

CANCER

NEED TO UNDERGO A COLONOSCOPY?

COLORECTAL cancer is the second cause of cancer-related death in Portugal. It is due to the uncontrolled production of cells in the inner lining layer of the colon or rectum, developing into polyps. As they grow, these polyps can turn cancerous with the ability to invade neighbouring tissue.

Early diagnosis of this type of cancer is extremely important. When detected at the early stages, its cure rate can reach 90%. Diagnosis is reached by undergoing a colonoscopy. Everyone over the age of 50, with or without symptoms, should undergo this exam. If there is a history of cancer in the family, the examination should be anticipated.

Colonoscopy or lower digestive endoscopy examines the large intestine (colon), although, in certain situations, a few centimetres of the final portion of the small intestine can also be observed.

There are three types of colonoscopy exams. They differ in terms of the colon length which is examined.

- **Rectosigmoidoscopy** is the simplest exam where approximately 60cm of the colon is examined including the rectum and sigmoid;
- **Colonoscopy** examines the left half of the intestine (descending colon), in addition to the rectum and sigmoid;
- **Total colonoscopy** is currently the best possible test



available as the entire large intestine (colon and rectum) is totally examined.

For a colonoscopy to be carried out successfully, a varied and rigorous preparation protocol must be carried out. As this interferes with the patient's daily life, mistakes are still committed, which then leads to jeopardising the success of the exam.

A clean bowel is essential for a safe and efficient

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exam, therefore, instructions regarding diet during the days preceding the exam must be adhered to as well as scrupulously following the instruction on the laxative prescribed.

As far as diet is concerned, the recommendations are that in the week prior to the exam, the following food should be avoided: seeds, dried fruit, dried legumes (beans, grains, corn, etc.), any type of cereals and bran.

During the three days prior to the exam, an example of the following diet is advised: i) breakfast: infusion of linden, lemongrass or tea, yoghurt, dry biscuits; ii) lunch and dinner: pureed white broth, meat broths, lean meat, cooked or grilled (beef, veal, chicken, turkey, rabbit), lean fish, cooked or grilled (hake, sea bass, pout, sole, horse mackerel), rice, mashed potatoes, boiled egg, white bread, dry biscuits, fresh cheese and yoghurt.

Precise instructions are usually provided on how to take the laxative preparation prescribed for cleaning the bowel. It is common to all makes that once the laxative is begun, solid food is not ingested and a clear liquid diet is followed: water, sugary tea, diluted fruit juices without pulp and clear liquid soup without vegetables.

If you are taking medication, your doctor must be informed as some must be discontinued due to the fact that they might interfere with the quality of the preparation or they may pose an increased risk for the exam as is the case with antiaggregants, hypocoagulants and anti-inflammatory drugs, which could lead to bleeding during or after the procedure.

Article submitted by the HPA Health Group



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