

Colon Cancer Prevention

Symptoms, Risk Factors and Treatments



UChicago
Medicine



Advent Health



Be informed. Be empowered.

Colon cancer can grow silently inside you without any warning signs. When left undetected, it can be deadly — making it the second-leading cause of cancer-related deaths in the United States. The good news is that colon cancer is more than 90% curable if diagnosed early.* Effective and painless screening exams are available to provide early diagnosis and treatment.

In May of 2018, the American Cancer Society revised its screening guidelines to recommend that colon and rectal cancer screening for normal-risk adults begin at age 45 rather than the previously designated age 50. These updated guidelines may be a response to the rising rate of colon cancer found in younger adults.

**American Cancer Society*

Signs and Symptoms

Nearly all colon cancers begin as pre-cancerous (benign) polyps, which slowly develop into cancer. While many cases of colon cancer have no symptoms, there are numerous factors that may indicate colon issues or cancer, including:

- Abdominal pain
- Blood in the stool
- Change in the consistency of stool over several weeks
- Diarrhea, constipation or changes in bowel movement
- Fatigue
- Narrow stools
- Pain in the lower abdomen
- Rectal bleeding
- Unexplained weight loss
- Vomiting

Reduce Your Risk

If you're a man or woman at least 45 years old, you have an average risk for developing colorectal cancer. However, both age and race play a role in determining your risk and when you should start receiving screenings. If you have one or more of these risk factors, you should schedule a colonoscopy:

- 45+ years of age
- Excessive alcohol consumption
- Excessive red or processed meat consumption
- Family or personal history of colorectal cancer or polyps
- Lynch syndrome or familial adenomatous polyposis (FAP)
- Physically inactive
- Smoking
- Type 2 diabetes
- Crohn's disease or ulcerative colitis
- Very overweight





Colon Cancer Screening (Colonoscopy)

A colonoscopy is the most effective way to test for colon cancer and also the best method for finding pre-cancerous polyps. It's the only cancer screening that can actually prevent cancer from developing, as it allows for the proactive removal of these polyps. It is also valuable for the detection of other abnormalities, such as ulcers or inflamed tissue.

Colonoscopy Preparation

There's no need to feel afraid or embarrassed about getting a colonoscopy. It's your doctor's job to perform these lifesaving screenings, and every effort is made to help you feel more comfortable during this painless procedure. To prepare for a colonoscopy, you can expect the following:

- You'll be asked to follow a clear-liquid diet the day before your procedure. This means only water, clear broth, soda, tea, coffee (without milk/creamer), clear juice (without pulp), Jell-O, popsicles and other flavored drinks (nothing red or purple).
- You'll be given instructions on using a laxative mixture at home to empty your bowel so that your colon can be viewed clearly during the procedure.
- During the colonoscopy, your doctor will look at the inner lining of your large intestine. A thin, flexible tube called a colonoscope is inserted for a painless examination. Suspicious polyps may be removed at this time.
- You will be sedated during the procedure to ensure your comfort.
- Most procedures are finished within an hour. However, due to the sedation, you will need to have someone drive you home.

For colonoscopy prep instructions, [visit our website.](#)

Treatment Options

Colon cancer surgery — also called colorectal cancer surgery — is a surgical procedure used to treat cancer of the large intestine. Surgery is most often performed for early-stage colorectal cancers, and offers the best chance at a cure. There are several surgeries that may be used for colon cancer, depending on the location, stage and grade of the cancer as well as on the patient's overall health and preferences. These surgeries include:

- **Abdominoperineal resection:** The anus, rectum and sigmoid colon are all removed, and the patient will require a permanent colostomy.
- **Ileocolectomy:** The ileum, or the last segment of the small intestine, which is attached to the right side of the colon, is removed along with the right side of the colon.
- **Partial colectomy:** In this surgery, the surgeon removes part of the colon, and joins the remaining parts in a procedure called anastomosis.
- **Proctosigmoidectomy:** This diseased part of the rectum and sigmoid colon is removed.
- **Right colectomy:** The right side of the colon is removed.
- **Total abdominal colectomy:** The entire large intestine is removed.
- **Total proctocolectomy:** This is the most extensive bowel operation. The surgeon will remove both the rectum and the colon.

Let's talk in person.

For more information about UChicago Medicine AdventHealth's colon cancer prevention, call 855-206-1450.

This guide is provided to the general public to disseminate health-related information. The information is not intended to be used for diagnosing or prescribing. Please consult your physician before undertaking any form of medical treatment and/or adopting any exercise program or dietary guidelines.

UChicago Medicine AdventHealth complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número siguiente.

