

Colonoscopy Screenings



John L. Newman, M.D.
FACG

The following is an excerpt of an interview with John L. Newman, MD, a board certified gastroenterologist, who has been with Anne Arundel Gastroenterology Associates since 1987. It is our hope to submit portions of this interview in future editions to assist in the public understanding of issues surrounding colon cancer.

Ms. Lynch: What are the symptoms of colon cancer?

Dr. Newman: The symptoms include bleeding, pain and change in bowel habits. Once these are present, cancer or polyps may be present. But sometimes cancer and polyps can be present with no reported symptoms from the patient. Our main goal with colon cancer screening is to prevent these from occurring.

Ms. Lynch: Why do you think some people avoid colon cancer screening?

Dr. Newman: Well, we do hear a variety of excuses, but most centers around anxiety related to the uncertainty of what to expect the day of the exam. We try to alleviate this if the patient has a pre-test appointment. Some fear the potential discomfort or embarrassment. Our surgery center is staffed with talented professionals who can minimize these concerns. Others think that medical insurance doesn't cover the exam but this is wrong. Lack of time is not a valid excuse either when one considers the time saved by preventing colon cancer development.

Ms. Lynch: Are there any alternative screening methods.

Dr. Newman: There are other methods of screening but none have reached the level of acceptance throughout the medical community as colonoscopy has. Hemoccult testing, barium enema and virtual CT colonography have a more limited place in colon cancer screening

strategy. We use these alternative studies occasionally in specific cases but visual colonoscopy with biopsy and/or polyp removal capabilities remains our screening method of choice. Consultation with your primary care physician or gastroenterologist is advised to determine the best method for a given patient.

Ms. Lynch: How much work time is missed? Can patients return to work the day after the colonoscopy?

Dr. Newman: We have streamlined the prep day and the test so that the vast majority of patients only miss one day from work. With few exceptions, patients feel normal and return to work the next day. Many who choose to not use anesthesia return to work the same day.

Ms. Lynch: You mentioned fear of discomfort by patients. Why is there discomfort and what measures are taken to reduce discomfort?

Dr. Newman: Generally there is very little discomfort involved during the colonoscopy. In efforts to visualize the colon lining, room air is inserted through the scope to open the passageway. This can induce cramping. In addition, maneuvering turns and twists in the colon can induce transient cramping. To reduce cramping we minimize air insertion and use various techniques to assist passage of the scope. In addition, sedation is given to a level that is safe and comfortable, yet allows optimal recovery. General anesthesia is usually not necessary.

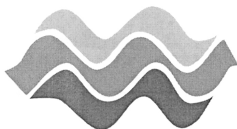
Ms. Lynch: If colorectal cancer is one of the most preventable cancers, shouldn't we all get screened now?

Dr. Newman: Colorectal cancer generally occurs equally in men and women over 50 years of age. Everybody should be screened by 50. Those who have a family/personal history of colorectal cancer or have a history of polyps or inflammatory bowel disease should speak to their physician regarding their screening age.

Dr. Newman: If anyone has existing questions regarding colon cancer screenings, they may contact me (info@aagastro.com) and I will be more than happy to consider all questions.

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