

Colorectal Cancer

Colorectal cancer is the second most common preventable cancer after lung cancer. That's a staggering figure when you consider the disease is potentially curable if diagnosed in the early stages.

Who is at risk?

Though colorectal cancer may occur at any age, more than 90% of the patients are over age 40, at which point the risk doubles every ten years. In addition to age, other high risk factors include a family history of colorectal cancer and polyps and a personal history of ulcerative colitis, colon polyps or cancer of other organs, especially of the breast or uterus.

How does it start?

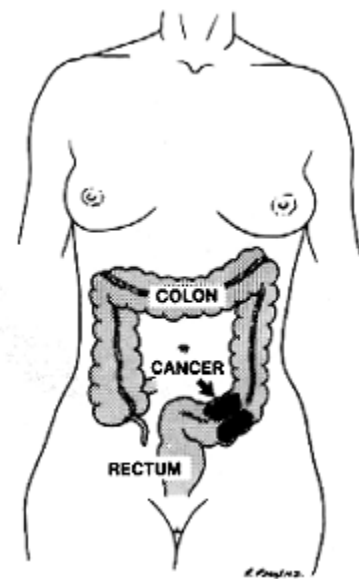
It is generally agreed that nearly all colon and rectal cancer begins in benign polyps. These pre-malignant growths occur on the bowel wall and may eventually increase in size and become cancer. Removal of benign polyps is one aspect of preventive medicine that really works!

What are the symptoms?

The most common symptoms are rectal bleeding and changes in bowel habits, (These symptoms are also common in other diseases so it is important you experience them.) Abdominal pain and weight loss are usually late symptom disease.

Unfortunately, many polyps and early cancers fail to produce symptoms. Therefore physical includes colorectal cancer detection procedures once you reach age 50.

There are several methods for detection of colorectal cancer. These include digital of the stool for blood, flexible sigmoidoscopy and colonoscopy (lighted tubular in bowel) and barium enema. Be sure to discuss these options with your surgeon for you. Individuals who have a first-degree relative (parent or sibling) with colon cancer screening at the age of 40.



How is colorectal cancer treated?

Colorectal cancer requires surgery in nearly all cases for complete cure. Radiation and chemotherapy are sometimes used in addition to surgery. Between 80-90% are restored to normal health if the cancer is detected and treated in the earliest stages. The cure rate drops to 50% or less when diagnosed in the later stages. Thanks to modern technology, less than 5% of all colorectal cancer patients require a colostomy, the surgical construction of an artificial excretory opening from the colon.

Can colon cancer be prevented?

Colon cancer is preventable. The most important step towards preventing colon cancer is getting a screening test. Any abnormal screening test should be followed by a colonoscopy. Some individuals prefer to start with colonoscopy as a screening test.

Colonoscopy provides a detailed examination of the bowel. Polyps can be identified and can often be removed during colonoscopy.

Though not definitely proven, there is some evidence that diet may play a significant role in preventing colorectal cancer. As far as we know, a high fiber, low fat diet is the only dietary measure that might help prevent colorectal cancer.

Finally, pay attention to changes in your bowel habits. Any new changes such as persistent constipation, diarrhea, or blood in the stool should be discussed with your physician.

What are the surgeries for rectal cancer ?

They are anterior resection, low anterior resection and ultra low anterior resection for cancers that are above the anorectal ring and spares the sphincter responsible for continence. For lower cancers abdomino perineal resections are necessary. All surgeries are possible laparoscopically and gives excellent results in the hands of trained surgeons with a special interest in colorectal surgery. All the benefits of laparoscopy are applicable to laparoscopic colorectal surgery and includes less pain, less hospital stay , good patient satisfaction and overall good patient outcome.