

A Change in your bowel habits?
It's worth getting to the Bottom of it.



Colorectal Cancer in Singapore

Dr Mark Wong

General & Colorectal Surgeon
Mark Wong Surgery



38 Irrawaddy Road #08-31
Mount Elizabeth Novena Specialist Centre
Singapore 329563

820 Thomson Road #02-03
Mount Alvernia Medical Centre A
Singapore 574623

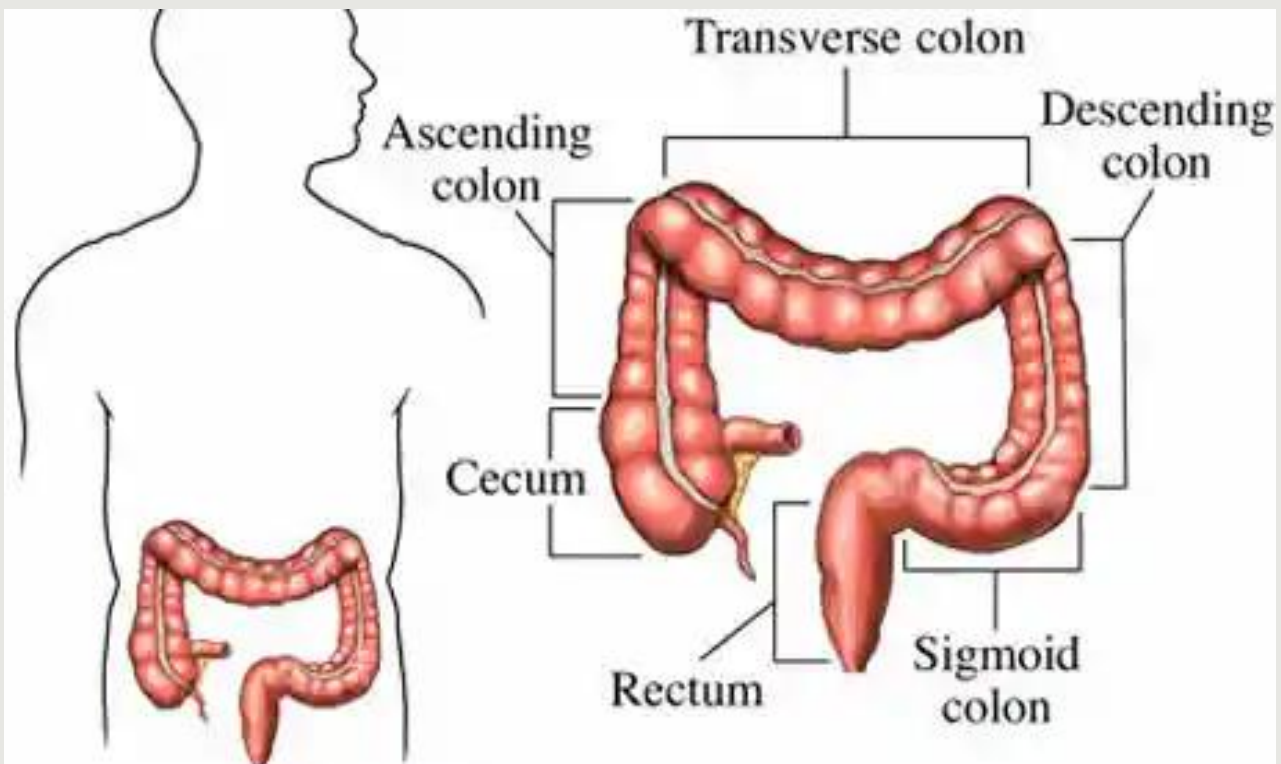
Brought to you by AIA Healthcare team.

It is the most common cancer in Singapore, and your risk of getting it increases with age. Technological advancements mean that we can now detect and treat colorectal (colon and rectal) cancer far more effectively. Dr Mark Wong, General and Colorectal Surgeon at Mark Wong Surgery, explains the key improvements and prescribes a common sense approach to prevention and treatment.

What is colorectal cancer?

Colorectal cancer refers to a malignant tumour that starts as a polyp, or small growth, along the inner wall of the colon or rectum. Since polyps generally take years, not weeks or months, to become cancerous, regular screening can intercept their development by simply removing them before they become cancerous. While not all polyps become cancerous, it is not possible to tell which ones will and which ones won't. Therefore, all polyps are routinely removed during screening.

Screening is critical since there are often no warning signs in the early stages. Certainly, one should seek treatment and not ignore a change in bowel habits, such as persistent or alternating pattern of diarrhoea or constipation, a change in the frequency of stools, and the presence of blood in stools.



Who gets it?

Colorectal cancer is the most common cancer in Singapore; it is the No.1 cancer in men and No. 2 in women, with more than 1000 new cases diagnosed annually and rising. Yet it is one of the most detectable, preventable and curable forms of cancer.

The latest report from the National Registry of Diseases Office (NRDO) revealed that more than 9,800 new cases in total were diagnosed between 2011 and 2015. The same report states that the incidence rate of colorectal cancer rises steeply past the age of 50 years, regardless of gender, with more than three in four colorectal cancer patients diagnosed above the age of 55.

Modifiable risk factors for colorectal cancer include

- obesity
- physical inactivity
- smoking

Non-modifiable factors include

- age
- family history of colorectal cancer and polyps



Both modifiable and non-modifiable risk factors increase your risk of developing colorectal cancer.

And it does affect younger patients as well, ie. those below 50 years old. In the younger patient, it may be related to genetically-linked hereditary cancer syndromes, which place immediate family members of sufferers at higher risk of developing it during their lifetime. Therefore, screening offers the best chance of prevention and could save your life!



Annual Screening after 45 years old

With a worldwide increase in incidence of colorectal cancer, including in the young (below the age of 50 years), the American guidelines have now recommended screening to begin at the age of 45 years old.



An annual Faecal Immunochemical Test (FIT) is therefore recommended from the age of 45 onwards. For those with a family history of the disease, Dr Wong recommends commencing screening 10 years before the age of diagnosis for the youngest colorectal cancer sufferer in the family, or 45 years old, whichever is earlier. FIT is useful for detecting blood not visible to naked eye. It is non-invasive and free for all Singaporean citizens and Permanent Residents above the age of 45 years, and can be carried out in the comfort of your own home. It involves collecting a stool sample, which is sent to a laboratory for testing. If the FIT result is positive, patients will normally undergo a colonoscopy to rule out or confirm the presence of colorectal polyps and cancer. If one is experiencing overt (obvious, visible) bleeding, then one should go straight for a colonoscopy.

"Colonoscopy is regarded as the 'Gold Standard' for colorectal cancer screening as it is the most accurate and reliable method available," shared Dr Wong.

This safe day procedure to examine the inner surfaces of the colon and rectum makes use of a specialised instrument called a colonoscope. This is a flexible instrument equipped with advanced high-definition optics, including lights and camera systems. It not only takes pictures of the colon and rectum, but also allows the doctor to perform specialised tasks like removing polyps for biopsies.

An alternative method of screening is a CT scan for the colon and rectum, known as CT colonography. Unlike a colonoscopy, it does not allow removal or biopsy of suspicious findings and also involves exposure to radiation.

How do we treat colorectal cancer?

Dr Wong is an advocate of keyhole or minimally-invasive surgery, which is now regarded as standard of care. This includes both laparoscopic and robotic-assisted techniques. Chemotherapy and radiotherapy are generally reserved for more advanced cancers that have spread beyond the colon and rectum.

Laparoscopic surgery

Laparoscopic surgery is fast becoming the preferred method of surgery; in fact, it is now recognised as the “gold standard” for colorectal cancer surgery in developed countries such as Singapore. This keyhole technique uses advanced technology (including 3D and high-definition optics) to perform surgery through small cuts on the belly.



Compared with open surgery, the smaller cuts in laparoscopic surgery mean the wounds are smaller and patients experience less pain. The internal organs are also less exposed to the cold operating room environment, reducing the chance of infection, and allowing patients to resume eating faster after surgery. Put together, all these mean a shorter hospital stay and a faster return to normal activities.



Robotic surgery

Robot-assisted surgery or robotic surgery is the latest advancement in keyhole surgery. It makes use of a robotic console from which the surgeon controls a robotic machine that performs the surgery through small cuts in the belly. Robotic surgery is an even more precise method of keyhole surgery than

laparoscopic surgery, as the robot has more degrees of movement in wielding the instruments, similar to that of the human wrist. It is also more stable, as a robot does not get tired. Other features, including stereoscopic 3D vision and better magnification, enable more precise surgery and also better stitching.

Such features make it very useful and more precise when operating in narrow confined areas like the pelvis, where organs like the rectum are situated. Studies have shown better results in terms of sexual function and continence after robotic surgery compared to laparoscopic surgery. Robotic surgery is often recommended for cancers involving the lower end of the colon, rectum and anus. It has the same risks as conventional laparoscopic surgery.

Life after surgery

In the first few months after surgery, patients are advised to avoid strenuous exercise and lower their intake of dietary fibre to reduce bloating and constipation. Patients may also experience more liquid and frequent stools, but this usually abates over time. Some patients, particularly the elderly and those with rectal cancers, may experience some faecal incontinence or involuntary leakage of stool after surgery, especially if treatment involves radiotherapy. This can generally be improved with medications and pelvic floor exercises.



Preventive measures

Under no circumstances does Dr Wong recommend detox programmes or colon hydrotherapy. He explained, "A healthy colon needs a flora of bacteria, which requires having faeces in the colon. Think of a luxuriant rainforest with its vibrant ecosystem of animals and plants as a normal healthy colon with faeces. Compare this to a scorched forest after a raging fire – this is similar to a colon washed clean of faeces by detox or hydrotherapy."

Instead, Dr Wong advocates a balanced approach to preventing colorectal cancer. He recommends a healthy diet, incorporating all food groups in moderation, with regular exercise and most importantly, regular screening.

In Singapore, the five-year survival rate for people with Stage 1 colorectal cancer is between 85 to 95 percent. On the other hand, the survival rate for people with Stage 4 is less than five percent. Though prevention is always better than cure, with early detection, the future can still look bright for people diagnosed with colorectal cancer.

