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Cancer Screenings

Colorectal Cancer

Colorectal cancer is a silent disease that may occur at any age. High risk patients with colorectal cancer often present without any signs or symptoms (asymptomatic). When signs and symptoms such as rectal bleeding or abdominal pain are present (symptomatic), the cancer has grown and becomes more difficult to cure. Therefore, screening and surveillance through regular colonoscopies, make early detection and cure of colorectal cancers possible.

Colon Polyps

Colon polyps are detected during colonoscopies. Some polyps are flat (sessile) or have a stalk (pedunculated) and can occur anywhere in the large bowel (colon) or rectum.

Polyps are often benign (non cancerous), abnormal tissue growth or masses producing no signs and symptoms (asymptomatic). Other polyps can become malignant (cancerous) and produce late signs and symptoms (symptomatic) that includes rectal bleeding, anal pain, or abdominal pain.

The majority of polyps are incidental findings on routine screening exams including flexible sigmoidoscopy, double contrast barium enema, or colonoscopy (preferred screening practice).

Screening and surveillance, especially for those patients who are at high risk, allows for early detection and cure for patients with colon polyps or colorectal cancers.

Patients at High Risk for Colon Polyps or Colorectal Cancers

High risk patients include patients with:

- Previous history of colon polyps or colorectal cancer;
- Family history of colon polyps or colorectal cancer;
 - Immediate family members* including parents, siblings, or children
 - Extended family members including aunts, uncles, or cousins
- History of Familial Adenomatous Polyposis (FAP);
- History of Inflammatory Bowel Disease (IBD);
- Ulcerative colitis;
- Crohn's disease;
- Women with a history of breast cancer, ovarian cancer, or uterine cancer.

* Note: If mom is diagnosis with colon cancer or polyps at age 39, then screening of all immediate family members should begin at age 29.

Non-Preferred Procedure for Detection of Colon Polyps and Colon Cancer: Flexible Sigmoidoscopy and Barium Enema

The flexible sigmoidoscopy examines the lower third of the colon and rectum. This is where the majority of colon polyps and cancers are found. When combined with a flexible sigmoidoscopy, the barium enema allows for a full examination of the upper and lower colon and rectum. These two tests combined are considered by some doctors to be equivalent to a colonoscopy. However, biopsies or polyp removal from the upper colon cannot be performed with either a flexible sigmoidoscopy or a barium enema. Barium enemas are also less accurate in detecting small polyps and tumors.

Patients with little to no risk of colon cancer should have their first flexible sigmoidoscopy AND barium enema at age 50, and then every 5 – 10 years thereafter. Patients considered at high risk for colon cancer should begin having regular flexible sigmoidoscopy AND barium enema before age 50.