

Colon Cancer is a Silent Killer

NCH MEDICAL GROUP
(NORTHWEST COMMUNITY HOSPITAL)
GASTROENTEROLOGY/INTERNAL MEDICINE

Patients frequently ask, "Why do I need a colonoscopy if I am having regular bowel movements and feel fine?" The simple answer is that there are no reliable symptoms in the early stages of colon cancer. Unfortunately, by the time symptoms do occur, the cancer may have already progressed to an advanced stage. The more advanced the colon cancer, the lower the chances for a cure.

Colorectal cancer is the third leading cause of cancer mortality. A screening colonoscopy is the best way to catch colon cancer early, when 93 percent of cases can be cured. During a screening colonoscopy, patients are sedated so that there is no anxiety or pain when I examine the inside of the colon with a thin, flexible lighted tube with a tiny video camera on the end that sends pictures to a TV screen. If tiny growths, called polyps, appear, I can immediately remove them and have them tested.

SO WHY DO PATIENTS RESIST HAVING A COLONOSCOPY?

Many patients who know the importance of early detection still have a hard time making the appointment for a screening colonoscopy. Common concerns are that the procedure will be painful or embarrassing. Some patients believe that the procedure requires several days off from work, while others have heard war stories from friends or relatives who may have had a colonoscopy before improvements in the preparation made the process much easier.

HERE'S WHAT I TELL MY PATIENTS TO ALLAY THEIR FEARS:

The dreaded preparation is actually much easier and less complicated than you might think. You just need to follow a special diet and take a specific laxative to clean out the colon. Granted, it's

no picnic to have to stay close to the bathroom, but it's really not that bad.

At the outpatient Gastroenterology Center at Northwest Community Hospital, where I perform colonoscopies, your privacy and sensitivity is extremely important. After registration, patients change into a warm hospital gown and are set up in an area with privacy curtains. Discretion is a top priority for staff, so embarrassment is not experienced.

General anesthesia is normally not required. Patients are under conscious (twilight) sedation, so you feel no pain, sleep through the 30 minute procedure, and most patients don't even remember having the procedure performed.

Many patients choose to work on their "prep day" since the bowel preparation does not truly begin until the evening prior to the test. The only day patients require off from work is the day of the procedure. By the next day, you are ready to head back to work.

ABOUT VIRTUAL COLONOSCOPY

When patients hear "virtual colonoscopy" they think that this procedure is easier and less invasive than the regular colonoscopy. That's not the case.

Prior to a virtual colonoscopy, patients must complete a bowel preparation to clean out the colon, just like prior to a colonoscopy. The procedure is performed in the radiology department, instead of the outpatient GI Center. A small, flexible tube is inserted into the colon and air is pumped through the tube to make the colon bigger. Once that is done, patients go into an MRI or CT scanner to complete the test. Patients are not sedated for this procedure. They need to follow instructions by the radiologist to remain still and hold their breath during certain times throughout



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the imaging process.

The main reason I don't recommend the virtual colonoscopy is because when polyps are found during this test, the patient is then recommended to undergo a colonoscopy for evaluation and removal of the polyps. This requires a second bowel preparation and a second day off from work. When patients understand that double testing is a possibility, they usually opt for the colonoscopy which allows for simultaneous diagnosis and treatment.

When to Schedule:

THE AMERICAN SOCIETY FOR GASTROINTESTINAL ENDOSCOPY recommends having your first colonoscopy screening starting at age 50, and repeating at least once every 10 years if no polyps were found. You may need to repeat the colonoscopy earlier than 10 years if polyps were found or if you develop other symptoms, such as blood in the stool, a change in bowel habits, unexplained abdominal pain, anemia, or weight loss. These symptoms don't necessarily point to colorectal cancer, but warrant further investigation by your doctor. If you are due for a colonoscopy, please don't delay. It's not as bad as you might think, and the procedure really might save your life.

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