

# Hanover Endoscopy Center

## FREQUENTLY ASKED QUESTIONS

### **What is colon/colorectal cancer?**

Colon cancer forms in the tissues of the colon, which is the largest part of the intestine. Most colon cancers begin in cells that make and release mucus and other fluids to aid in digestion and the elimination of waste products. Rectal cancer forms in the tissues of the rectum, the last several inches of the large intestine before the anus. Either of these cancers is called colorectal cancer.

### **What causes colon cancer?**

Though scientists are unsure of the exact causes of colon and colorectal cancer, some risk factors have been identified, including being over age 50, presence of polyps, a high-fat diet, family or personal history of colon cancer, ulcerative colitis, Crohn's Disease or other inflammatory bowel diseases, a sedentary lifestyle, diabetes, obesity, smoking and alcohol, growth hormone disorder and radiation therapy for cancer.

### **What can I do to detect colon cancer?**

Screenings — flexible sigmoidoscopy and colonoscopy — can help detect cancer or other ailments in the early stages, before symptoms appear. When abnormal tissue or cancer is found early, it may be easier to treat. By the time symptoms appear, cancer may have begun to spread.

If a screening test result is abnormal, you may need to have more tests done to find out if you have cancer. These are called diagnostic tests.

### **Why did my doctor order a screening test?**

It is important to remember that your doctor does not necessarily think you have cancer if he or she suggests a screening test. Screening tests are given when you have no cancer symptoms in order to prevent cancer or catch it in its earliest stages. Once begun, they are typically repeated on a regular basis which can vary from one year to every 10 years depending on your medical history.

Certain habits, behaviors and environments are considered to be risk factors for cancer, based on scientific research. The presence of any of these risk factors may lead doctors to recommend that a patient be screened for cancer, which screening tests should be used, and how often the tests should be done.

### **What is my doctor looking for from the screening?**

Screenings can help detect cancer or other ailments in the early stages, before symptoms appear when treatment is much more successful. When abnormal tissue or cancer is found early, it may be easier to treat. By the time symptoms appear, cancer may have begun to spread.

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## **Are there any complications of the procedures?**

There are complications with any medical procedure. However, colonoscopies and flexible sigmoidoscopies are safe and have minimal risks when performed by physicians who have been specially trained and are experienced in these procedures, called gastroenterologist.

One rare but major possible complication is “perforation,” in which a tear through the colon wall may allow leakage of intestinal fluids. It may be managed with antibiotics and intravenous fluids, although surgery is usually required. Bleeding may occur from the site of biopsy or polyp removal. It is usually minor and stops on its own.

Rarely, transfusions or surgery may be required. Localized irritation of the vein can occur at the site of medication injection. A tender lump develops which may remain for several weeks to several months but goes away eventually. Other risks include drug reactions and complications from unrelated diseases such as heart attack or stroke. Death is extremely rare but remains a remote possibility.

In short, with these procedures, complications are extremely rare, but they can happen. Your physician can tell you more about these risks.

## **Why are screenings necessary?**

These screenings are a valuable tool for the diagnosis and treatment of many diseases of the large intestine. Abnormalities suspected by X-ray can be confirmed and studied in detail. Even when X-rays are negative, the cause of symptoms such as rectal bleeding or change in bowel habits may be found by these screenings. Furthermore, while colon cancer is the number two cause of death from cancer, it doesn't have to be. It is highly preventable with timely screenings.

## **How do I prepare for my screening?**

For the best possible examination, the colon must be completely empty. Patients will be asked to temporarily discontinue the use of aspirin products, iron tablets and possibly other medications before the examination. The physician will give detailed instructions to follow the day before the procedure, including the use of liquid laxatives and/or pills and fasting that will help ensure your colon is empty of all digested material on the day of the procedure. Patients should inform the physician if they are allergic to any drugs. Someone must accompany the patient to the office because they will be sedated and not allowed to drive after the screening. To learn more about your specific preparation instructions, visit the Patient Information section of our website.

## **But the prep makes me feel ill!**

Preparation for a colonoscopy is certainly inconvenient, and the laxative materials you are asked to swallow or drink can make some slightly queasy for a few minutes. This usually does not last long and is a small price to pay to save your life from colon cancer. Also, if prep does make you feel nauseated, tell your physician. There are other choices that can be made for you next time that might help alleviate that inconvenience.

## **What happens after a procedure?**

Patients will be monitored until most of the effects of any medication have worn off. Patients may feel bloated and “gassy” right after the procedure if any air was introduced into the colon. As soon as the procedure has been completed, patients may resume their usual diet unless other instructions are given. If polyps have been removed, the doctor may suggest a modified diet and probably will advise you to avoid heavy lifting and exercise for several days.

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## Why can't I opt for a virtual colonoscopy?

Virtual colonoscopy is slowly becoming available, but it is still in its very early stages, so availability is very limited. Also, virtual colonoscopy has its limitations. It doesn't eliminate the colon-emptying preparation steps; you must still do that prep. But its primary limitation is that it can't remove any polyps found — it is not preventive. If polyps and other abnormalities are seen during a virtual colonoscopy, a traditional colonoscopy must be scheduled to remove them, requiring a second prep and procedure appointment. Last, there are concerns being expressed about the amount of radiation received during a virtual colonoscopy.

Since colon cancer is the second leading cause of cancer death in the U.S., the recommendation is not to wait to get your colonoscopy if you presently meet screening guidelines. If no polyps are found and if this technology progresses as hoped for, your next colonoscopy could perhaps be a virtual colonoscopy.

## What are the symptoms of colon cancer?

- A common symptom of colorectal cancer is a change in bowel habits. Symptoms include:
- Frequent diarrhea or constipation
- Feeling that your bowel does not empty completely
- Blood (either bright red or very dark) in your stool
- Stools that are narrower than usual
- Frequent gas pains or cramps, or feeling full or bloated
- Losing weight with no known reason
- Feeling very tired all the time
- Having nausea or vomiting

Most often, these symptoms are not due to cancer. Other health problems can cause the same symptoms. Anyone with these symptoms should see a doctor to be diagnosed and treated as early as possible.

Usually, colon cancer does not cause pain in its early stages when it is almost 100 per cent treatable. It is important not to wait to feel pain before seeing a doctor.

## What are the risk factors?

No one knows the exact causes of colon cancer. Doctors often cannot explain why one person develops this disease and another does not. However, it is clear that colon cancer is not contagious. No one can catch this disease from another person.

Research has shown that people with certain risk factors are more likely than others to develop colon cancer. A risk factor is something that may increase the chance of developing a disease.

Studies have found the following risk factors for colorectal cancer:

- Over age 50
- Colon polyps
- Family history of colon cancer
- Personal cancer history
- Ulcerative colitis or Crohn's Disease
- A diet high in animal fat and low in calcium folate and fiber
- Cigarette smoking

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Because people who have colon cancer once may develop it a second time, it is important to have checkups. Also, if a patient is diagnosed they may be concerned that family members may develop the disease. People who think they may be at risk should talk to their doctor. The doctor may be able to suggest ways to reduce the risk and can plan an appropriate schedule for checkups.

But keep in mind that while risk factors can increase an individual's possibility of getting colon cancer, about 75 per cent of those who are diagnosed with it have no family history and no apparent symptoms.

## **How common is colon cancer?**

In the United States, colorectal cancer is the fourth most common cancer in men, after skin, prostate and lung cancer. It is also the fourth most common cancer in women, after skin, breast and lung cancer.

## **How can I prevent colon cancer?**

Getting screened is the first step in preventing colon cancer. Screening should begin at age 50 for people without any risk factors for developing colon cancer. Recent studies suggest that African-Americans may want to start screening at age 45. Consult your physician if you are African American.

Several screening options are available, including colonoscopy and flexible sigmoidoscopy. More frequent and earlier screening is recommended if you are at a high risk for colon cancer. Remember that these procedures not only detect cancer, but can prevent it, by removing any tissue that could potentially become cancer, in the same procedure.

## **What are the treatments for colon cancer?**

Treatment options for colon cancer depend on the following:

- The stage of the cancer
- Whether the cancer has recurred
- The patient's general health

The three primary treatment options available for colon cancer are surgery, chemotherapy and radiation. The surgical option, a partial colectomy, is the main treatment and includes removing the affected portion of the colon. How much of the colon is removed and whether it is done in conjunction with other treatments will depend on the location of the cancer, how deep it has penetrated the wall of the bowel and if it has spread to the lymph nodes or other parts of the body.

In surgical treatment, the part of the colon that contains the cancer, as well as portions of healthy colon on either side, will be removed to ensure no cancer is left behind. Nearby lymph nodes will be removed and tested at the same time. Usually the doctor is able to reconnect the healthy portions of the colon, but if that is not possible the patient will have a temporary or permanent colostomy bag. A colostomy bag is a device that is worn on the skin discreetly under the clothing and is attached to the remaining bowel end. Solid waste material travels into this bag which is then disposed of and replaced as needed. Sometimes, a colostomy is done temporarily to give the bowel time to heal; sometimes it becomes permanent if too much of the colon has to be removed.

If the cancer is small, early stage and localized in a polyp, it is possible it may all be removed during a colonoscopy.

If the cancer is very advanced or the patient's health is extremely poor, surgery may be done simply to enhance comfort.

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This is an operation that will relieve a blockage of the colon to improve symptoms. This will not cure cancer but will relieve pain and bleeding.

Chemotherapy can be used after surgery to destroy any remaining cancer cells, and may be recommended by the doctor if the cancer has spread beyond the colon. Chemotherapy can be used in conjunction with radiation.

Radiation therapy uses powerful energy sources to kill any cancer cells that may remain after surgery or to shrink large tumors before an operation. This option is rarely used in early stages of colon cancer.