



Colonoscopy

A colonoscopy is important for individuals with a Spinal Cord Injury (SCI) in the early detection of colon cancer.

A colonoscopy is vital in the early detection of colon cancer in everyone. Spinal cord injury (SCI) patients have the same risk as able-bodied individuals for colon cancer but do not notice symptoms as easily due to changes in bowel function from the SCI. This is why colonoscopies are especially important after injury.

What is a colonoscopy?

A colonoscopy is a procedure that allows the doctor to look inside the rectum and bowels. This procedure is usually done by a doctor with special training in the digestive tract – this doctor is called a Gastroenterologist or GI Doctor.

The GI doctor uses a thin instrument with a camera on the end – this allows the doctor to view the inside of the colon on a screen positioned next to the bed. This instrument can remove suspicious tissue for testing. It can also remove pre-cancerous growths called “polyps.”

Why do I need a colonoscopy?

According to the National Cancer Institute (2011), colon and rectal cancer was diagnosed over 141,000 times in 2011 and nearly 40,000 people died from it. It is the fourth most common cause of cancer in the United States.

There are several tests to detect colorectal cancer but a colonoscopy is the most sensitive screening available today. It helps the doctor find cancer and pre-cancerous growths, polyps, before symptoms develop. Treatment for colorectal cancer tends to be more effective when it is caught early.

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What are some risk factors for Colorectal Cancer?

While the cause of colorectal cancer is unknown, there are several things that increase your risk of getting it. These are known as *risk factors*. Some of these are:

- Age 50 or over – according to the National Cancer Institute (2011), 90% of colorectal cancers are diagnosed after age 50.
- Personal history with cancer – if you have had cancer in the past, you are at increased risk of developing cancer again, including colorectal cancer.
- Family history of colorectal cancer – Even if you have never had cancer having a parent, brother, sister, or child with colorectal cancer puts you at greater risk for developing it yourself. There are genes that run in families putting some members at increased risk for colorectal cancer. If you have a family history of colorectal cancer, especially if it develops before age 40, talk with your doctor about genetic testing.
- Personal history of Ulcerative Colitis or Crohn’s Disease – these conditions that cause inflammation in the colon can increase the risk of developing colorectal cancer.
- History of polyps in the colon or rectum – Polyps are growths in the rectum or colon that can sometimes turn into cancer down the road. They are commonly found in people over 50. Finding and removing them can reduce the risk of colorectal cancer.
- Diet – Some research shows that eating a diet high in fat (especially animal fat) and low in calcium, folate, and fiber puts you at increased risk for colorectal cancer. Consider eating a diet high in fruits and vegetables to reduce your risk.
- Cigarette smoking – Smoking affects all parts of your body and puts you at increased risk for developing polyps and colorectal cancer.

The current guidelines for screening are the following:

- Everyone should have colorectal cancer prevention screening beginning at age 50.
- If you have any risk factors for developing colorectal cancer you and your doctor need to talk about whether you should have screening tests before age 50.

Why is it important for people with a spinal cord injury to have a colonoscopy?

The symptoms of colorectal cancer are very hard to detect because of the effects of the spinal cord injury. The symptoms of colorectal cancer include:

- Having diarrhea or constipation
- Feeling that your bowel does not empty completely
- Finding blood (bright red or very dark) in your stool
- Having narrower stools than usual
- Having frequent gas pains or cramps or feeling full or bloated
- Losing weight with no known reason
- Feeling tired all the time
- Having nausea or vomiting

The nerve connections between the bowel and the brain are disrupted in individuals with a SCI. Peristalsis, the normal movements of the bowel, may be diminished. A person with a spinal cord injury may not have sensation of gas pains, cramps, full, or bloated. They may not be able to feel the sensation that the bowel did not “empty completely.”

People living with SCI may not know when the rectum is full, needing to be emptied, and may need help in getting rid of the body’s waste as a result of this. Bowel programs are individually designed treatment plans to regulate bowel movements, prevent accidents or bowel incontinence, and prevent constipation.

As many people living with SCI can attest, regulating the bowel program so that you don’t have diarrhea or constipation is challenging – knowing the exact cause of diarrhea and constipation when it occurs is even more challenging. Disruptions to the bowel program can be so commonplace after SCI that it may be difficult to detect the symptoms of colorectal cancer when they develop.

Because detection of the signs and symptoms of colorectal cancer after SCI are hard to detect, a colonoscopy should be carried out more frequently than in persons who are not paralyzed. You and your doctor need to determine a screening schedule based on your individual risk factors and your ability to detect changes and problems with the bowel program.

What is the preparation for the colonoscopy and how will it affect me?

The preparation for a colonoscopy is important because the doctor needs a clear view of the colon walls to detect polyps and cancer. Therefore, all stool must be removed from the colon completely.

The goal of the colonoscopy prep is to completely remove all stool from the colon. There is not a standard colonoscopy prep that all doctors prescribe to clean out the colon. There is not a difference in preparations used for able-bodied individuals versus people with spinal cord injury. Your doctor will prescribe the medication(s) he or she feels will be best for you and your health. Follow the preparation instruction as prescribed by your doctor. Preparing for a colonoscopy is often done at home.

Again, the expectation is that all stool be removed from the colon. By following the doctor's instructions and taking the medications prescribed, you should expect to have many bowel movements in a short amount of time. You will know when you are cleaned out because your evacuations will become clear liquid. Call your doctor if this does not occur.

Also, because having many liquid bowel movements over several hours is expected, you will need to plan ahead. Spending more than 30 minutes on the commode or shower chair at one time can damage your skin and is not advised. Also, having liquid stool against your skin can cause skin breakdown. You will want to consider planning additional attendant care to assist in this process so that you are kept safe, clean, and dry. There is no way to get around the unpleasant aspect of this.

The preparation is often the most uncomfortable part because light sedation is normally used during the colonoscopy procedure to prevent any discomfort. Many people will not even remember what happened during the actual test.

The Bottom Line...

Colonoscopy is one of many screenings for colorectal cancer. Based on your individual risk factors and your ability to detect changes in bowel movements and function, a colonoscopy may be recommended at age 50 or younger. The clean out process, or prep, can be messy and inconvenient but the benefits of early detection of cancer are worth it. It is important to develop a plan with your doctor and your caregivers. Planning ahead for the colonoscopy and the prep will make the process easier and safer for you and everyone involved.

Resources:

National Cancer Institute. (2011). *Colon and rectal cancer*. Downloaded from <http://www.cancer.gov/cancertopics/wyntk/colon-and-rectal>.