

# Colorectal cancer: 'Don't be embarrassed to death'

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(PhysOrg.com) -- UC Irvine Healthcare reminds people not to ignore the health of their digestive tract during Colorectal Cancer Awareness month.

"Colorectal [cancer](#) is the second leading cause of cancer death in the U.S., but it doesn't have to be," says Dr. Michael Stamos, chair of UC Irvine's Department of Surgery and president-elect of the American Board of Colon and Rectal Surgery. "The good news is that it's preventable, treatable and curable."

Recently, Stamos appeared on a CBS Healthwatch webcast with five other nationally recognized experts. The program, introduced by CBS news anchor Katie Couric and hosted by Dr. Travis Stork of the TV show "The Doctors," may be seen at [newyork.cbslocal.com/healthwatch-live-stream/](http://newyork.cbslocal.com/healthwatch-live-stream/).

Stamos and fellow panelists addressed [colorectal cancer](#) prevention, benefits of screening and colonoscopy, digestive conditions and their relation to colorectal cancer, digestive diseases, and treatment options, especially minimally invasive laparoscopic surgery and its overall underutilization. Stamos says there are not enough highly trained colorectal surgeons to fill the need. Most cases are performed by general surgeons who may not have a high enough volume of patients to be fully proficient in laparoscopy.

Some people are reluctant to get a colonoscopy or speak to their doctor about colorectal health because they're embarrassed to talk about that area of their body, he says. According to the Centers for Disease Control and Prevention, as many as 60 percent of colorectal cancer deaths could be prevented if men and women 50 or older were screened routinely.

"Don't be a statistic," says Stamos. "Don't be embarrassed to death."

Many colon cancer cases have no symptoms.

However, the following may indicate colon cancer:

- Abdominal pain and tenderness in the lower abdomen
- Blood in the stool
- Diarrhea, constipation, or other change in bowel habits
- Intestinal obstruction
- Narrow stools
- Unexplained anemia
- Weight loss with no known reason

Screening for colorectal cancer is recommended beginning at age 50. Guidelines include the following tests:

- Colonoscopy every 10 years.
- High-sensitivity fecal occult blood test, also known as a stool test, yearly.
- Flexible sigmoidoscopy every 5 years.

Ask your primary care doctor the following questions about colorectal health and digestive diseases:

- Do I need a screening test for colorectal cancer?
- What screening test(s) do you recommend?
- How do I prepare? Do I need to change my diet or medication schedule?
- What's involved in the test? Will it be uncomfortable or painful?
- Is there any risk?
- When and from whom will I get results?

Stamos says the current standard of colonoscopy screening at 50 years old may be changing, particularly for high-risk patients with inflammatory bowel disease or personal or family history of colorectal cancer or polyps.

"More than 90 percent of the cancers appear in people over 50, but we're seeing more and more people with colorectal health issues in their 40s," Stamos says. "A lot has to do with your family

history."

Provided by University of California, Irvine

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