INTERVIEW

Procedures in Gastrointestinal and Colorectal cancer

Cancer is itself a scare and when it's about Gastrointestinal or Colorectal Cancer, the affected person may feel like having been given a death sentence. At the same time, various ano-rectal chronic condiotns add to the silent suffering of many people. Star Lifestyle had an exclusive interview with Dr. Ng Chee Yung, Senior Consultant, General and Colorectal Surgery, Mount Elizabeth Novena Hospital for his opinion on these conditions, as well as on related cancer, and eventual modern surgical procedures.

Dr. Ng Chee Yung

Before discussing Gastrointestinal and Colorectal Cancer, can we discuss anal fistulas, fissures, and haemorrhoids? More to the point, are these preventable?

First you have to understand these are all different conditions, some of them are preventable, some are not, in short they are all distinctly separate conditions.

Fistula is a condition that starts off as an infection. This infection, in majority of the time, is unpredictable and cannot really be prevented. An unfortunate patient may get this infection around their anus, and is bound to ask, why did I get this infection? On my part, I reassure them that there is nothing they could have done, these are random infections. It's not like you had bad hygiene, it's just like an extreme case of bad luck. A minority of fistulas are however actually signs of cancer or complex inflammatory bowel condition.

Fissure is a self-inflicted injury and this one can be prevented. This happens when you try to force out a hard and large piece of stool. Lifestyle plays a factor here, are you taking enough fibre, are you drinking enough water? These will help you to keep your bowel movements easy. When you are forcing a bowel movement, there is a tear at the bottom of the anus and this becomes a physical injury.

Haemorrhoids, or piles in layman's term, are preventable since the condition related to daily bowel habits. If you have an easy bowel habit without straining too much, it is very unlikely. Of course, there is a different case of piles that can occur in women. During pregnancy, it is very likely for a woman to develop haemorrhoids. Sometimes after delivery, the piles don't shrink and become a permanent problem. This is again not a case of bad lifestyle, rather a fallout of the pregnancy.

Speaking of women, they are quite shy when it comes to these types of conditions and it is dangerous for them. How can we pass them the message that the sooner they let their doctors know, the better it is for them?

Mostly these conditions are not generally life threatening but certainly impact quality of life. Some people suffer in silence only because they are shy, they don't even share with close family or friends. The message that I would like to give here is they are all very treatable. Sometimes the treatment is even easier than you think and may not even need any form of surgery or complicated treatment.

Don't be too worried when seeing a doctor for these conditions. Every time when there is a condition that is around the anus, the patient only comes when the condition is very severe. Sometimes to the patient's detriment, we are missing on something serious. A patient may think it is only piles, but rather it may be the initial signs of a cancer in the anus.

Are regular checkups the answer to ensuring that there is no underlying condition?

Definitely. A doctor needs to check if it is only piles and just a benign condition, benign in a sense that it does not lead to a serious issue. For checkups, it is a must to see whether anything suggests the presence of any underlying condition.

As an accomplished surgeon, what are your thoughts on Minimally Invasive Surgery? We understand it can help the patients immensely, after all, with advanced technology, isn't the process of surgery also becoming easier, especially with robotic surgery?

I would say so. When we say Minimally Invasive Surgery, the most basic type is laparoscopic or key-hole surgery. That's been practised for some time. Initially only simple surgeries like gallbladder or appendix operations were done this way. As our expertise and technology improved, we took more complex procedures, including colon cancer operations, which we are now able to perform routinely with keyhole surgery as well.

When we talk about robotic surgery, this is a more advanced surgery tool. It allows us more complex surgeries while still being minimally invasive, that is making only small incisions. In colorectal surgery, the main use of this type of procedure is for Minimally Invasive Surgery. We have a definite distinction between colon cancer operations and rectal cancer operation. Because of the anatomical position, the rectum is itself a more difficult part for a surgeon to do a good job. That's why the robot is such a great tool. It gives the surgeon the accessibility of a miniaturised hand within the patient's body cavity. The technology is such that we have a three-dimensional view, unlike normal keyhole surgery where we have a two-dimensional view on screen. But with the robot, we have a left eye and a right eye and we can do precise work. This has allowed us to do much more advanced surgery than in the past. I believe this is also the biggest or latest advancement you think of in terms of surgery.

When is this type of surgery recommended? Is it the standard now?

I practice it as a standard. The concept of standard varies a bit, depending on where you are in the world. Equipment availability, difference in training- all matter here. Based on the way I practice, the first option for me would be Minimally Invasive Surgery. For very rare cases, when we can't, we have to ask ourselves why and pin point the precise reasons and look out for a better option. This happens for very advanced stages of cancer, where it has spread to other parts of the body, say not just the colon or rectum, maybe the prostate (for men) or the womb (for women) or bladder. If we have to operate/ remove other organs, that's when we don't go for Minimally Invasive Surgery. That too however may change over time.

What can a patient expect after a Minimally Invasive Surgical Procedure?

If we are talking colorectal operation, we are talking about or rather undertaking to remove a section surgically. But we need it to perform normally, so a join is performed. For the first day or two - restricted oral intake is common; patients rely on IV drip and liquid food. On the second or third day, solid food is given. Patients are discharged on fourth/fifth day- so they have to be able to take soft food and have bowel movement. We keep patients under observation, and expect a bowel movement which is typical for the second day. Now of course in the ward, the patients are given a low-dose pain killer. The wounds are not that big, so the dosage is not high, which in turn helps the patient not be too drowsy during recovery. We encourage patients to make use of this and move around a bit and get up from the bed as soon as they feel they can, but not for prolonged periods.

What would you recommend to our readers?

After you pass 50, there is sharp increase in the chance of developing this type of cancer. It is recommended to do a colonoscopy every 10 years after reaching 50. It is a minor procedure of fifteen to thirty minutes, a flexible camera scope if passed through the anus into the intestine and examined for any sign of polyps. Polyps are precancerous growths and with the camera scope, the polyps can be identified and removed at the same time. In doing so chances of cancer are reduced. This is the recommendation that is practised in other parts of the world.

There are people, who are naturally worried about undergoing this procedure, although it is painless. The alternative would be an annual stool examination. There is a test called faecal occult blood test, where a sample of stool is examined in the laboratory. The laboratory works to detect whether there is the presence of microscopic amount of blood. If it is detected, then it is recommended to go for a colonoscopy.

Overall, I would definitely emphasise on screening as it is the only sure way to know if you have cancer or are in the risk zone.

Interview conducted by Iris Farina

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