide 9

Greater Omentum: (reflected upward)



slide 10

[7]

7

Mesentery

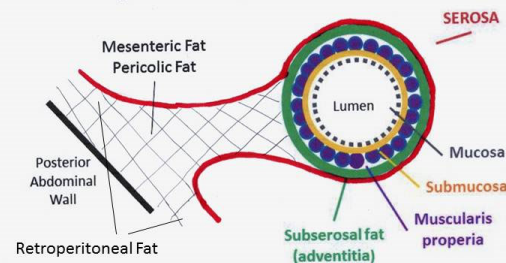
(Mesenteries): folds of peritoneum- these attach the colon to the posterior abdominal wall.

Visceral peritoneum: = Serosa covering of colon (organs)

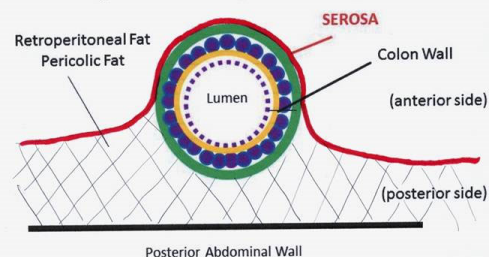
Parietal peritoneum: = Serosa covering of ABD cavity (body cavities)

Figure C-3: Peritoneum

A. Colon segments: Cecum, Transverse & Sigmoid Colon



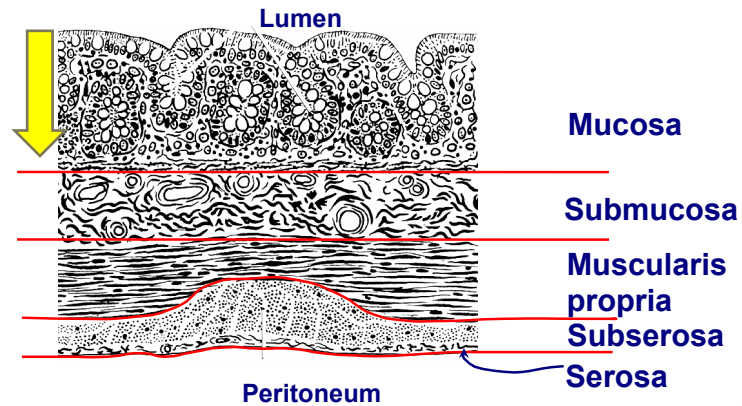
B. Colon segments: Ascending & Descending Colon



[8]

8

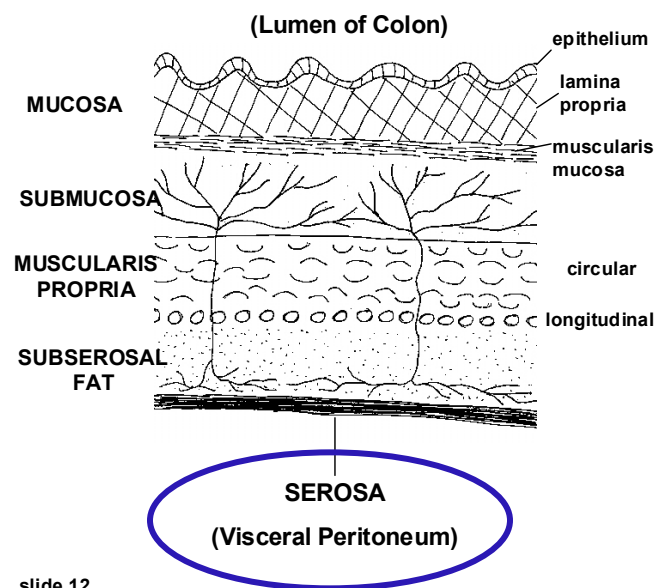
Colon & Rectum Wall Anatomy



[9]

9

Layers of Colon Wall



[10]

slide 12

10

EOD Tumor

Code 300

- Extension through wall, NOS
- Invasion thru muscularis propria or muscularis NOS
 - Rectum (C209): with or w/o intraluminal extension to colon and/or anal canal/anus
- Perimuscular tissue invaded
- Subserosal tissue/subserosal fat invaded
- Transmural, NOS
- Wall, NOS
- **Non-peritonealized sites (see notes 5 & 6)** or UNKN if peritonealized
 - Pericolic fat/tissue
 - Perirectal fat/tissues

Code 400

- Adjacent (connective tissues, NOS)
- Fat, NOS
- Gastrocolic ligament (transverse colon and flexures)
- Mesentery (incl mesenteric fat, mesocolon)
- Rectovaginal septum (rectum)
- Retroperitoneal fat (asc and desc colon only)
- **Peritonealized sites (see notes 5 & 6)**
 - pericolic/perirectal tissues
 - Perirectal fat/tissues
 -

(11)

11

Non-Peritonealized vs Peritonealized Surfaces Summary of Note 5 (EOD)/6 (SS)

Subsite		Non-Peritonealized Surface(s)	Peritonealized Surface(s)
Cecum			All surfaces
Ascending colon		Posterior	Anterior and lateral
Hepatic flexure		Posterior	Anterior and lateral
Transverse colon			All surfaces
Splenic flexure		Posterior	Anterior and lateral
Descending colon		Posterior	Anterior and lateral
Sigmoid colon			All surfaces
Rectosigmoid colon			All surfaces
Rectum	Upper	Posterior	Anterior and lateral
	Middle	Posterior	Anterior
	Lower	All surfaces	

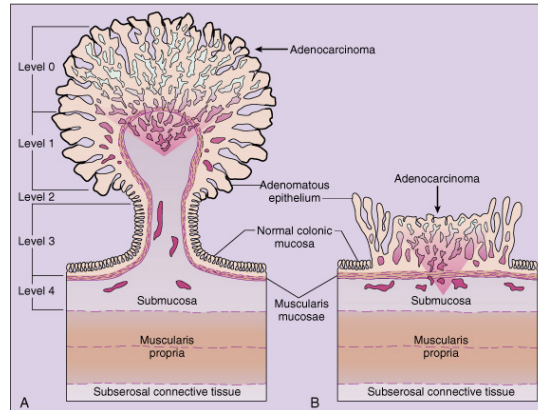
(12)

12

Types of Polyps I

**Pedunculated
(on a stalk)**

**Sessile
(flat)**



Copyright © 2004, 2000, 1995 by Elsevier Inc.

Source: Abelloff et al: Clinical Oncology, third edition, Elsevier Churchill Livingstone, 2004

(13)

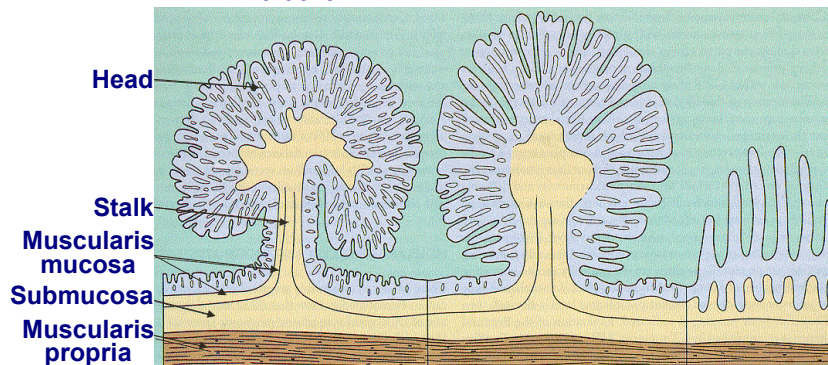
13

Types of Polyps II

Tubular

Tubulovillous

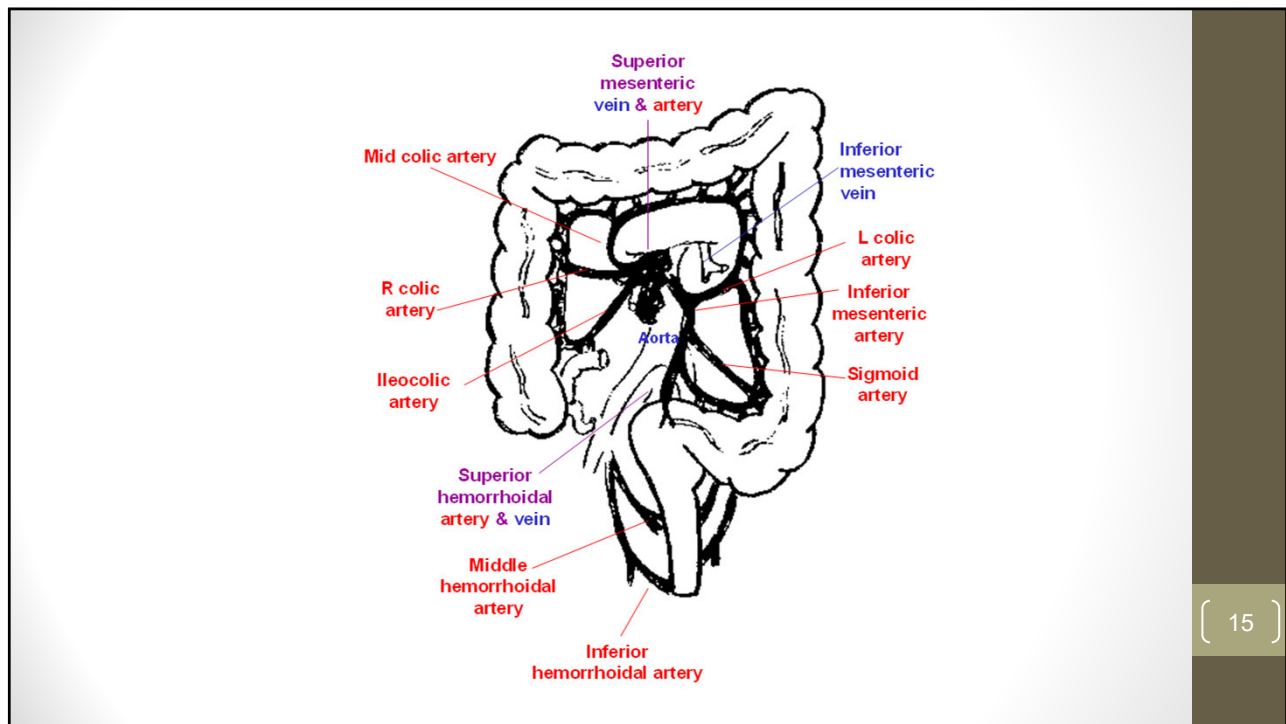
Villous



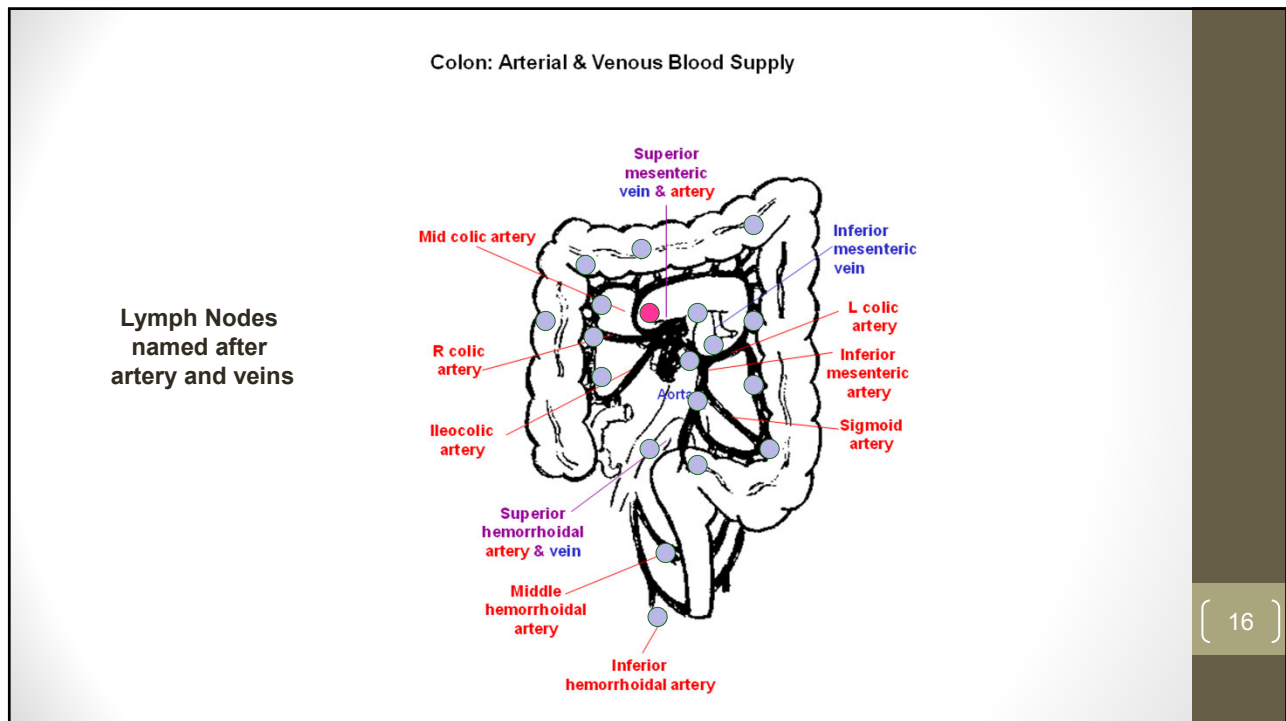
Source: A.T. Skarin, Atlas of Diagnostic Oncology, 2nd ed., Mosby Wolfe, 1996

(14)

14



15



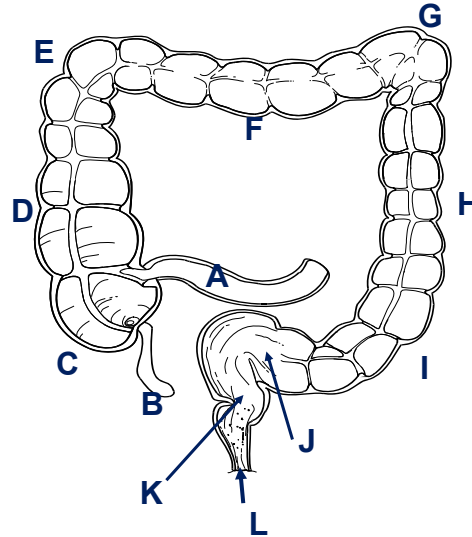
16

Colorectal Anatomy

Match Terms below to Letters,
(a letter maybe used more than once)

Appendix ____
Anus ____
Ascending Colon ____
Cecum ____
Descending Colon ____
Hepatic Flexure ____
Ileum ____
Left colon ____
Rectum ____
Rectosigmoid ____
Right colon ____
Sigmoid ____
Splenic Flexure ____
Transverse colon ____

Place an **X** on the spot to
represent the ileocecal
valve/junction.



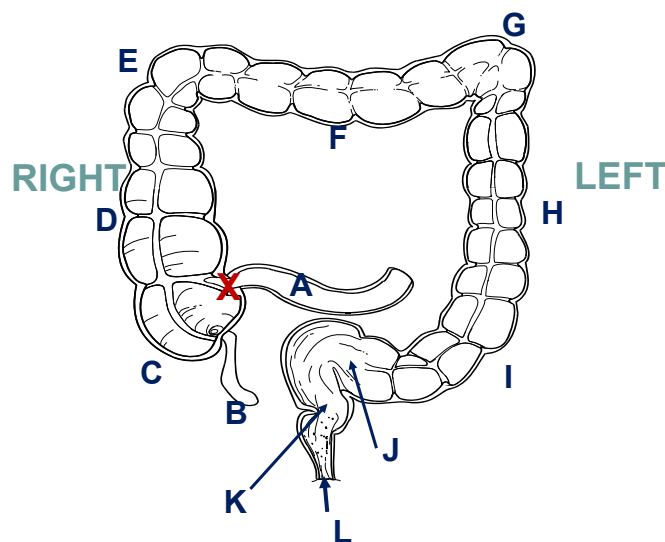
17

Colorectal Anatomy

Match Terms below to Letters,
(a letter maybe used more than once)

Appendix **B** ____
Anus **L** ____
Ascending Colon **D** ____
Cecum **C** ____
Descending Colon **H** ____
Hepatic Flexure **E** ____
Ileum **A** ____
Left colon **H** ____
Rectum **K** ____
Rectosigmoid **J** ____
Right colon **D** ____
Sigmoid **I** ____
Splenic Flexure **G** ____
Transverse colon **F** ____

Place an **X** on the spot to
represent the ileocecal
valve/junction.



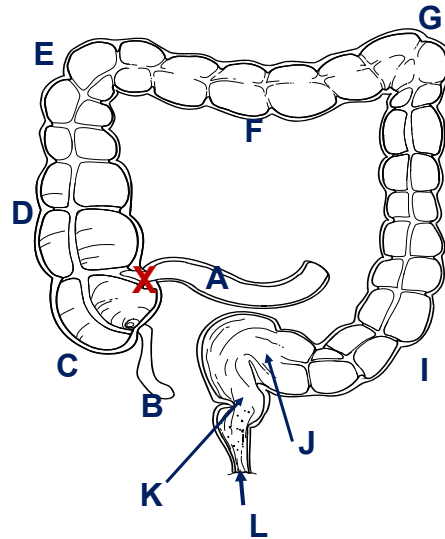
18

Colorectal Anatomy

Match Terms below to Letters,
(a letter maybe used more than once)

Appendix B
Anus L
Ascending Colon D
Cecum C
Descending Colon H
Hepatic Flexure E
Ileum A
Left colon H
Rectum K
Rectosigmoid J
Right colon D
Sigmoid I
Splenic Flexure G
Transverse colon F

Place an **X** on the spot to represent the ileocecal valve/junction.



Which is the **Distal** end of the large bowel?

Which is the **Proximal** end?

If surgery removed a segment of colon, from the ascending colon to mid-transverse colon; which end of the surgical specimen is the **distal** end? D or F ?

This relates to surgical margins:

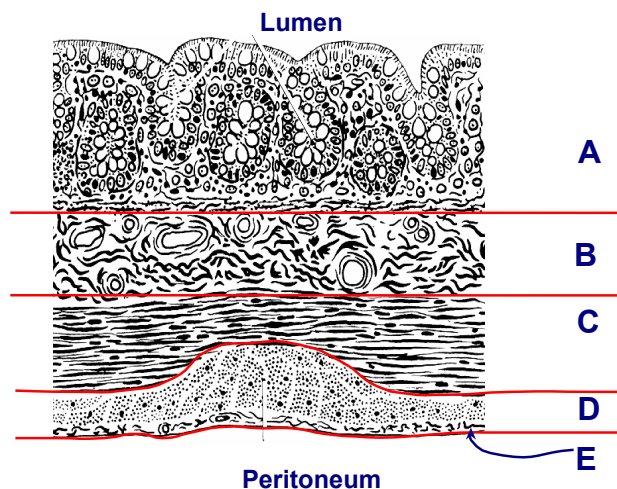
D is the _____ margin
F is the _____ margin

Colon surgery: segment H to J is removed. What is the Distal and Proximal margins?

19

Colon & Rectum Wall Anatomy

Mucosa ____
Muscularis propria ____
Serosa ____
Submucosa ____
Subserosa ____

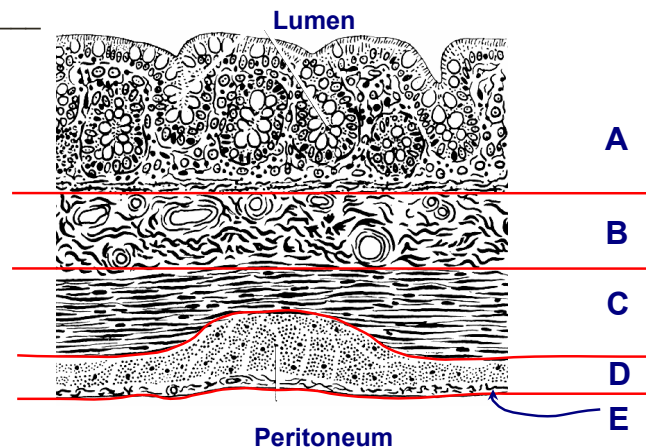


WHAT is "outside" the Serosa layer?

20

Colon & Rectum Wall Anatomy

Mucosa A
Muscularis propria C
Serosa E
Submucosa B
Subserosa D



Staging of colon cancer is based on spread of cancer from lumen through the bowel wall

21

Questions?

Contact Info
Lori Somers, RN
Health Records Manager | Training & Education
Iowa Cancer Registry
lori-somers@uiowa.edu

[22]

22