

FORZANI &
MACPHAIL | COLON CANCER
SCREENING CENTRE

Screening for Colon Cancer



Welcome

- This presentation is to help you make an informed decision about undergoing colon cancer screening.
- Being informed means that you understand your risk of colon cancer, your options for screening, and the potential risks of the screening tests.
- You will meet with a nurse after the presentation to do a brief physical exam and determine if you are eligible to have your colonoscopy at CCSC.



- Some medical conditions or medications may make you ineligible for CCSC. Arrangements will then be made by your family physician to have your colonoscopy done in a hospital setting.
- You will be at CCSC for approximately two hours for your appointment today.

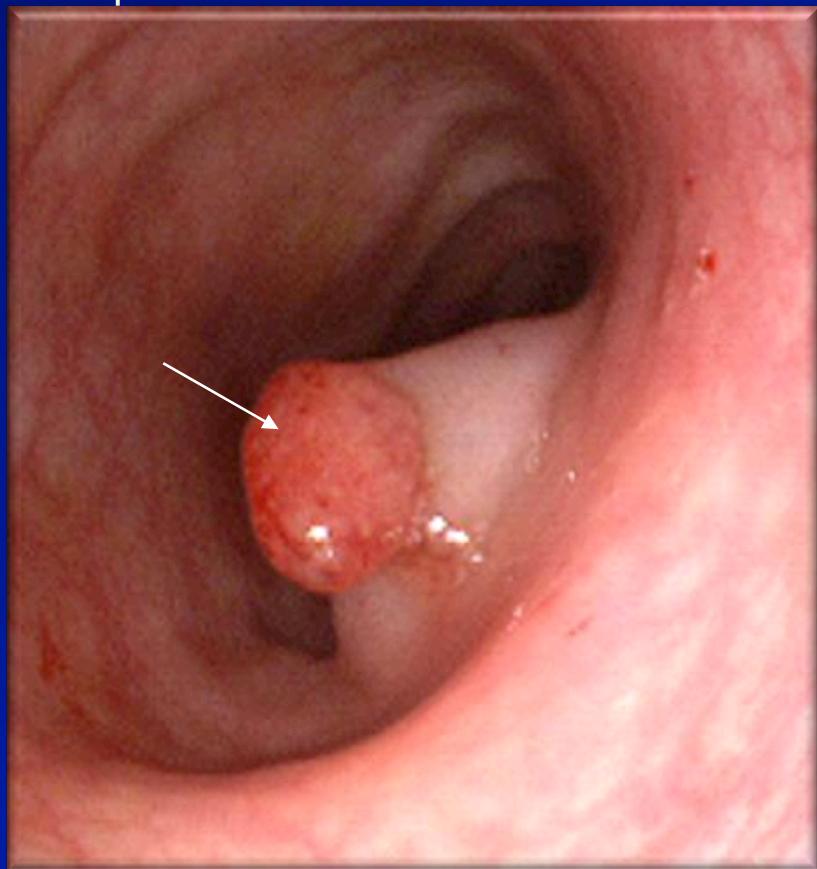


Screening for Colon Cancer

- Colon cancer is the 2nd leading cause of cancer death (in North America).
- Approximately 1 in every 13 men, and 1 in every 16 women will be diagnosed with colon cancer in their lifetime.
- Colon cancer can be prevented with timely and thorough testing.



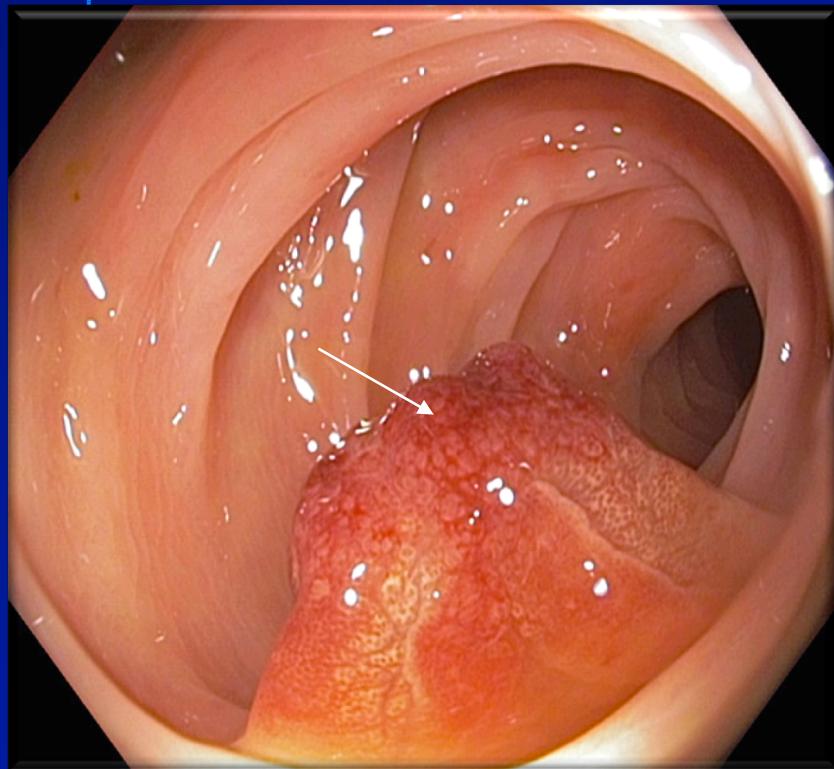
What are Polyps?



- Polyps look like mushrooms located inside the colon.
- Colon cancers develop from these polyps.
- Approximately 30-40% of people over the age of 50 have polyps.
- Most polyps do not turn into cancer or cause symptoms.
- We cannot tell at first glance which polyps will turn out to be cancerous, which is why we remove most polyps seen.



Symptoms of Colon Cancer



Colon cancers can cause:

- Visible blood in stools.
- Anemia or low blood count.
- Weight loss.
- Regular pain in stomach or abdomen.
- A persistent change in the bowel pattern.

Colon cancers do not always cause symptoms.



Screening Recommendations

Increased Risk Individuals Include:

Anyone with a significant family history:

- 1 or more first degree relatives (parents, siblings & children) diagnosed before age 60.

Personal History:

- Previous history of colon cancer or polyps

Other History:

- Firefighters
- Certain genetic syndromes require regular screening.



Screening Recommendations

For increased risk, screening is recommended to start at age 40 or earlier as per CCSC guidelines and the colonoscopy is the preferred screening test.



Screening Recommendations

Average Risk Individuals Include:

- Individuals without known risk factors for colon cancer.
- Most colon cancers still occur in people without any risk factors.
- For average risk individuals, screening is recommended to start at age 50.
- Several options are available for screening.



What are my Screening Options?



Home Stool Test

Fecal Immunochemical Test (FIT)

A sample of stool is tested for hidden blood

Pros:

- Is a non-invasive test completed at home.
- Only one stool sample is required.
- No diet or medication restrictions.

Cons:

- Sometimes the test is positive even when no polyps or cancer are present (e.g. from bleeding hemorrhoids).



Home Stool Test

Fecal Immunochemical Test (FIT)

If blood is detected in this sample, a colonoscopy is necessary to diagnose the cause of blood in the stool.



Home Stool Test

Fecal Immunochemical Test (FIT)

- A colonoscopy will be coordinated by CCSC if your result is positive.
- You should see your family physician to continue with FIT in the future.
- The FIT is recommended every 1-2 years if negative.
- By opting for FIT, you can be removed from the colonoscopy waitlist unless you receive a positive result.



CT Colonography/ Virtual Colonoscopy

- A special x-ray (CT scan) taken of the colon.
- The colon is prepared with powerful laxatives (similar to a colonoscopy preparation).

Pros:

- Is able to detect polyps and abnormalities like a colonoscopy.
- Sedation is not required.
- Considered less invasive.

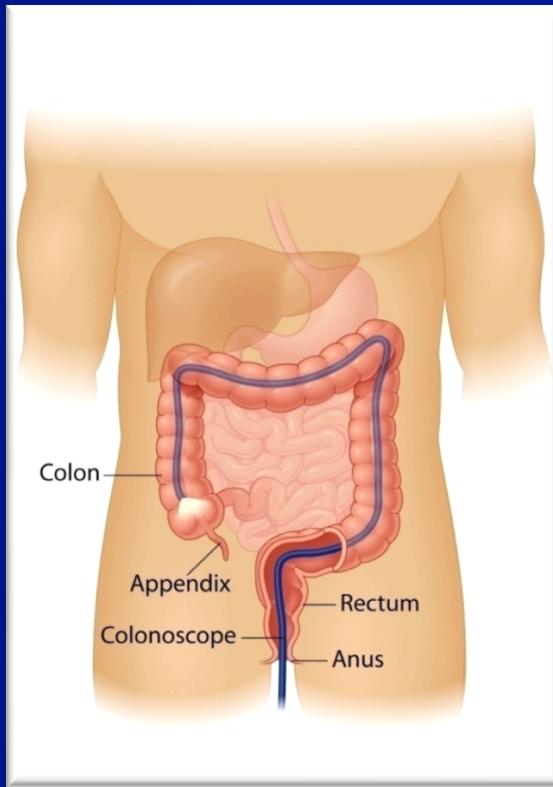
Cons:

- If a polyp is seen, a Colonoscopy is required to confirm and remove the polyp.
- It is available to anyone at private radiology clinics in Calgary. The cost can average \$700 or more.



Colonoscopy

A flexible scope is used to examine the entire colon.



Colonoscopy

Pros:

- The colonoscopy is currently the most accurate to detect polyps and colon cancers.
- It will detect 95% of cancers and over 80% of large polyps.
- Most polyps can be removed during the procedure through the scope.
- Removing polyps helps prevent them from turning into cancer.

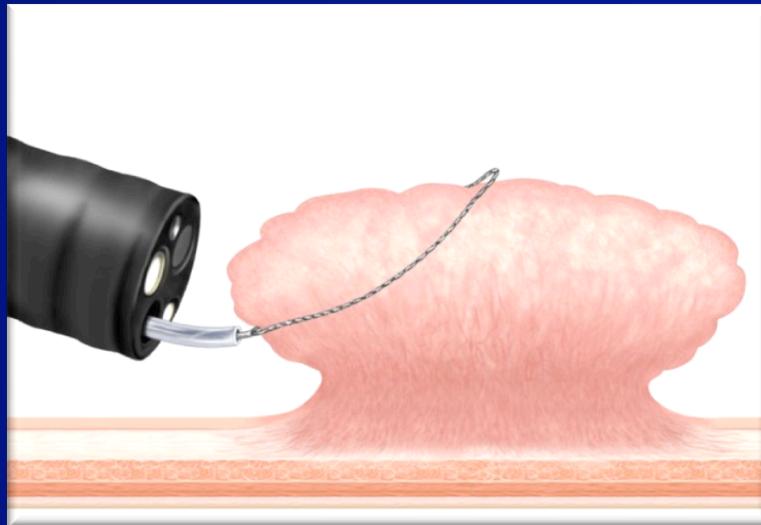
Cons:

- Prep is drinking a powerful laxative to clean out the bowel.
- A cancer or polyp may be missed because of its size or location or because it is hidden behind any fluid or stool.



Additional Information about Colonoscopy

Some polyps cannot be safely removed due to size or location. These polyps may require further assessment and need removal by a repeat colonoscopy or surgery.



How Polyps are Removed

- A wire loop (snare) is inserted into the colonoscope.
- The snare uses an electric current to cauterize (burn off) the polyp.
- A biopsy of the polyp can also be taken if the polyp is very small (1-2mm).
- These methods are both painless.
- Rarely, a patient may feel a slight twinge sensation.



Risks and Complications of Tests

No medical test is without some risk, however small

Home Stool Test (Fecal Immunochemical Test)

No risk from the actual test.

(The risks of colonoscopy if the test is positive.)

CT Colonography (Virtual Colonoscopy)

Exposure to radiation.

1/40,000 risk of a hole in the bowel (perforation).



Risks of Colonoscopy

The risk of a serious complication is approximately 1/1000 procedures.

Complications can include:

- Bleeding or perforation of the colon caused by the scope or when a polyp is removed.
- Heart or lung complications from the sedation.
- Dehydration and/or chemical imbalances from the bowel preparation.
- Dizziness and/or fainting.
- Allergic reactions from the medications.
- Irritation (bruising) to the vein following IV insertion.



Some Other Risks of Colonoscopy

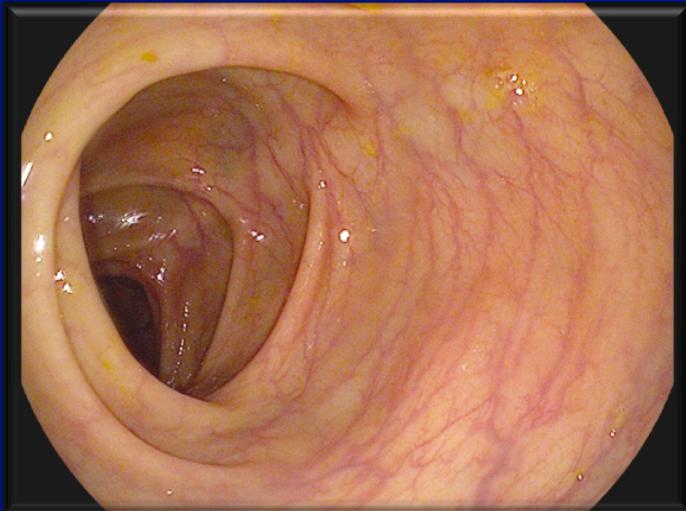
- Complications are more likely to occur when polyps are removed.
- A complication may require urgent treatment or surgery.
- Death is extremely rare, but remains a remote possibility.



The most important thing you can do to make sure your colonoscopy is a success is to properly prepare your bowel

GOOD COLON PREPARATION

- Easier detection of polyps and abnormalities.
- Aids the doctor in completing the test quickly and easily.



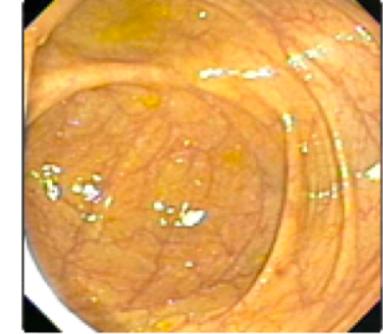
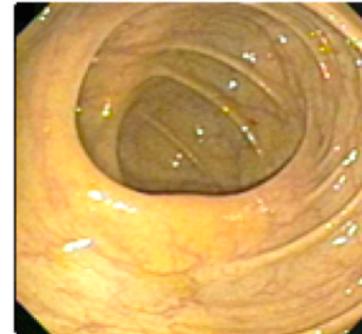
POOR COLON PREPARATION

- Increased risk of missing polyps or cancer.
- May result in the procedure needing to be repeated.



A poor prep increases the risk of polyps and cancers being missed.

Examples of GOOD prep in right colon



Examples of POOR prep in right colon



Colyte is the laxative of choice for the CCSC.
It is a powerful laxative that flushes a large volume of liquid
through the colon to “wash” it out.
This will cause diarrhea.



The end result should be watery and clear yellow.
This allows us to see your bowel clearly.



Preparing for your Colonoscopy

It is very important that you review your prep sheets at least four days in advance of your colonoscopy.

 Alberta Health Services

FORZANI & MACPHAIL COLON CANCER SCREENING CENTRE

Diet Instructions Before your Colonoscopy

4 days prior to your colonoscopy, foods to consume and avoid:

Acceptable Foods	Foods to Avoid
❖ White bread or toast	❖ Whole grain bread or whole grain cereals or whole grain pasta
❖ White rice	❖ Brown or wild rice
❖ White pasta	❖ Oatmeal
❖ Dairy products (yogurt, milk, cheese)	❖ Raw fruits or berries of any kind
❖ Eggs	❖ Raw vegetables
❖ Chicken, beef, pork, fish	❖ Nuts and seeds
❖ Cooked/steamed vegetables	❖ Food containing any nuts or seeds
❖ Canned fruits	❖ Popcorn

If you are not sure whether a food is safe to eat, then DO NOT have it
Please STOP all fiber supplements 4 days prior to your colonoscopy

Tips for drinking Colyte

- ❖ Drink the mixture through a straw placed far back in your mouth
- ❖ Rinse your mouth with water or mouthwash after drinking the mixture
- ❖ Sip on strong flavored liquids such as Gatorade/PowerAde after drinking the mixture (NO red color beverages)
- ❖ You can suck on a hard candy or suckers after you drink the mixture
- ❖ If you experience nausea with the prep you may try drinking Ginger-Ale to settle your stomach. Or a dose of Gravol (anti-nausea medication) 25-50mg may be taken every 4-6 hours as required. This can be purchased from any pharmacy without a prescription. Please call CSC if you have any questions about this.
- ❖ You may chew gum during the preparation, however do not swallow the gum

Be sure to keep yourself well hydrated as per the list on your colonoscopy preparation form. It is recommended to drink at least 6-8 cups of liquids each day.

March 15, 2013 Page 3 colyte_preparation_march_15_2013.doc



4 days before your colonoscopy, eat a low fibre diet and avoid fibre supplements.

- Do not eat any:
- whole grain foods
 - nuts/seeds
 - raw fruits
 - raw vegetables
 - juices with pulp



These leave a residue in the colon.

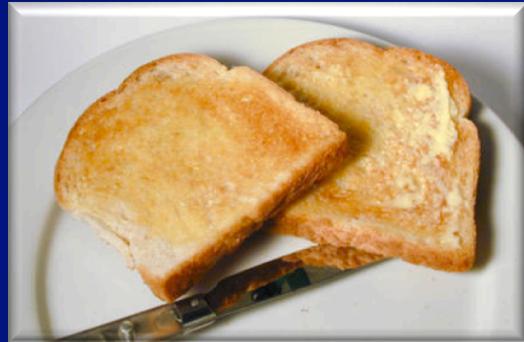
This residue can hide polyps and make the bowel more difficult to see.



You will receive a detailed recommended food list in your instruction sheets (page 3).



The day before your colonoscopy, eat a light breakfast
(e.g. White toast and a drink).



After this breakfast there will be no more solid food until your colonoscopy is complete.
Only clear fluids are allowed and encouraged until two hours before your colonoscopy.



Prepare your colyte by filling the bottle with tap water to the indicated line and shake.



Each time you fill your glass, shake the bottle to make sure all of the powder in the bottom has dissolved.

Do not fill the bottle with anything other than water.

Do not purchase any other prep unless instructed to by the CCSC.



You will drink the Colyte in 2 split doses of 2 litres.
Each 2 litres will be consumed over 2 hours.



Your instruction sheets will tell you when you need to start drinking the colyte, and it is based on the time of your appointment.



It is very important to drink at least 6-8 additional glasses of clear fluids as well as the Colyte to prevent dehydration.



Sports drinks, such as Gatorade and Powerade, and clear soup broths are strongly recommended to help replace any lost electrolytes.

Do not drink only water.

Diabetics should refer to our handout 'Adjusting Your Diet and Insulin for Medical Procedures'.



There is a detailed list of acceptable clear fluids in your instruction sheets (pgs 4 & 5).

Do not drink any clear fluids that are **red** in colour, including Jell-O.



This is a large volume of liquid you are required to drink, and it can be a challenge for some.

If you become nauseated, you may take Gravol or Gingerale to help settle your stomach.

Or try slowing down how quickly you are drinking the Colyte.



Please call CCSC if you have any questions or concerns regarding your prep or procedure.

CCSC 403-944-3800



What will happen on the day of the procedure?

- Be sure to arrive on time, checking in with reception upon arrival.
- You will then wait in the waiting room until your name is called.
- You will change into a patient gown and an intravenous will be started in a vein in your hand or arm.



- You will be given sedative medications. Some people fall asleep, others are awake enough to watch the test on the monitor.
- The medication provided is NOT an anesthetic, it will not 'put you out'.
- Some people can undergo colonoscopy without sedation. Talk to your nurse if you are interested in this.



Details of the Procedure

- A long flexible tube (colonoscope) is inserted into the rectum and passed around the entire colon. On the end of the scope is a tiny camera which allows the doctor to view the inside of the colon
- Air is inserted to inflate the colon and give the doctor a better view. It is normal to experience cramping or pressure in your stomach as a result of this air.



Details of the Procedure

- After the procedure, you are taken back to the recovery room to rest. During this time, you are encouraged to pass as much air out as you can.
- You will then be given a light snack and will discuss the results with your nurse.
- You will have a copy of your report to take home and a copy will also be sent to your family MD once results are finalized.
- The procedure is approximately 20-30 minutes. You will be at CCSC for at least 1.5 hours.



Because of the sedation...

- You are considered legally impaired for 24 hours from the time you receive the medication
- You must not drive yourself home from your procedure or for 24 hours after. You are also not allowed to take a taxi or bus alone
- Your responsible adult must be in the waiting room no later than 1.5 hours after your arrival time. You cannot leave the unit without your responsible adult.
- If you do not have a ride arranged on the day of your procedure, you will either need to cancel or complete the procedure without sedation



After your colonoscopy...

- You may return to work the following day. Remember no driving for 24 hours.
- Some complications can be delayed. It is generally not advised to plan air or long-distance travel within two weeks of your colonoscopy.
- Check with your insurance company if you are planning travel as they may have travel restrictions.



Colonoscopy spots are limited

If you cancel with less than five business days notice, or if you do not show up for your scheduled appointment, your appointment will not be rescheduled without a new referral from your Doctor.

You will be offered a colonoscopy appointment after you meet with the nurse for your consultation.

Your flexibility in meeting our booking options is greatly appreciated.



What's Next?

- You will now be called individually by the nurse for your consultation appointment.
- You have been asked to complete a patient profile form so that we can decide the most appropriate screening test for you. Your medical history will determine if you are eligible for your colonoscopy to be done at CCSC and to ensure you are not at an increased risk of complications.
- It is especially important for us to know if you are taking any blood thinners or if you are diabetic. The nurse will give you instructions if you need to stop any of your medications prior to your procedure.



Research at the CCSC

- Research is conducted at the CCSC to improve existing screening tests and to develop the next generation of screening test.
- All research studies are approved by the University of Calgary's Research Ethics Board.



Points of Emphasis

- Review all of your instruction sheets well before your procedure.
- Start eating a low fibre diet 4 days prior to your colonoscopy.
- Have a light breakfast the day before your procedure and then no more solid food until after your colonoscopy.
- Ensure you start your clear fluid diet on the day before your colonoscopy as directed. Drink at least 6-8 additional glass of clear fluids to prevent dehydration.
- Do not stop any medications unless you have been specifically told to by a CCSC nurse or physician.
- Have your ride return to the waiting room 1.5 hours after your arrival time.



Questions?

Thank you for your attention, the nurses will begin with your individual consultation following this question period.

Further information about the Centre's research activities will be now be displayed. Please read this information while you are waiting for the nurse to see you.



Research at the Colon Cancer Screening Center



You Can Help Us Create a
Healthier Future.

Mission

To excel in the acquisition, dissemination and application of new knowledge for the prevention and early detection of colon cancer through research conducted at the level of the cell, the individual and the community.

Research at the CCSC

**All research studies are approved by the
University of Calgary's Research Ethics Board.**

Current Research

- CCSC Biorepository
- Evaluation of non-invasive screening tests
- Identifying risk factors of advanced adenomas
- Development of educational materials
- Economic analyses of screening
- Evaluation of bowel preparations
- Development of a colonoscopy comfort score
- Evaluation of tools to improve detection of polyps with colonoscopy.

Colon Cancer Screening Centre (CCSC) Biorepository

A resource that can support research into the underlying causes of disorders of the digestive system and the development of new screening tests for colon cancer and other diseases.

What is the Biorepository?

- A bank of biological specimens.
- Specimens can include blood, urine, stool, normal colon tissue, polyps and cancers.

Research at the CCSC

- All research studies are approved by the University of Calgary's Research Ethics Board.
- You have the opportunity to decide whether you wish to participate in research.
- Your decision will not affect the medical care you receive.
- You will never be identified in any research report. Your privacy will be protected.

Research at the Colon Cancer Screening Center

Questions or need more information?

www.ucalgary.ca/colonscreening/research

You Can Help Us Create a
Healthier Future.