

Have you had your colonoscopy today?

By JESSICA RONGITSCH, M.D.

My friend, Tim, has always been slightly eccentric. In medical school, when we weren't at the library or in the lab, Tim was typically up to something a little unusual, such as learning to play the ukulele or practicing papier mache art. I guess it's no surprise, then, that he decided to go into gastroenterology, and is now finishing up a



GI fellowship at a prestigious teaching hospital in the Midwest.

These days, when he's not performing colonoscopies (something he describes as "...really fun; just like playing a 3-D video game, only instead of hunting down aliens or criminals, you're going for polyps") or spending time with his beautiful baby daughter, he's down in his basement inventing attachments and parts for his beloved scope.

Of course my friends from medical school and I have to tease Tim, now and again, for his penchant for the smellier side of medicine. I have to admit, though, he has a very important job.

Colon cancer is the second leading cancer killer, behind lung cancer, in the United

States. It is entirely preventable and treatable if caught early enough.

Cancer starts with polyps

Cancer has to start somewhere, and in the colon it all starts with the polyp. Polyps are growths that develop on the interior surface of the colon. They may look like a pea when small, and may grow to appear like a cherry on a stem. Although the vast majority of polyps are benign and harmless, some may turn cancerous over time. The larger the polyp grows, the greater the chance of it turning into cancer.

It is generally thought that it takes five to 10 years for a polyp to turn into cancer. It can then take another five to 10 years for that cancer to cause any symptoms that would prompt an investigation. Unfortunately by that time, it is usually too late.

As many as 20 percent of middle-age or older adults may have one or more colon polyps. Sometimes polyps may cause symptoms such as diarrhea, constipation, or rectal bleeding; but usually they are completely asymptomatic.

While anyone can develop polyps, you're at a higher risk if you are 50 or older, overweight, smoke, eat a high-fat, low-fiber diet, or have a personal, or family, history of colon polyps or colon cancer. We believe that polyps may be prevented by eating more fruits and vegetables, eating a diet rich in folate and calcium, losing weight if you're overweight and avoiding smoking and

alcohol. An aspirin a day may be beneficial as well.

So how do we test for polyps and who should be tested?

Beginning at age 50, the American Cancer Society recommends yearly digital rectal exams, where your doctor performs an exam and checks your rectum for masses or blood; as well as yearly stool card tests, to check for microscopic blood. You can pick up the stool cards from your doctor's office, complete them at home, then return them to your doctor's office for analysis.

Two ways to examine colon

You should also have either a flexible sigmoidoscopy, or a colonoscopy, based on your individual risk factors and doctor's preference. In a sigmoidoscopy your doctor would insert a flexible tube with camera (a scope) into the rectum and examine the lower portion of the colon. It takes about five minutes and doesn't require any sedation.

A colonoscopy is very similar to a sigmoidoscopy, but your doctor would give you sedation and would look at the entirety of your colon.

During either of these procedures, your doctor would be able to identify and remove any polyps he/she might find, thereby preventing cancer from developing. Assuming everything is ok, sigmoidoscopies

are typically performed every three to five years, and colonoscopies, every five years.

If you have a family history of cancer, an inflammatory bowel condition such as ulcerative colitis, or symptoms such as constipation, diarrhea, or rectal bleeding, you should talk to your doctor for special testing recommendations.

Future exams may be less intrusive

In the future, we may have the option of a virtual colonoscopy, a non-invasive CT scan that looks for polyps and a stool test to look for DNA from abnormal cells; but, for now, the scope is the gold standard for screening.

I e-mailed Tim to see if he had any words of wisdom for this article. His response:

"There tends to be a lot more anxiety and embarrassment associated with this test, compared to other screening tests like a mammogram, or a cholesterol. There really shouldn't be. My patients do well and almost always tell me afterward it was a piece of cake. Anticipation is the worst part."

Tim also, thoughtfully, provided me with a copy of "colonoscopy quotes" that hangs in his GI lab. It's his list of funny things patients have said during their procedure, like "Now I know how a muppet feels," and "Hey Doc could you write me a note for my wife stating that my head is not, in fact, up there?"

So if you're 50 or older, see your doctor and ask about colon cancer screening. Jokes aside, it could save your life.

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