



COLONOSCOPY

Colonoscopy is an endoscopic procedure directed primarily at the prevention and early detection of cancer of the colon and rectum.

Colon cancer is the commonest abdominal malignancy encountered in a first world society. One in 13 people in Australia develop colon cancer, an incidence superseded only by breast and prostate malignancy in women and men respectively. Surveillance of the colon as a preventative measure is recommended in everyone over the age of 40, based on numerous scientific studies. Colonoscopy is the "gold standard" for the assessment of the colon.

The main purpose of a surveillance colonoscopy is to detect and remove polyps, which are the precursors of colon cancer. 95% of colon cancers originate in a polyp. There are several different types of benign colonic polyps, some of which have no malignant potential. The pre-malignant ones are known as adenomatous polyps, of which there are two types, viz tubular and villous. Villous adenomas are the more dangerous polyps, with a greater risk of malignant change. Villous adenomata greater than 2cm in size have a 70% chance of conversion to cancer.

Dr Currer is a member of the Gastroenterology Society of Australia and is accredited to perform endoscopic procedures of both the upper and lower gastro-intestinal tract. He has performed almost 14,000 colonoscopies in 40 years.

The endoscopy unit at the Sydney Adventist Hospital has achieved a level of excellence superseding all other clinics Dr Currer has visited in Europe, Britain and North America. The scientific studies have confirmed the overall safety of the procedure. The two risks directly related to the intervention include perforation of the colon and bleeding, both of which are rare, occurring with an incidence of approximately 1 in 3,000 procedures. This incidence is increased in the elderly, and in the presence of multiple polyps requiring removal. In addition to the detection and removal of polyps, the procedure allows for the investigation and treatment of a wide range of other colorectal and perianal disorders.

The procedure requires a light general anaesthetic and is usually performed as an outpatient investigation. Dr Currer discusses the endoscopic findings with the patient prior to discharge from hospital and a copy of the typed report is forwarded both to the patient and to the referral practitioner.