

COLONOSCOPY INFORMATION

T.O.P – Thousand Oaks Proctology



Dr. Rosenfeld has been in private practice since 1998 and spent 7 years at Cedars Sinai Medical Center. He was an active professor in the colorectal surgery fellowship program. Dr. Rosenfeld is now on staff at Simi Valley Hospital. He is board certified in colon and rectal surgery.

Dr. Rosenfeld finished his fellowship at USC in colon and rectal surgery in 1998. Dr. Rosenfeld is an expert in colonoscopy and proctology and has published a chapter on laparoscopic colectomy [Modern Management of Cancer of the Rectum: Chapter 9 : Laparoscopic Resections for Large Bowel Malignancy, Springer-Veriag Publications, London].

David B. Rosenfeld, M.D., F.A.C.S, F.A.S.C.R.S.

**We're at the TOP of our game
to get to the BOTTOM of your problems**

Dr. Rosenfeld specializes in colonoscopy and proctology including:

- Colonoscopy - Diagnostic and Surgical
- Hemorrhoid Disease
 - Burning
 - Itching
 - Bleeding
 - Pain
 - Lump in the rump
- Painless office hemorrhoid treatment
 - Sclerotherapy
 - Rubber band ligation
- Anal fissures and fistulas
- Perirectal abscess
- Pilonidal cyst and abscess
- Anal cancer and pre-malignant diseases of the anus
- HIV and AIDS associated anorectal diseases
- Hidradenitis

(805) 230-BUTZ (2889)
341 South Moorpark Road - Thousand Oaks, CA 91361

www.toproctology.com

COLONOSCOPY INFORMATION

Written by: David B. Rosenfeld, M.D., F.A.C.S, F.A.S.C.R.S.

The reason to evaluate the colon is to look for polyps (growths in the colon which can be pre-cancerous or non-precancerous), cancer, inflammation and other abnormalities. Without a colon evaluation there is a risk of developing colon cancer.

The two alternatives to colonoscopy include a flexible sigmoidoscopy followed by a barium enema or a virtual colonoscopy. Virtual colonoscopy is neither the standard of care nor covered by insurance. Although the risks are smaller, these alternative exams are neither as good as a colonoscopy, nor can diagnostic biopsies be performed. Just so you know I had my first colonoscopy in October of 2009 so I know first-hand what you're going through!

Below are the guidelines from The American Cancer Society.

American Cancer Society recommendations for colorectal cancer early detection

PEOPLE AT AVERAGE RISK

The American Cancer Society believes that preventing colorectal cancer (and not just finding it early) should be a major reason for getting tested. Finding and removing polyps keeps some people from getting colorectal cancer. Tests that have the best chance of finding both polyps and cancer are preferred if these tests are available to you and you are willing to have them.

Starting in 2019 the guidelines changed and screening begins at age 45 for both men and women at average risk for developing colorectal cancer should use one of the screening tests below:

TESTS THAT FIND POLYPS AND CANCER

- Flexible sigmoidoscopy every 5 years*
- Colonoscopy every 10 years
- Double-contrast barium enema every 5 years*
- CT colonography (virtual colonoscopy) every 5 years*
- Stool DNA test (sDNA) – Finds DNA of polyps and cancer. It is very effective in finding cancer and less effective for finding polyps. If the test is positive (abnormal) a colonoscopy is mandatory. ***
 - ColoGuard

TESTS THAT MAINLY FIND CANCER

- Fecal occult blood test (FOBT) every year*,**
- Fecal immunochemical test (FIT) every year*,**
- Stool DNA test (sDNA) – Finds DNA of polyps and cancer. It is very effective in finding cancer and less effective for finding polyps. If the test is positive (abnormal) a colonoscopy is mandatory.***
 - ColoGuard is the name of the test.

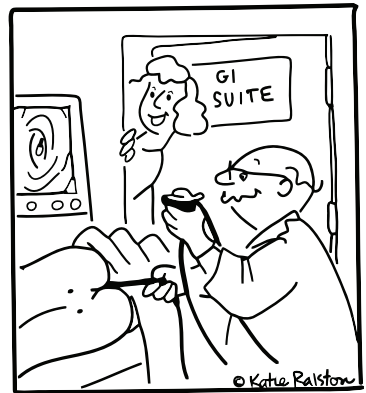
PEOPLE AT INCREASED OR HIGH RISK

If you are at an increased or high risk of colorectal cancer, you should begin colorectal cancer screening before age 50 and/or be screened more often. The following conditions make your risk higher than average:

- A personal history of colorectal cancer or adenomatous polyps
- A personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease)
- A strong family history of colorectal cancer or polyps
- A known family history of a hereditary colorectal cancer syndrome such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colon cancer (HNPCC)

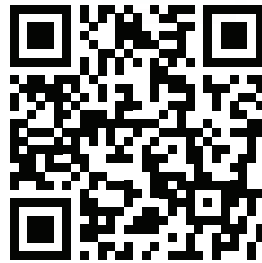
Of the guidelines listed above for average risk patients and high risk patients, I feel that a full colon evaluation is the most reliable and accurate. Both the CT colonography and colonoscopy will evaluate the whole colon. Of the two choices I prefer the colonoscopy as it is the gold standard. Colonoscopy is the only test which biopsies and polyp removal can be done at the same time as the evaluation. Colonoscopy has also been shown to be effective in decreasing the risk of death from colon cancer by 50%. Virtual colonoscopy is not covered by insurance and diagnostic biopsies and polypectomy can not be performed at the same time so if abnormalities such as inflammation or a polyp/cancer is found a colonoscopy will need to be scheduled. Barium enema is archaic and rarely used. It is done usually in times when a colonoscopy is unsuccessful to evaluate the area of the colon not accessible via the colonoscopy.

Colonoscopy is a very safe and effective procedure. The risks of colonoscopy are small but include and are not limited to: death, stroke, heart attack, clots in the legs that can dislodge and go to the lungs, anesthesia complications, perforation (a hole in the colon), missed lesions (including polyps and cancer) and severe bleeding. Treatment for bleeding or perforation may require surgery; however; they will require hospitalization until you are well enough to go home.



Excuse me doctor, have you found my husband's head yet?

**Colonoscopy should be done if test results are positive.
**For FOBT or FIT used as a screening test, the take-home multiple sample method should be used. An FOBT or FIT done during a digital rectal exam in the doctor's office is not adequate for screening.
***This test is Medicare approved and covered by Medicare*



Dr. Rosenfeld is a frequent guest of the Emmy award winning show “The Doctors”.

Hysterical music video satire on colonoscopy prep
Give it a try, you'll laugh till you cry.



“Bowel Prep Shuffle”



Share the link on FB!!