Colorectal Cancer Prevention

Cancer that begins in the colon is called colon cancer, and cancer that begins in the rectum is called rectal cancer. Cancers affecting either of these organs also may be called colorectal cancer.

Colorectal cancer occurs when some of the cells that line the colon or the rectum become abnormal and grow out of control. The abnormal growing cells create a tumor, which is the cancer.

According to the American Cancer Society, Colorectal Cancer is the third most commonly diagnosed cancer, and is the second leading cause of cancer deaths, resulting in more than 50,000 deaths each year in the U.S. Over the course of a lifetime, an individual has a 1 in 20 (5%) chance of developing colorectal cancer.

If colorectal cancer is diagnosed and treated early while the tumor is still localized, the disease is highly curable, with five-year survival rates of about 90%. If the tumor continues to grow, cancer can spread directly through the bowel wall to surrounding lymph nodes, tissues, and organs, as well as into the bloodstream.

Screening

Most health problems respond best to treatment when they are diagnosed and treated as early as possible. To catch any abnormalities or problems early, you will need regular checkups from your doctor, including a rectal exam, fecal occult blood test, and possibly other screening tests such as a barium enema, a flexible sigmoidoscopy, or a colonoscopy. Screening recommendations depend upon an individual’s risk of colorectal cancer.

RFGH Gastroenterologist Winoah Henry, MD recommends routine colon screenings for all patients aged 50 years and above. Talk to your primary care provider and gastroenterologist today about colon cancer screening.

The gastroenterologist is an expert in the prevention, detection, and removal of precancerous colon polyps (adenomas). Your risk of colon adenomas, and in developing colon cancer is determined by your family history as well as your personal history. A healthy lifestyle can reduce your risk of colon cancer. Age above 49 years is an important risk factor for adenomas, hence all patients 50 years and above should be referred to a gastroenterologist for screening.
Colorectal Cancer
Risk Factors

Although the exact cause of colorectal cancer is not known, there are some factors that increase a person’s risk of developing the disease. These include:

Risk factors you cannot change

- Age: your risk gets higher as you get older
- Having had colorectal cancer or certain kinds of polyps before
- Having a history of ulcerative colitis or Crohn’s disease
- Family history of colorectal cancer
- Race or ethnic background, such as being African American or Ashkenazi
- Type 2 diabetes
- Certain family syndromes, like familial adenomatous polyposis (FAP) or hereditary non-polyposis colon cancer (HNPCC, also called Lynch syndrome)

Risk factors linked to things you do

- Diets high in red meats (beef, lamb, or liver) and processed meats (like hot dogs, bologna, and lunch meat) can increase your colorectal cancer risk. Cooking meats at very high heat (frying, broiling, or grilling) can create chemicals that might increase cancer risk.
- Lack of exercise
- Being very overweight (or obese)
- Smoking
- Heavy alcohol use
- Having one or more of these risk factors does not guarantee that you will develop colorectal cancer. However, you should talk about your risk factors with your doctor. He or she may be able to suggest ways to reduce your chances of developing colorectal cancer.
A lot of focus has recently been placed on the growing resistance to antibiotics among the world’s population. One of the first antibiotic resistant bacteria to gain widespread attention was MRSA. Its resistance to the antibiotic Methicillin lead to the name which stands for Methicillin Resistant Staphylococcus aureus. New drug-resistant “super bugs” are being discovered every day.

Understanding how bacteria behave, what antibiotics do (and don’t do), and educating ourselves on the simple steps we can take, can help curb the growth of these antibiotic-resistant illnesses.

Bacteria are tiny living organisms that are everywhere, some are helpful and some cause infections that make us very sick. Before the development of antibiotics (medicines which can kill bacteria) even a small infected cut caused concern because it could easily get worse and lead to death. Mass produced antibiotics to treat infections have been in use for about 70 years. Antibiotic drugs were thought to be miracle medicines and their use quickly became widespread.

But bacteria, like all living things, have survival tools. Some of the survival tools of bacteria are very specialized ways of resisting the chemical killing action of antibiotics. Almost as soon as antibiotics began to be used, bacteria were found that were able to resist them. Bacterial resistance has kept pace with the development of new antibiotics.

Antibiotics have revolutionized medicine, they save lives, it is true. But it is the very use and overuse of antibiotics that has caused the development of resistant bacteria (bacteria that don’t respond to antibiotics that may have worked in the past) and the problems we now have with them.

Antibiotics don’t just kill bad bacteria, they may often kill all bacteria except resistant ones, creating a situation where the resistant bacteria are left to grow out of control. This is more likely to happen when a person takes antibiotics when they are not needed, or the person stops taking prescribed antibiotics as soon as they feel better, without finishing treatment. The overgrown bad bacteria can create an infection or be carried in or on a person’s body. A person who carries a resistant bacteria, but does not have an infection, is said to be “colonized” with it and there is the chance for that bacteria to be passed on to others by contaminated hands, surfaces, equipment, and sometimes the air.

Some bacteria can resist more than one antibiotic and that is where the term Multi-Drug Resistant Organism, MDRO, comes from. There are now some bacteria that are resistant to nearly all the antibiotics that are available to kill them. CRE (Carbapenem Resistant Enterococcus), the “superbug” recently in the news, for example, is so resistant that if an infection from it gets into the bloodstream, the patient has about a 40% to 50% chance of death. Bacteria also are becoming more adept at passing their resistance tools to other bacteria not closely related to them, leading to more resistance and treatment problems.

So What Can We Do?

• Use antibiotics only when likely to be beneficial; for example, antibiotics do not kill viruses and shouldn’t be taken for a viral infection (such as a common cold or sore throat).
• Use the specific antibiotic that is most effective against the bacteria causing, or most likely to be the cause of, the infection.
• Take prescribed antibiotics for the ordered duration of treatment.
• Practice good hygiene at home, cleaning frequently touched surfaces well and being sure to wash hands:
  » after using the bathroom
  » after blowing nose
  » after changing a dressing
  » before meal preparation
The use at home of antibacterial hand soaps has not been shown to be beneficial, simple good hand washing is indicated.

The CDC website provides interesting and valuable information at the following website:
www.cdc.gov/getsmart
Are You Ready For Flu Season?

RFGH 2013 Vaccine Clinics
Flu/Whooping Cough/Pneumonia

All Vaccine Clinics will be held in RFGH Conference Room #1, 46 Fairview Avenue, Skowhegan

Open to adults and children 6 months and older.

For children 6 months to 9 years, a second shot may be required and will be scheduled when the first shot is received.

Any participant with Medicare or MaineCare coverage will receive their flu or pneumonia shot at no cost.

All others will be able to purchase flu vaccinations for $15.

Pneumonia vaccines are $60.

DTap & TdaP (Pertussis or Whooping Cough) vaccines are available for $20.

No appointment necessary.

Call 858-2452 for more information.
New Faces at RFGH

Rattanaporn (Toey) Mahatanan, MD has joined the RFGH Hospitalist Team. Dr. Mahatanan participated in a Tufts Medical Center community hospital program at Metrowest Medical Center in Framingham, MA. A graduate of Mahidol University, Thailand, Dr. Mahatanan is a member of the American College of Physicians.

Heather McDaniel, PA-C has joined the staff at Redington Medical Primary Care, and as a provider in the RFGH Emergency Department. Ms. McDaniel is a graduate of the University of New England where she earned her Master of Science degree. She is a member of the American Academy of Physician Assistants.

Jacob Stinson, DO has joined Skowhegan Family Medicine, providing adult and pediatric primary care, and OB services. Dr. Stinson is a graduate of the University of New England College of Osteopathic Medicine. He completed his residency in Family Medicine at Eastern Maine Medical Center. Dr. Stinson is a member of the American Osteopathic Association, American Medical Association, American College of Osteopathic Family Physicians, Maine Osteopathic Association, and the American Academy of Family Physicians.

Hanna Zetterstrand-Robinson, PA-C has joined the Hospitalist Team at RFGH. Ms. Zetterstrand-Robinson earned a Master of Science in Physician Assistant Studies from the University of New England.

Provider Offices Relocate

- Redington Neurology is now located in Suite 114 (first floor) of the RFGH Medical Office Building
- Redington Family Practice (Dr. Malyk) has moved to Suite 335 (third floor) of the RFGH Medical Office Building
- Skowhegan Family Medicine (Dr. Arceo, Dr. Dorney, Dr. Forster, and Dr. Lambke) is now located in Suite 334 of the RFGH Medical Office Building and will be expanding their practice with new providers this fall.
Maple Glazed Pecans:
- 3/4 cup Pecans
- 1 Tbsp. Maple Syrup
- 2 tsp. Brown Sugar
- 1 pinch Cayenne Pepper

Lemony Maple Vinaigrette:
- 1/4 cup Olive Oil
- 2 Tbsp. Onion, grated with juice
- 2 Tbsp. Lemon Juice
- 2 Tbsp. Maple Syrup
- 2 tsp. Mustard
- 1 pinch Pepper to Taste

Fruit and Spinach Salad:
- 8 cups Fresh Spinach
- 1 Apple, thinly sliced
- 1/4 small Red Onion, thinly sliced
- 1/2 cup Dried Cranberries
- 1/2 pint Blueberries

Maple Pecan Spinach Salad

1. Preheat oven to 325 degrees. In a small bowl, mix pecans with syrup, brown sugar and cayenne pepper until well coated. Line a cookie sheet with foil and lightly spray with oil. Spread pecans on foil in a single layer. Scrape sides of bowl and drizzle remaining syrup mixture over nuts. Bake for 8 to 10 minutes, remove from oven. With a metal spatula turn nuts over to toast evenly and return to oven for 5 minutes or until lightly toasted. Check frequently to avoid over browning. Remove and cool.

2. Add all ingredients for vinaigrette to a medium bowl and whisk to blend.

3. In a large bowl, layer spinach leaves, apple slices, onion, and blueberries, sprinkle with cranberries and pecans, drizzle with vinaigrette, and toss.

Servings: 8

Nutrition Information:
- Calories: 232, Total Fat: 13g, Saturated Fat: 1g,
- Total Carbohydrate: 22g, Fiber: 4g, Protein: 2g, Sodium: 20mg

We all know that fruits and vegetables are good for us but the majority of us don’t eat the recommended number of servings. A diet high in fruits and vegetables can decrease the risk of developing a number of chronic diseases including heart disease and diabetes and also is associated with weight management. Unfortunately only one third of Americans consume the recommended 2 or more servings of fruit daily and only about one quarter consume the recommended 3 or more servings of vegetables a day.

Unfortunately most Americans choose immediate gratification over long term health benefits. To increase your intake of fruits and vegetables take advantage of fresh and flavorful local produce during the summer and fall months. Include one or more serving of fruit or vegetable at all meals and snacks. Limiting or removing competing snack foods such as chips, cookies, and ice cream can help us increase our families’ intake of fruits and vegetables by removing temptation! Providing a low fat dip with raw vegetables was shown to significantly increase vegetable consumption among children ages 4 thru 8. Studies show repeated exposure to new foods is an effective way to get kids and grown ups to like them. The key is to offer small amounts, such as a taste, frequently.
A Healthy Start to the School Year

Now that the school year is underway, kids are more prone to illnesses than during the summer. Take steps to prepare your child for a healthy school year by following these simple guidelines:

Make sure your child is up to date on all shots: Review your child’s shot records and make sure that he/she is up to date on all shots, including a flu vaccine.

Hand Washing: Make sure your child understands the importance of proper hand washing. Soap and water can do wonders in reducing your child’s risk of illness. A child should wash his/her hands properly before eating and after using the restroom. For times when a child can not wash their hands with soap and water a hand sanitizing gel can be used.

Do not use other people combs/brushes: Children have this habit of sharing things with their friends. While sharing is a great concept, children should be taught not to use someone else’s comb or brush (and to refrain from sharing hats as well). The sharing of combs and brushes can cause the spread of head lice which is more common in children during the school year.

Do not send your child to school with a fever: While this back to school health tip do not reduce your child’s risk of illness it does protect other kids and adults. Even if your child is feeling fine a fever is an indicator that their immune system is trying to fight something off. A child is at his/her most contagious when running a fever. This puts all children and adults that are around your child at risk. So if at all possible do not send your child to school with a fever.

Sanitize hard surfaces in your home: Your child will be exposed to all sorts of germs and viruses while at school. These germs and viruses can hitch a ride back home with your child, therefore it ideal that you sanitize hard surfaces that your child will be coming into contact with.

Maintain a well balanced diet: Children should eat a well balanced diet every day. Proper nutrition helps a person’s immune system to work at top performance and therefore aids in fighting off germs and viruses that a person is exposed to. In addition to aiding in the immune system a well balanced diet is important for brain health as well. Children have longer attention spans and retain more information when they eat healthy.

Get plenty of sleep: Make sure your child is getting an adequate amount of sleep at night to help aid in their overall health as well. The body needs plenty of rest to be at peak performance both physically and mentally. People who are sleep deprived are more likely to perform poorly at tasks and more likely to suffer from frequent illnesses.

Be consistent: Children need consistency to retain what they are being taught. Be consistent in reminding your child why he/she needs to wash their hands, not share combs/brushes, eat a well balanced diet and get plenty of sleep. Eventually these things will become life-long healthy habits for your child.
Your Breast Health

Tuesday, October 29
6:00 - 7:00 pm
RFGH Conference Room #1

Join presenter Victoria Stannard, MD of Redington General Surgery for this FREE presentation and enter to win a free pampering gift basket. Topics include screening, risk factors and genetic testing.

For more information about this newsletter, please contact Carol Steward at 207.474.5121, ext. 2319.

Redington-Fairview General Hospital publishes the opinions of expert authorities in many fields; but the use of these opinions is no substitute for medical and other professional services to suit your specific personal needs. Always consult a competent professional for answers to your specific questions.

Redington-Fairview General Hospital is an independent, critical access community hospital, located in Skowhegan, Maine. RFGH has provided quality, comprehensive health services to the residents of Somerset County since 1952. A member of the Maine Hospital Association, RFGH offers community-based primary care, pediatric care, surgical and specialty services, and 24-hour emergency medical services.

The RFGH family includes: Redington Medical Primary Care, Redington Family Practice, Skowhegan Family Medicine, Redington Pediatrics, RMPC Endocrinology, Redington Gastroenterology, Redington Neurology, Redington OB/GYN, Redington Orthopedic Surgery, Redington General Surgery, Rehabilitation & Fitness Services, and Somerset Sports & Fitness.

For a physician referral, please call 207.474.5121 or visit www.rfgh.net.