

## **Health Matters – October 2009**

### *Why Should I Get a Colonoscopy?*

I am frequently asked by my patients why they should get a colonoscopy. There are many reasons for people's apprehension when it comes to colonoscopy: fear of the unknown, worry about pain or discomfort, embarrassment at the idea of the procedure. Let's start with the medical reasons why it is recommended and then address the concerns you may have.

Colon cancer is the second leading cause of cancer deaths in the United States. Each year there are approximately 140,000 new diagnoses and approximately 50,000 deaths. The vast majority of these cases occur in people over age 50. Many of these deaths could be prevented if people were adequately screened.

It is estimated that in the U.S. only 60 percent of the population over 50 has been screened. This is despite good evidence that screening reduces mortality. Most colon cancers arise from what are called adenomas. These are growths that start out small, gradually grow and can become cancerous. If these are removed early, we can prevent them from progressing to cancers. There are many risk factors that can make a person more likely to develop adenomas. These include a family history of colon cancer or polyps, a personal history of colon cancer or polyps, race, and inflammatory bowel disease (Crohn's disease or Ulcerative Colitis).

Although there are many tests that can be performed to detect colon cancer, colonoscopy is widely considered to be the most effective screening test. Colonoscopy involves a trained physician inserting a lighted camera through the rectum and carefully inspecting the entire colon. Prior to performing the procedure the patient is required to take a bowel cleansing regimen to clean the colon in order to adequately visualize the colon. During the procedure the patient is given mild IV sedation. This consists of medication to reduce anxiety and treat discomfort. The vast majority of patients have little or no discomfort, and only vague memories of the procedure. The patient is closely monitored during the test. If polyps are found during the exam, they can generally be removed. Instruments are inserted through the scope to remove the polyps. Once polyps are removed they are usually sent to a pathologist for analysis. The size and type of polyp can help determine when the patient should return for their procedure. This could be as short as a few months or as long as 10 years.

Most current guidelines recommend a colonoscopy every 10 years starting at age 50. More frequent evaluation is recommended for patients who are at higher risk. The reason that the intervals can be several years is because polyps usually take many years to grow. If you are over the age of 50 and have not had a colonoscopy, you should ask your

primary care provider about ordering one. For more information on colonoscopies, visit [www.lakeview.org/colonoscopy\\_endoscopy](http://www.lakeview.org/colonoscopy_endoscopy).



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