

Perceptions of colon exam are far worse than reality

I remember the terror as a child of getting jabbed with a needle for protection against tetanus, rubella, chicken pox and other unseen maladies. I cried, I screamed and I scrambled to move out of the way to avoid getting stuck.

For years, I told friends how I hated injections, even though I knew they were for my own good, as Mom told me. Others talked about how they hated going to the dentist, hearing the whirring noise of the instrument that ground out part of their tooth so a filling could be put in.

Then there were those who hated the thumper, the spring-loaded device that jammed braces around teeth in the days before the teeth straighteners attached directly to the front of teeth.

Everyone has heard similar stories. When was the last time, though, that you stood at the water cooler at work or mingled with a dinner party crowd and heard someone talk about a colonoscopy?

Yeah, that's what I thought. I hadn't either.

Last fall, my doctor suggested I undergo a colonoscopy. It's typically first recommended when a person hits 50, which was my case. Those



John Sowell
The News-Review

whose family history includes colon cancer are asked to begin at a younger age, as well as those exhibiting symptoms such as bleeding, a change in bowel habits, bloating, abdominal pain, poor appetite and weight loss.

Colorectal cancer is the second leading cause of cancer deaths in the United States. Every year, more than 140,000 Americans are diagnosed with colon or rectal cancer and more than 50,000 die from it, according to the Centers for Disease Control and Prevention.

In Oregon, there are nearly 1,800 new cases of colorectal cancer diagnosed every year, according to the National Cancer Institute. In Douglas County, there are 74 new cases, compared with 53 in Josephine County, 108 in Jackson County and 60 in Linn County.

Only 59 percent of Oregonians age 50 to 75 have had a

colonoscopy, according to the Oregon Health Authority. The CDC, through a grant awarded to the state, hopes to raise the screening rate to 80 percent within five years through a new public awareness campaign.

The Douglas County Health Department is taking part in that campaign, encouraging people who have had colonoscopies to recommend them to their friends and family members.

A pilot project earlier this year in Clatsop County found that screening rates increased by using that approach. An Astoria physician, Dr. Truman Sasaki, reported he performed 71 additional colonoscopies, out of 220 total, compared to the same four-month period the year prior.

Twenty of his patients asked for a screening without being referred by their family doctor, after hearing about the campaign through promotional materials or after speaking to someone they knew.

Polyps were found in nearly 45 percent of the patients Sasaki screened during that time. Seventy percent of the polyps were precancerous, he reported.

I decided to tell my story as a way to encourage county res-

idents to be screened. I underwent a colonoscopy this week, which seems fitting, since March is National Colorectal Cancer Awareness Month.

My exam turned out fine. Dr. Gerald Engstrom, the gastroenterologist who performed the colonoscopy, told me he did not find any cancer or polyps. I was told to schedule another screening in 10 years.

A colonoscopy allows a doctor to screen for precancerous polyps and remove them at the same time before they develop into cancer.

A thin, flexible tube containing a video camera is inserted into the large intestine, which absorbs water from indigestible food matter and passes the waste material from the body.

It takes less than 20 minutes for a doctor to examine the large intestine using a colonoscope, which is about the size of a small finger, and also can be used to remove suspected cancer cells for a biopsy.

People seem to fear the procedure mostly because they're unsure what it entails. Sending a long snakelike device through my backside never seemed very appealing to me, either.

It turns out the preparation for the exam is worse than the

test itself. A day before the procedure, I was given a series of laxatives to remove all fecal material from my bowels. I was restricted to a clear liquid diet of water, bouillon, 7-Up, Jell-O — as long as it wasn't red, orange or blue, because the dyes used in those flavors could hide polyps or cancer.

You can go online and read horror stories about the awful taste of the laxatives used for the prep. However, I didn't find that to be the case. Those may have been due to older preparations.

I was prescribed two drugs in tablet form and a large container of the generic form of Miralax, which dissolved in a cold pitcher of Crystal Light. I'm not a big fan of Crystal Light lemonade, but it was tolerable during the downing of 64 ounces of the elixir over a two-hour period during the evening.

I also took an over-the-counter laxative, magnesium citrate. It had a strong lemon and salty flavor but its 10 ounces was downed easily. I refrigerated the bottle, a recommendation from people writing online who had undergone the procedure.

The colonoscopy itself was painless. An anesthesiologist

administered a dose of propofol, the drug abused by Michael Jackson before his death. In a hospital setting it is completely safe and allows a patient to go to sleep quickly and to become alert within minutes after the procedure. Other anesthetics often leave a patient groggy for an extended time.

I joked with the anesthesiologist that he wasn't going to make me count, was he. No, he told me he could tell when I was under. That was the last thing I remembered before I opened my eyes and he told me they were finished.

Less than two hours after I walked in the doors of the OREGON Surgery Center, I was leaving. Because of the anesthesia, you must have someone drive you home.

I'm glad I went and had the procedure done. The peace of mind knowing there aren't any potential problems down there is worth it. If you're older than 50 or have a family history or are showing symptoms of colorectal cancer, you should consider it, too.

• You can reach reporter John Sowell at 541-957-4209 or by email at jsowell@nrto-day.com.

The News-Review
OF DOUGLAS COUNTY

The News-Review opinion pages provide a forum for discussion on issues of importance for our readers. Their purpose is to encourage debate and give voice to many different viewpoints. Editorials at the top of the page are those of The News-Review Editorial Board. All other columns or letters on this page are the opinions of the signed authors and do not necessarily reflect the opinion of the Editorial Board. To contact the editor: 957-4203 or vmenard@nrto-day.com

Mark Raymond
Publisher
Vicki Menard
Editor