

## DIAGNOSIS (CONT.)

Colonoscopies are done by specialist doctors such as *Dr Schultz* and performed under sedation on an outpatient basis. The procedure takes about 20 minutes and is generally safe. However, due to the sedation you are legally not allowed to drive home.

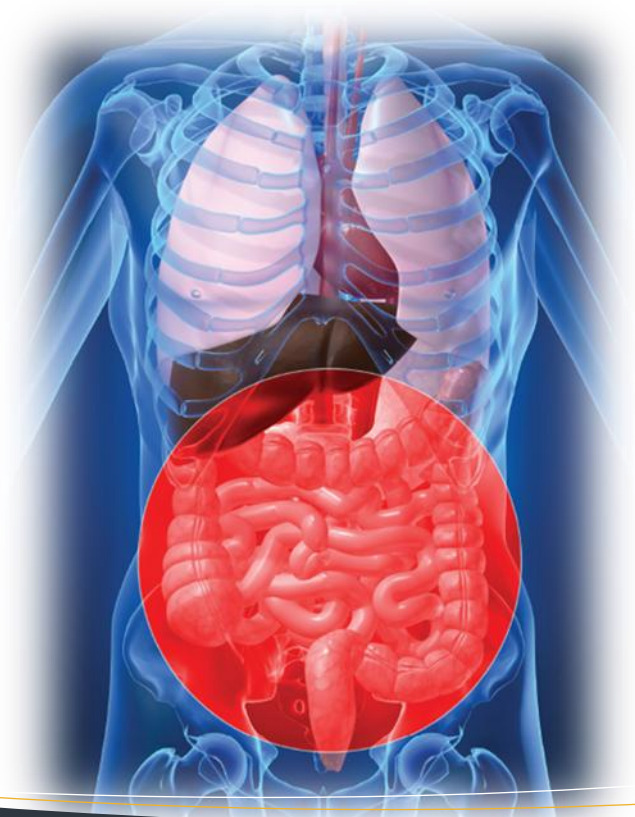
Colonoscopies can be used in three ways:

- To prevent cancer by taking out polyps before they get cancerous
- To diagnose the cancer through visualisation and by taking a sample

## FURTHER READING

<http://www.beatbowelcancer.org.nz>  
<http://www.nzgg.org.nz>  
<http://www.genetics.com.au/home.asp>  
<http://www.genetics.com.au/home.asp>

FOR FURTHER INFORMATION OR TO  
SCHEDULE AN APPOINTMENT, PLEASE  
CONTACT:



## HOW TO TREAT BOWEL CANCER?

**Bowel cancer is one of the most curable cancers if caught early enough?** If cancer has been diagnosed it has to be treated but before that can happen, more information about the cancer needs to be collected. You will need a CT scan of your chest and abdomen to see if the cancer has spread. Sometimes a MRI will be arranged. *Dr Schultz* will then refer you to a surgeon or oncologist to discuss further treatment options with you:

- Surgery (this is the most efficient option, but may not be the right one for you)
- Radiotherapy (a very strong x-ray which 'fries' the tumor)
- Chemotherapy (sometimes this needs to be done after surgery to prevent the cancer from coming back)

**OVER 70% OF PEOPLE WITH BOWEL CANCER  
CAN BE COMPLETELY CURED IF DIAGNOSED IN  
TIME AND TREATED!**

## Dr Michael SCHULTZ

MD, Dr habil (Germany), FRACP

Gastroenterologist

Suite 8 – Marinoto Clinic  
Mercy Hospital  
72 Newington Ave  
Dunedin

Phone: 03 464 0640  
After hours: 0276102395

Affiliated Provider to



# THE COLON AND COLON CANCER

# THE LARGE INTESTINE

(Colon or Bowel)

# COLON CANCER

(Colorectal Cancer, CRC<sup>+</sup>, Bowel Cancer)

# SCREENING + DIAGNOSIS

## THE FUNCTION OF THE LARGE INTESTINE?

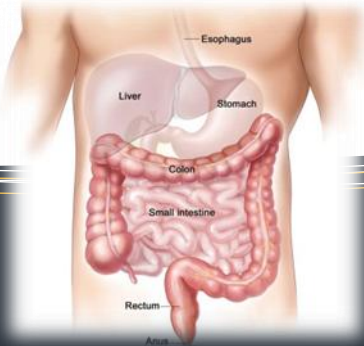
When healthy, the large intestine:

- Absorbs minerals and vitamins from indigestible food matter
- Absorbs remaining water from indigestible food matter
- Accepts and stores food remains that were not digested in the small intestine
- Excretes!

## HOW DOES IT WORK?

Faecal matter reaches the large intestine from the small intestine. In the colon the inner lining will absorb most of the water (in some cases as much as 4L), along with minerals and vitamins. Colon bacteria (e.g. *E. coli*) feed on the otherwise indigestible fiber, breaking it down to further produce nutrients that nourish the cells lining the colon.

The remaining waste will move along, pushed by peristaltic action, rhythmic contractions of the bowel wall, this wave-like motion causes the faeces to move into the rectum, later to be excreted.



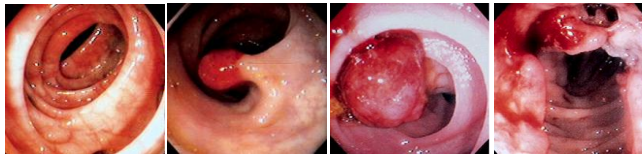
## WHAT IS COLON CANCER?

Colon cancer (CRC) is a tumor (growth) in the large intestine, or colon, more common in males than females.

## COLON CANCER FACTS

- One in 16 men and one in 21 women in NZ have CRC
- It is the 2<sup>nd</sup> most common cancer in NZ
- 1300 people die per year because of CRC in NZ
- Colonic polyps sometimes precede CRC and some polyps can turn into cancer, at other times, CRC develops spontaneously

## FROM POLYP TO CANCER



## SCREENING AND SURVEILLANCE

Screening tests can find polyps and cancers before they are large enough to cause any symptoms and is therefore important in patients with an increased risk for CRC. These tests are important because early detection means the cancer can be treated more efficiently.

NZ is currently developing a nationwide screening program which might be ready by 2015. Screening can be done by colonoscopy or CT (colonography). If you are unsure if you need screening and which method might be best for you, please talk to your GP or *Dr Schultz*.

## WHO IS AT RISK FROM COLON CANCER?

Almost 6% of all New Zealanders will have developed colon cancer by the age of 75!

Surveillance involves testing people who are at an increased risk. These are primarily patients with a strong family history of bowel cancer or a personal history of colorectal cancer, large/multiple polyps or Inflammatory Bowel Disease. If you belong to any of these groups, you will be entered into a surveillance program and assigned regular colonoscopies.

## FAMILY HISTORY OF COLON CANCER

- Cat I:** one FDR\* with CRC over 55years
- Cat II:** one FDR under the age of 55 years or 2 FDR of any age
- Cat III:** multiple FDR and SDR with colon cancer

Only **Cat II + III** are considered for surveillance programs. If you are unsure, please contact your GP or *Dr Schultz*.

## SYMPTOMS

Colon cancer has very unspecific symptoms. You can appear very healthy and already have bowel cancer. A few symptoms however can be suspicious:

- ✓ Tiredness and fatigue
- ✓ Blood in your faeces
- ✓ Unintentional weight loss
- ✓ Pain in the abdominal area
- ✓ A sudden and sustained change in your normal bowel habit

## DIAGNOSIS

Colon cancer can best be diagnosed with a colonoscope, a type of endoscope used to look at the colon. This instrument is around 1.3 meters in length. It is a flexible, fiberoptic tube with a light source and a HD 1080 camera at the tip. A colonoscope also has a channel through which instruments such as snares and forceps can be used to either take polyps out completely, before they turn into cancer or at least to take tissue samples. The colonoscope is attached to a light source and a large monitor.

\*FDR = First Degree Relative; \*\*SDR = Second Degree Relative; <sup>+</sup>CRC = Colorectal Cancer