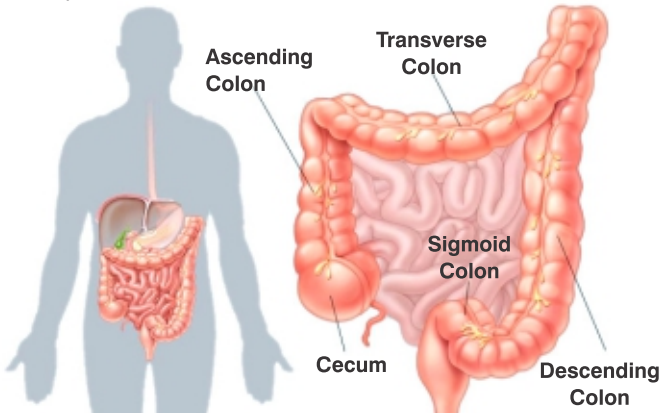


Colorectal Cancer



What is colorectal cancer?

Colorectal cancer is the cancer of the colon (the main part of the large intestine) and rectum (the passageway connecting the colon to the anus). It is one of the most preventable types of cancer. Colorectal cancer is often curable when detected early.



What are the signs and symptoms?

Although colorectal cancer often has no symptoms at an early stage, warning signs that you should look out for include:

- Blood in stool
- Change in bowel habits, including diarrhea or constipation
- Feeling full or bloated
- Incomplete emptying of the bowel
- Persistent abdominal pain or discomfort
- Presence of a lump in the abdomen

What are the risk factors?

Possible risk factors are:

- **Age:** Higher incidence for people of age 50 and above
- **Family history:** Personal or family history of colorectal cancer or polyps in the colon increases the risk
- **Diet:** People on a low fiber and high fat diet are at a higher risk for colorectal cancer. Certain foods are linked to an increased risk of developing colorectal cancer, e.g, processed meat, red meat, meat cooked at high temperatures, animal fat, tobacco and high alcohol consumption. There is convincing evidence that regular fiber intake reduces the risk

- **Inflammatory bowel disease:** People suffering from ulcerative colitis and Crohn's disease have a higher chance of developing colorectal cancer
- **Sedentary lifestyle and obesity:** These two related factors increase the risk of colorectal cancer

How to prevent colon cancer?

Make healthy changes to your lifestyle:

- Avoid overeating
- No smoking
- Stop alcohol
- Increase fiber intake in your diet
- Reduce intake of processed meat and red meat (especially those cooked at high temperatures) and animal fat intake
- Exercise 2 – 3 times weekly
- Maintain a healthy body weight

Many colorectal cancer deaths can be prevented

Screening tests can find polyps, which are tiny growths that can become cancerous. Removing polyps early can prevent cancer. Screening tests also can find colorectal cancer early, when there may not be any symptoms and when treatment can be most effective.

How is colorectal cancer diagnosed?

Regular screening can detect polyps or colorectal cancer at an early developing stage. Several screening methods can be used.

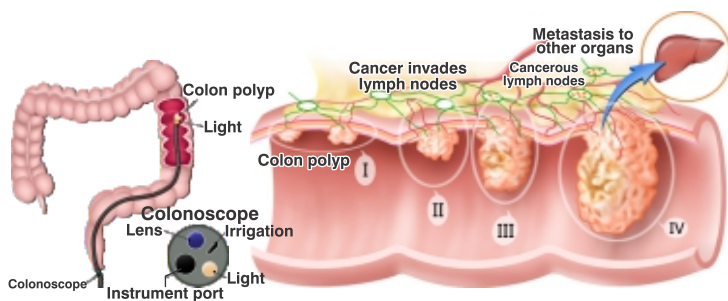
- **Stool test:** Polyps in the colon and smaller cancers can cause small amounts of bleeding that cannot be seen with the naked eye. But the blood can often be found in the stool.

This method checks your stool for blood. The most common test used is the fecal occult blood test (FOBT). Two other tests are called the fecal immunochemical test (FIT) and stool DNA test (sDNA).

- **Colonoscopy:** A colonoscopy screening uses a long, flexible lighted tube that is inserted into the anus to examine the entire large intestine. This screening method takes about 20 minutes and is done by a medical gastroenterologist in the clinic. Colonoscopy is the preferred method of screening for colorectal cancer. The American College of Gastroenterology considers colonoscopy the “gold standard” for colorectal screening because colonoscopy allows physicians to look directly at the entire colon and to identify suspicious growths. Colonoscopy is the only test that allows a biopsy or removal of a polyp at the very same time it is first identified.

- **Flexible Sigmoidoscopy:** This procedure examines the internal lining of the lower end of your large intestine. A short, flexible, lighted tube is inserted into your rectum and slowly guided into sigmoid colon.

- **Barium enema:** An x-ray test using barium sulfate (a chalky liquid) to outline the inner part of the colon and rectum to look for abnormal areas on x-rays. If suspicious areas are seen, a sigmoidoscopy or colonoscopy will be needed to explore further.



Colonoscopy

Stages of colorectal cancer

Who are at high risk and how is the screening done for them?

People with certain risk factors for colon cancer may need earlier (before age 50) or more frequent testing.

More common risk factors are:

- A family history of inherited colorectal cancer syndromes, such as familial adenomatous polyposis (FAP) or hereditary nonpolyposis colorectal cancer (HNPCC)
- A strong family history of colorectal cancer or polyps. This usually means first-degree relatives (parent, sibling, or child) who developed these conditions younger than age 60
- A personal history of colorectal cancer or polyps
- A personal history of chronic inflammatory bowel disease (for example, ulcerative colitis or Crohn's disease)

Screening for these groups is more likely to be done using colonoscopy.

How is colorectal cancer treated?



Laparoscopic colon resection

- **Surgery:** Surgery is used to treat colon cancer. Areas in the intestines and lymph glands affected by cancer are removed. The two ends of the colon are then sewn back together. Some patients will require a stoma bag and for others it may not be required.

With improvement in surgical techniques, the need for a colostomy is increasingly reduced. A newer surgical method like laparoscopic or keyhole surgery helps a patient avoid long scars, reduces recovery time and minimizes infection after surgery.

- **Radiotherapy:** This is used after the surgical removal of cancer to kill any residual cancer cells around the original tumor site. When combined with chemotherapy, it can also be used to shrink a large tumor before a surgery.
- **Chemotherapy:** Chemotherapy is administered to patients with an advanced colorectal cancer condition. Surgery alone may not be enough. Chemotherapy will be used when the cancer is found to have spread to the other parts of the body (eg, to the lymph glands or other organs like the liver or lung). It is also used after surgery to prevent recurrence of the cancer. By itself, it cannot cure colorectal cancer.



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