

TREATING AND PREVENTING COLORECTAL CANCER

THE RECTUM IS THE END OF THE COLON THAT IS DIRECTLY ADJACENT TO THE ANUS, WHILE THE COLON – commonly known as the large intestine – is responsible for extracting water and salt from solid wastes before they are passed from the body. Together, the colon and rectum form the last part of the digestive system.

Colorectal cancer then is cancer arising from abnormal cell growths on the lining of the inner walls of either the colon or rectum. These growths often start off benign and are known as polyps during this period. However, if polyps are not removed, they can turn cancerous over time; it is believed that most patients with colorectal cancer develop it from polyp growths that have been left untreated.

Certain factors are said to increase the chances of a patient developing colorectal cancer. For instance, there is strong evidence to suggest that colorectal cancer has a genetic component; individuals with a strong family history of colorectal cancer or related cancers (like womb or ovarian cancers) have a higher chance of getting the disease, as do obese individuals, people who consume a diet high in animal fat or red meat, and people who lead sedentary lifestyles. Smoking and high alcohol consumption also increase one's risk of getting this type of cancer.

What then can we do to protect ourselves against colorectal cancer? Firstly, we should minimise all of the aforementioned factors in our lives by adopting an active lifestyle and a healthy diet rich in fruits and vegetables. Doing this alone will significantly reduce one's risk of developing colorectal cancer, but to further reduce the lethality of this cancer, we should also participate in colorectal cancer screening.

Colorectal cancer screening is already being done in the US and Northern Europe, where deaths from this type of cancer have been steadily falling as a result of early detection and prevention. The earlier the cancer is found, the more that can be done to minimise its impact on the lives of those affected. As such, I recommend that individuals above the age of 50 start going for regular screenings to detect colorectal polyps and cancer, even if they have no symptoms. This can be as simple as a stool test, to detect minute amounts of blood in the stool, or as precise and accurate as a colonoscopy examination.

If one already has colorectal cancer, surgical removal of the cancerous region is the most important form of treatment. In many cases, the simple act of a trained surgeon removing the cancer – ideally through minimally-invasive procedures such as laparoscopic or keyhole surgery – is enough for a complete cure. Radiation and chemotherapy, however, still have their place and are sometimes used alongside surgery for a fuller and more complete course of treatment. ■



DR QUAH HAK MIEN | Colorectal Surgeon
MBChB, M.Med (Surgery), FRCSEd, FAMS (General Surgery)

Quah Hak Mien Colorectal Centre
6 Napier Road #05-01, Gleneagles Medical Centre. Tel: 6479 7189
www.colorectalcentre.com.sg