

THE AGE OF CONCERN

COLORECTAL CANCER IS COMMON IN SINGAPORE AND SCREENING IS RECOMMENDED FOR THOSE APPROACHING 50. FROM THEN ON, IT NEEDS TO BE DONE REGULARLY.

Colon cancer takes time to develop, so it is more common in those over 50. However, about 10 per cent of patients are diagnosed at a younger age.

Dr Ho Kok Sun – President of the ASEAN Society of Colorectal Surgeons and President, College of Surgeons Singapore – notes that many cancer symptoms overlap with those of non-cancerous conditions. So anyone with persistent bowel problems should go for colorectal screening.

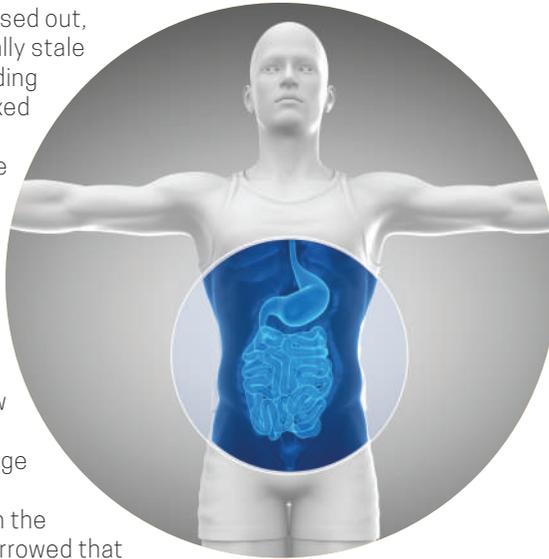
COMMON SIGNS & SYMPTOMS

- Bleeding – when stools traumatise the tumour, it will bleed. Furthermore, because



it takes time to travel through the intestines before being passed out, the blood is usually stale or dark red. Bleeding could also be mixed with the stools and not be visible to the eye.

- Abdominal bloating, pain, discomfort and constipation – this is when the tumour is large enough to narrow the colon and affect the passage of stools.
- Diarrhoea – when the passage is so narrowed that only the liquid part of stools can pass through.
- Unexplained anaemia – people tend to be more concerned when they see blood in the motion; but when the blood is mixed with the stools, it goes unnoticed for some time. This blood loss can be significant enough to cause anaemia.



minimises pain after surgery and leads to faster recovery. Robotic colorectal surgery is also gaining recognition as an advancement in keyhole surgery, and may be widely deployed in the future.

Additionally, chemotherapy and radiation therapy are applied to curb the risk of recurrence, or to control the disease if it is advanced and incurable.

WHEN TO START SCREENING AND WHY?

People with no symptoms or family history should screen at 50 for early detection, says Dr Ho. If screening for prevention, they should start at 40 to check for pre-cancerous polyps.

Colonoscopy is currently the most accurate test for examining the colon, and also allows polyps to be removed. If the results are normal, patients are advised to go for stool occult blood testing every year, and a repeat colonoscopy every 10 years.

If cancer is present, the only sure treatment is surgery. Laparoscopic or keyhole surgery is becoming the preferred option if a tumour is not too large, as it

NO DIETARY DANGERS

Despite numerous studies on diet and its link to colorectal cancer, there is no consistent evidence of a link. There is also no evidence that constipation and toxin build-up can predispose someone to colorectal cancer. Colon cleansing to remove ‘toxins’ will not reduce cancer risk.

States Dr Ho: “The only scientific evidence so far is that anyone who has had a colonoscopy can greatly lessen the possibility of death from colorectal cancer. Any polyps found are removed, so they can’t develop into colorectal cancer.”

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DR HO KOK SUN
COLORECTAL SURGEON

Having a strong interest in minimally invasive colorectal surgery, Dr Ho is also one of the few surgeons in Singapore accredited to do Robotic Colorectal Surgery.

SERVICES

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