Excluding skin cancers, colorectal cancer — also known as bowel cancer, colon cancer or rectal cancer — is the third most common cancer diagnosed in men and women in the United States. But early screening measures can help stop cancer in its tracks.

“Through screening with colonoscopy, colon polyps are found early and removed before they develop into colorectal cancer,” says Nicholas J. Agresti, M.D., a board-certified gastroenterologist at Southeast Georgia Physician Associates-Gastroenterology, a strategic affiliate of the Health System. “There is a 90 percent risk reduction of colorectal cancer following the procedure.”

Early Detection Is Key

For most people, age 50 is the recommended age to begin colorectal cancer screening; and age 45 is the recommendation for African-Americans.

According to the American College of Gastroenterology, anyone with a family history of colorectal cancer is recommended to undergo a colonoscopy every five years, beginning 10 years before the age at diagnosis of the youngest affected relative or at age 40, whichever comes first.

“Colorectal cancer and precancerous polyps do not always present with symptoms, and that is why screenings are so important,” Dr. Agresti says. “Symptoms may include blood in the stool, persistent abdominal pain, anemia and unexplainable weight loss. If there is any blood in the stool, on toilet tissue or in the toilet bowl, a colonoscopy should be performed as soon as possible.”

Although colonoscopies are the most common screening option, other options include:

- CT colonography (or virtual colonoscopy)
- Sigmoidoscopy, which is similar to a colonoscopy but is a partial exam that only covers the left side of the colon
- High-sensitivity guaiac fecal occult blood test (FOBT) or fecal immunochemical test (FIT)
- Stool DNA test (FIT-DNA)

Dr. Agresti and his colleagues at Southeast Georgia Physician Associates-Gastroenterology recommend colonoscopy screenings to people with high risk and others depending on the situation.

“Rectal bleeding can be related to cancer or polyps or even hemorrhoids, but we never take a chance. We always perform a colonoscopy,” Dr. Agresti says.
NOW ACCEPTING
NEW PATIENTS
Southeast Georgia Physician Associates-
Gastroenterology

Nicholas J. Agresti, M.D.
Huitl Mattox III, M.D.
Darrell E. Schwertner, M.D.
David Whitehead, M.D.
Deborah Lindahl, NP-C
LeVinchi C. Oglesby, N.P.

To schedule an appointment, call
1-855-ASK-SGHS (1-855-275-7447). Most
insurances, including Medicare and Medicaid,
are accepted.

In addition to screenings, Dr. Agresti recommends that
patients exercise regularly, maintain a healthy weight and eat
a well-balanced diet, rich in vegetables.

If colorectal cancer is detected, available treatment options
are then discussed with a team of surgeons, an oncologist and
a gastroenterologist.

Know Your Risk
Risk factors for colorectal cancer include family history of
colorectal cancer or colon polyps, obesity, tobacco use and an
inactive lifestyle. Although colon cancer rates are decreasing
for Caucasians older than 50, the rate has increased among
young people and African-Americans.

Risk also increases with age. More than 90 percent
of colorectal cancers occur in people ages 50 and older,
according to the Colon Cancer Alliance.

“If you think you may be at increased risk, speak to your
primary care doctor or one of our gastroenterologists about
when to begin screening and determine how often to get
tested,” Dr. Agresti recommends.

Immediate Care or Emergency Care:
KNOW WHERE
TO GO

Visit an Immediate Care Center
if you experience:
→ Cold or flu symptoms
→ An earache
→ Stomach pain
→ Ankle or wrist pains; muscle strains
→ Nausea or vomiting
→ Sinus infection
→ Bumps, bruises or minor cuts

Visit an Emergency Care Center for:
→ Chest pain
→ Sudden, severe abdominal pain
→ Persistent bleeding
→ Severe allergic reaction
→ Fever of 101 degrees or higher in children
  younger than three months
→ Persistent vomiting or diarrhea
→ Dislocation of shoulder, hip, or knee
→ Stroke symptoms (weakness on one side of body, difficulty
  speaking or loss of consciousness)

 saving Valuable Time

How did the Southeast Georgia Health System
Brunswick Campus Emergency Care Center team
reduce triage wait times? Employing three proven
strategies:

1. “Pull to full” allows people to go directly to a bed
   when they arrive if one is available.

2. “Bed ahead” requires the team to think one bed
   ahead and identify least-critical patients that can
   be moved to the hallway if needed when another
   emergency arrives.

3. A new patient hub and “results pending” area
   enable noncritical patients to receive care and await
   results without waiting for an open bed.

THE RESULTS
PREVIOUS WAIT TIME: 64 minutes  NEW WAIT TIME: 38 minutes
TIME SAVED: 26 minutes