



Gastrointestinal Health Guide

TAKE CHARGE OF YOUR GUT HEALTH

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Colorectal Cancer Does Not Only Strike Older People



Dr. Grace Tan
General Surgeon

Cancers related to the digestive system are among the top cancers that younger adults are increasingly being diagnosed with. The demise of the Hollywood celebrity and *Black Panther* star Mr. Chadwick Boseman brings to light this uncomfortable truth that is still an emerging reality for many.

Anecdotally, these cancers tend to be more aggressive, but this can also be attributed to the fact that they are often diagnosed at a later stage.

Risk Profiling through Lifestyle Review

Though evidence suggests that an increasing number of younger adults are being diagnosed with colorectal cancer, most individuals in their 30s to 40s would still brush this away as a little more than a whisper of a warning.



Dr. Melissa Teo
General Surgeon

Understandably, this is because they tend to think that time and age are two factors that reduce their risk. While it is generally true, there are some vital mitigating factors that do add to the risk of colorectal cancer. While we cannot say what these were for Mr. Boseman, considerations such as lifestyle, eating habits, how much stress one is experiencing on a daily basis, and the family history of cancer are vital for doctors to compose a more personalized risk profile.

Symptoms under the Radar

It also does not help that on many occasions, patients with colorectal cancer do not experience severe or violent symptoms and signs until it is too late.

The bloating, nausea, constipation or diarrhea that comes with the disease

may often be written off as mere bowel changes. Blood in the stool, the most telling sign of all, is also commonly misattributed to non-cancerous conditions such as piles or hemorrhoids in the young.

As we live in an aesthetical climate of fitter and slimmer physiques, the weight loss and appetite changes that accompanies the disease may also downplay the traditional red-flag symptoms that doctors look out for.

Is there a Right Age for Screening?

There is a growing body of evidence which shows a decrease in older adults suffering from colorectal cancer, likely due to screening practices. However, the numbers continue to rise for young adults.

Currently, most countries with screening programs recommend adults to undergo colorectal cancer screening from age 50.

In May 2019, the American Cancer Society (ACS) became the first national organization to recommend that adults of average risk for colorectal cancer begin routine screening at age 45 instead of 50. The revised guidelines was a result of an increasing rate of colorectal cancer among younger adults, coupled with the fact that for both older and younger adults, the early detection of colorectal cancer will significantly improve the chances of survival and cure.

The demise of the *Black Panther* star should be a wakeup call for both the young and old, to reconsider reducing the screening thresholds and start the process at a much younger age. Until then, we should all be mindful of our intestinal health, and keep the #WakandaForever star in our thoughts.

Here's What You Need To Know About IBS



Dr. Reuben Wong
Gastroenterologist

Irritable Bowel Syndrome (IBS) is a disorder affecting one in five Singaporeans that has been proven to cause disruption to patients' lives.

What is IBS and should we be concerned about it?

IBS patients present symptoms like abdominal pain, bloating, constipation and bowel urgency. According to Dr. Wong, it is an important disorder for two reasons. First, it causes significant symptoms and results in disruption to patients' lives and the need for medical attention. Second, it is common, affecting around 7-15% of the general population. According to the IBS Support Group, there is a higher prevalence of IBS in Singapore in the younger population.

A consolation point about IBS is that it does not degenerate into bowel

cancer or a terminal illness. "However, too many people suffer needlessly from IBS, when it is actually treatable," said Dr. Wong.

It varies from one person to the next. While some people only experience mild symptoms, it can be quite disruptive for others.

How will IBS affect patients and their lives?

While family and personal relationships can have an effect on how well patients cope with an illness, the illness itself can affect and change the dynamics of a relationship. In the case of IBS, it is the same and it influences how well patients will feel as they live their lives with IBS. A unique aspect of IBS is that it can cause partner burden. The phenomenon is commonly associated with caregivers or family of cancer and dementia patients, but rarely in gastrointestinal diseases.

IBS

IRRITABLE BOWEL SYNDROME

"IBS causes symptoms such as abdominal pain, bowel movement disturbances and affects the quality of life. As such, patients have increased healthcare seeking behaviour, have limitations on their work performance and disruption to their social lives," Dr. Wong said.

"It then spills over to their partners and caregivers, who bore the brunt of similar lifestyle restrictions and the emotional suffering that came with living and caring for someone affected by IBS."

The study also found that the partners of IBS patients suffered significantly more burden than partners of healthy people.

"We found that there was resentment against the patients. The disorder also affected their sexual activities, creating significant limitations in lifestyle. We were also able to prove that the more severe the patient's IBS, the greater the degree of burden measured," Dr. Wong added.

Are women more prone to contracting IBS?

IBS is indeed more common in women in most societies, according to Dr. Wong. However, there are some emerging studies that show the occurrence in men are not far behind.

Does stress cause IBS?

"IBS is not solely due to stress, but stress is a major contributory factor," said Dr. Wong.

As IBS symptoms are chronic and bothersome, they may have a profound impact on quality of life; causing anxiety and stress and in some cases, depression.

While there is no one cause for IBS, it can be treated or avoided with a change in eating habits and lifestyle. However, do note that the colon is partly controlled by the nervous system so exercising regularly to manage or relieve stress can help as well.



What To Expect from an Endoscopy and How To Prepare for It



An endoscopy is a nonsurgical procedure that involves inserting a long, thin tube directly into the body, commonly through the mouth or anus, to make observations on an organ or tissue in detail. The flexible tube has a camera and light attached to it so the doctor can visually examine your digestive tract on the monitor.

Through an endoscopy, doctors can evaluate and diagnose certain cause of symptoms and recommend the appropriate treatment. It can also be used to carry out treatment directly to avoid the need for further surgery.

Types of Endoscopy

Gastroenterology specialists, also known as gastroenterologists, are specialized in endoscopy and they are the ones who will perform it.

Endoscopy can be a useful procedure to help diagnose or treat a broad array of medical conditions related to all parts

of the digestive tract. There are generally two groups of digestive endoscopies.

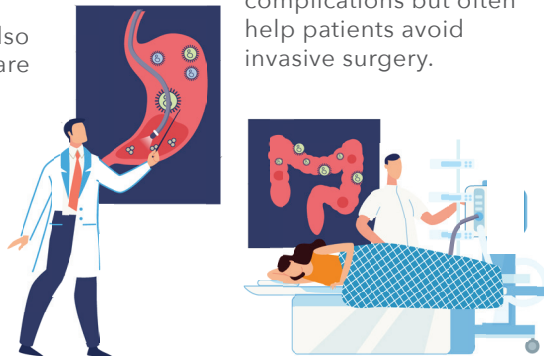
General endoscopy helps to evaluate most digestive symptoms and recommend treatments.

They include procedures such as:

- ▼ Gastroscopy
Esophagus, stomach and small intestine (duodenum)
- ▼ Colonoscopy
Large intestine and colon

Advanced endoscopy includes various types of endoscopy with higher risks of

complications but often help patients avoid invasive surgery.



They include:

- ▼ ERCP (Endoscopic Retrograde Cholangio-Pancreatography) for bile ducts and pancreatic ducts
- ▼ Endoscopic ultrasound (EUS) for gastrointestinal (GI) tract and neighboring organs

When do you need an Endoscopy?

There are mainly three reasons why endoscopy will be recommended to you.

1. Investigate symptoms and signs

Your doctor will examine and investigate digestive signs and symptoms such as persistent abdominal pain, difficulty in swallowing (dysphagia), change of bowel habits, blood in stools and gastrointestinal bleeding.

2. Diagnose

A biopsy can be carried out using endoscopy to collect tissue samples, test for conditions and diseases such as ulcers, digestive tract bleeding, polyps or growths in the colon to

prevent the development of colon cancer.

3. Treatment

It may also be used to treat problems in the digestive tract. Special tools and devices can be passed through the endoscope to remove bile stones. If polyps are found in the colon, they can also be removed through endoscopy with standard polypectomy techniques for the prevention of colorectal cancer.

How to Prepare for the Procedure

Your doctor will share specific instructions in preparation for the endoscopy. Typically, you will need to fast for about eight to 12 hours before the endoscopy to ensure the effectiveness of the procedure. Laxatives may also be advised to be taken the previous night to clear your system for procedures investigating the gut. Remember to mention all supplements and medications you are currently taking so your doctor will be able to advise you on whether there is a need to put them on hold.

During the Procedure

An endoscopy is usually an hour-long duration and do not require a hospital stay. Local anesthesia will be administered to numb a specific area of your body, such as the back of your throat. The endoscope will be inserted into your body openings, which depends on the examined area, i.e. throat, anus or urethra. For insertion through the mouth, you will be asked to wear a mouth guard to protect the lips and teeth, and hold your mouth open.

You may feel some pressure during the insertion but pain should not be felt. Images will be transmitted to the monitor for your doctor who will then examine and look for abnormalities. Gentle air pressure may be added into your esophagus to allow the endoscope to move freely; making it easier to examine your digestive tract.

A sedative will also be given to you to help you relax, be more comfortable, and have a pleasant endoscopy experience. During the procedure, patients will not feel or remember the process but your doctor will ensure it is performed safely with adequate monitoring.

Due to the sedative, your judgment, reaction time and memory may be impaired. You are strongly encouraged to arrange for someone to pick you up after the procedure. You should also plan for an additional 24 hours to allow the sedative effects



to wear off before resuming work or other activities.

Risks and Potential Side Effects

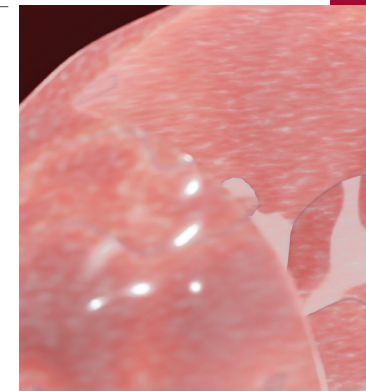
After an endoscopy, you may experience mildly uncomfortable symptoms such as sore throat, cramping or bloating. However, if you experience symptoms such as shortness of breath, chest pain, vomiting of blood, severe and persistent abdominal pain, you should visit your doctor immediately.

Endoscopies are generally safe and low risk. However, possible complications may go on to include a minor infection in the area of investigation, persistent pain experienced in the endoscopy area, perforation (tearing) of an organ or internal bleeding.

Before going for an endoscopy, it is important for you to consult your doctor to learn more about the procedure and possible risks that it may carry.

With permission from gutCARE (www.gutcare.com.sg)

Polyps in the Colon (Colonic Polyps)



Dr. Richard Sim
General Surgeon

Colonic polyps are growths that project from the lining of the colon (large intestine) into the space inside the bowel. They may cause painless rectal bleeding. They are generally removed soon after they are discovered. Polyps are usually not harmful and are relatively easy to treat. However, some benign (non cancerous) polyps do go on to become malignant (cancerous).

How do they occur?

The cause of colonic polyps is not known. The tendency to develop some types of colonic polyps is inherited.

What are the symptoms?

Signs and symptoms may include:

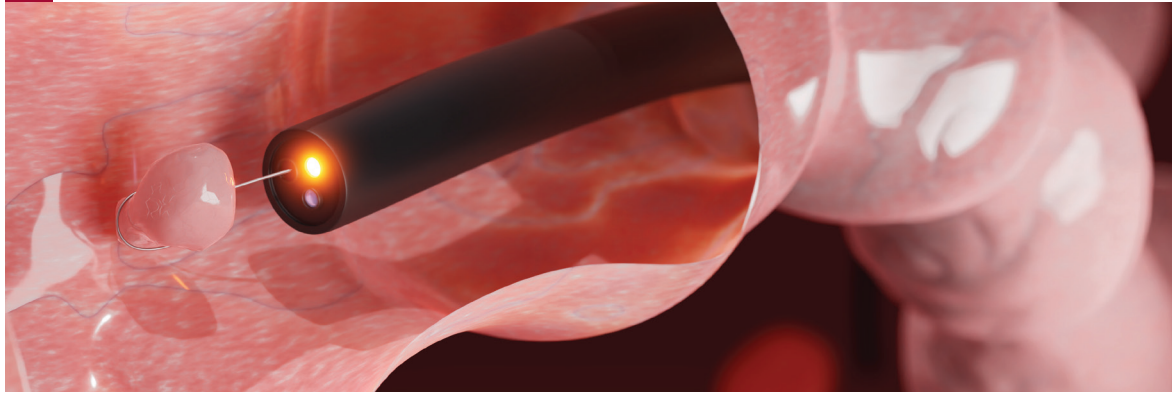
- ▾ Bleeding from the rectum or blood in the bowel movement

- ▾ Blockage in the colon
- ▾ Tenesmus (painful spasm of the rectal muscle, which creates a feeling of needing to have a bowel movement)
- ▾ Family history of colonic polyps
- ▾ Anemia (low red blood cell count)
- ▾ Colonic polyps may occur without symptoms.

How are they diagnosed?

To diagnose colonic polyps, your doctor will review your symptoms, examine you, order blood tests and a test of your bowel movement for hidden blood, and perform one or more of the following procedures:

- ▾ Sigmoidoscopy is an exam of your rectum and sigmoid colon (the last part of large intestine) with a viewing instrument called an endoscope
- ▾ Biopsy is a test in which tissue from the colon is removed from the body for exam under a microscope



- ▶ Colonoscopy is a test during which the doctor inserts a longer scope into your rectum to see the inside of your whole colon; the doctor may cut out (biopsy) a small piece of the polyp to examine in the lab
- ▶ Double contrast barium enema is when barium is injected into the colon by enema into the anus and rectum and then x-rays of the colon are taken.

How are they treated?

Treatment consists of removing the polyps as soon as possible. Your doctor will remove non cancerous polyps using an endoscope. Removing these benign polyps is usually relatively simple. Commonly, your doctor will remove the polyp during a colonoscopy at the time it is detected. If the tumor cannot be removed by colonoscopy, you may need a laparotomy, a surgical opening of the abdomen to remove the polyp.

Malignant polyps are usually removed by resection (surgery to remove the polyp and surrounding segment of colon tissue, if necessary). Highly malignant polyps may require a colectomy, a procedure in which part or all of the colon is removed.

How long will the effects last?

If not removed early, polyps can cause intestinal blockage. Untreated, cancerous polyps can be life threatening. It is important to follow your doctor's recommendations. Colonic polyps can recur. Because of their potential for malignancy, your doctor should do a colonoscopy in the next one to three years. If there are no new polyps, your doctor should examine you in 3 years unless otherwise indicated.

How can I take care of myself?

If your symptoms persist or if you develop new ones, consult your doctor.

In addition to following your doctor's recommendations, maintain a healthy lifestyle by:

- ▶ Getting enough rest
- ▶ Eating nutritious, high-fiber foods
- ▶ Exercising at least three times a week for at least 20 minutes
- ▶ Using relaxation techniques, including mental imaging and progressive muscle relaxation exercises
- ▶ Developing positive support systems to help cope with the stress of daily life
- ▶ Spending time each week in recreation and play.



You are encouraged to have an occult blood test, flexible sigmoidoscopy, or colonoscopy with your routine physical exam if you are over 40 years

old and if any of these conditions apply to you:

- ▶ Previous diagnosis of inflammatory bowel disease, colorectal cancer, or adenomatous polyps (most polyps are this type, not malignant, but with the potential to become malignant)
- ▶ First-degree relative with colorectal cancer
- ▶ Personal history of endometrial, ovarian, or breast cancer
- ▶ Family history of familial polyposis coli (a rare condition in which there are numerous polyps throughout the colon; people with this family history should begin regular testing for familial polyposis coli when they are adolescents).

What can I do to help prevent colonic polyps and their recurrence?

If any of your symptoms reoccur, tell your doctor. In addition:

- ▶ Add high-fiber foods to your meals
- ▶ Follow your doctor's recommendations for checkups. A colonoscopy is usually scheduled within 1 year of treatment.

If you have been diagnosed with colonic polyps, other members of your family are also advised to inform their doctors as certain types of polyps are inherited.

Lentil Curry with Spinach

(serves 3-4)



Ingredients

1.5 cups green lentils	1 tsp ground coriander
3.5 cups water	1 tsp garam masala
1 tsp ground turmeric	½ tsp ground cumin
2 inch-long slices of ginger	¼ tsp cayenne pepper
3 tbsp chickpea flour (gram flour)	1 can chopped tomatoes (low sodium if possible)
½ tsp chili powder	300g spinach, coarsely chopped
1 tsp canola oil	1 tsp salt
1 onion, diced	½ cup fresh cilantro, washed and chopped
3 cloves garlic, diced	
1 tsp cumin seeds	

Directions

- Put the lentils and water in a pot with the turmeric and ginger slices. Simmer until soft (around 30 mins). Remove ginger slices.
- In a small bowl mix the chickpea flour and chili powder with enough cold water to make a smooth paste. Set aside.
- Heat canola oil in pan on medium heat.
- Add the onion and sauté for around 4 minutes. Add in garlic and cook for 2 minutes.
- Add the cumin seeds, ground coriander, garam masala, ground cumin, and cayenne, and cook for 2 to 3 minutes.
- Remove pan from heat and add mixture to the cooked lentils. Add in chickpea flour paste, canned tomatoes, spinach, and salt, and stir well to allow the spinach to soften.
- Add fresh cilantro and serve dish with naan bread or rice.



Hearty Bean Stew with Pasta

(serves 3-4)

Ingredients

1 tablespoon canola or sunflower oil
 1 clove garlic, finely chopped
 1/4 cup chopped onion
 1/4 cup chopped green bell pepper
 1 cup coarsely chopped tomato
 1 teaspoon dried basil leaves
 1 teaspoon dried oregano
 1/2 teaspoon black pepper
 1 can kidney beans, drained
 1 can chickpeas, drained
 1 can chicken broth, low sodium
 3/4 cup whole-wheat small pasta shell

Directions

- Heat oil in a pot. Add garlic, onions and green bell pepper. Sauté for 3 minutes.
- Add all the other ingredients into pot and mix. Heat to a boil, stirring occasionally; reduce heat.
- Cover and simmer about 15 minutes, stirring occasionally, until pasta is tender.



Snow Fungus Soup with Papaya

(serves 3-4)

Ingredients

Pandan leaves (about 6 - 8 pieces), tied into knots
 1 piece Snow Fungus (about size of a rice bowl)
 10-15 pieces dried Longans
 10 pieces Red Dates - cut into half and seed removed
 ¼ cup Wolfberries
 1/2 small Papaya (slightly ripe), cut into cubes (Alternative: 1 - 2 large pears)
 7 rice bowl of water
 Rock sugar (optional or to taste)

Directions

- Soak snow fungus in a large bowl filled with water for about 10 minutes or until soft and expanded to double the size.
- Remove and rinse under a running tap to remove dirt particles. Cut snow fungus into bite size and discard the stem.
- In a large pot, add water and pandan leaves. Boil for 10 minutes. Remove the pandan leaves.
- Add snow fungus, dried longan & red dates. Bring to a boil and reduce heat to simmer for about 30 minutes.
- Add papaya and simmer for 15 minutes.
- Add rock sugar and wolfberries. Simmer for another 5 minutes or until rock sugar dissolves completely.

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