 Colonoscopies important in diagnosis of colorectal Cancer

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– In collaboration with the Nursing Service Patient Education Committee.

Colon cancer is a type of cancer that affects the large intestine, which is also known as the colon. Rectal cancer is a cancer that involves the last several inches of the colon. Together, these cancers are often referred to as colorectal cancers. Colon cancer in most cases begins as small, noncancerous (benign) clump of cells known as adenomatous polyps. In time, these polyps can change from being noncancerous which are benign, to cancerous which are malignant.

Colonoscopy is a procedure used to examine the entire colon and rectum. It involves inserting a flexible tube called a colonoscope into the rectum. A screen attached to the end of the colonoscope allows a doctor to view the inside of the colon. Colonoscopy is the most effective way to detect colorectal cancer early.

Polyps can vary in size and often produce no symptoms.

Often people are not aware that they have polyps until they have a colonoscopy. This is the reason that your physician or health care provider recommends regular screenings to identify polyps. With early detection of polyps they can be removed before they become colon cancer.

Guidelines for colon cancer screenings (Colonoscopies) are recommended to start at age 50. Your physician or health care provider may recommend more frequent or earlier screenings if you have other risk factors, such as a family history of the disease or known colon problems such as Crohn’s, irritable bowel, ulcerative colitis, or diverticulitis.

Signs and symptoms of colon cancer include:

- A change in your bowel habits, including diarrhea or constipation or a change in the consistency of your stool for more than a couple of weeks
- Rectal bleeding or blood in your stool
- Persistent abdominal discomfort, such as cramps, gas or pain
- A feeling that your bowel doesn’t empty completely
- Weakness or fatigue
- Unexplained weight loss

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VAMC Huntington updates Mission, Vision & Values Statements

MISSION

To provide Veterans with the highest quality healthcare services to promote healing, diminish suffering, and encourage a healthy lifestyle. Also to provide education and training through academic institution affiliations and to further medical research.

VISION

To be the Veteran’s healthcare provider of choice while delivering world-class service through patient-provider partnerships. To employ innovation, empowerment, accountability, continuous improvement and good stewardship in an environment that honors and validates patients, employees, volunteers and educational affiliations.

VALUES

Excellence — in everything we do, it is our norm.

Integrity — we do our best at all times and look for ways to do it better.

Trust — open, truthful, and timely communication with Veterans, employees, and stakeholders, we can count on each other.

Compassion — we will treat all Veterans and their families with the utmost dignity and respect.

Professionalism — dedicated to maintaining a highly-skilled, diverse, and compassionate workforce, in a culture that values and nurtures equal opportunity, innovation and accountability.

Stewardship — we will use innovative technologies, evidence-based medical practices, and sound business principles.
VAMC Huntington dedicates new MRI Suite

The Huntington VA Medical Center dedicated its new Magnetic Resonance Imaging (MRI) Suite on December 18, 2009. The ceremony took place in the Medical Center’s Imaging Department on the second floor of its Clinical Addition.

Guests included Cedric Greene, Deputy Secretary of State, and Dr. Charles McKown, Dean of Marshall’s Joan C. Edwards School of Medicine.

The new system is a GE Signa HDxt 1.5T high definition MRI. This MRI delivers a more definitive diagnosis in the most challenging exams, and will provide state-of-the-art technology for VA patients.

“The opening of the new MRI suite represents a significant enhancement in Veterans’ access to complex diagnostic services,” said Edward H. Seiler, Medical Center Director. Previously, patients were sent offsite for MRI procedures.

Tours of the new MRI Suite and a reception were provided following the ceremony.
Preventing pneumonia may be easier than you think

Missy Johnson RN, BSN, Nursing Instructor

According to the American Lung Association, pneumonia is an inflammation of the lung, usually caused by an infection. Three common causes are bacteria, viruses, and fungi.

You can also get pneumonia by accidentally inhaling a liquid or chemical. The air sacs in the lungs fill with pus and other liquid causing oxygen to have trouble reaching blood. If there is too little oxygen in the blood, body cells can’t work properly. Because of this, and the infection spreading through the body, pneumonia can cause death.

Most people at risk are the very young, those over 65 years of age, and those whose immune systems have been undermined by disease or certain medical treatments.

If you have pneumonia, you may have difficulty breathing, fever, chest pain, coughing and the production of rust-colored sputum. A physical exam and history can help determine if you have pneumonia. Chest x-rays and blood tests can help determine the type of pneumonia.

Treatment depends on what made you sick. If bacteria is the cause, antibiotics should help. Viral pneumonia may get better with rest and drinking liquids.

If you develop pneumonia, your chances of a fast recovery are greatest under certain conditions: if you’re young, if your pneumonia is caught early, if your defenses against disease are working well, if the infection hasn’t spread, and if you’re not suffering from other illnesses. For the middle-aged, however, weeks may elapse before they regain their accustomed strength, vigor, and feeling of well-being. If you are already fighting a respiratory problem your recovery time can be extended for even longer.

Preventing pneumonia is always better than treating it. Because pneumonia is a common complication of influenza (flu), getting a flu shot every fall is good pneumonia prevention. A vaccine is also available to help fight pneumococcal pneumonia, one type of bacterial pneumonia.

Your doctor can help you decide if you, or a member of your family, need the vaccine against pneumococcal pneumonia.

The greatest risk of pneumococcal pneumonia is usually among people who; have chronic illnesses such as lung disease, heart disease, kidney disorders, sickle cell anemia, or diabetes; are recovering from severe illness; are in nursing homes or other chronic care facilities; and are age 65 or older. If you are at risk, talk with your doctor to determine if the vaccine is right for you.

Since pneumonia often follows ordinary respiratory infections, the most important preventive measure is to be alert to any symptoms of respiratory trouble that lingers more than a few days. Practice good health habits, eat a proper diet, maintain good hand washing skills and hygiene, rest, and get regular exercise. All of these practices increase resistance to all respiratory illnesses. They also help promote fast recovery when illness occurs.
**Announcements & Meetings**

**Mental Health Consumer Council Meeting**

If you are a Veteran who receives mental health services, come check out the Mental Health Consumer Council! The council is looking for interested members. The purpose of the Council is to work with the Mental Health Clinic (MHC) of the Medical Center to improve our services, by listening to the needs of the Veterans we serve, and exploring solutions together. This Council is NOT a treatment group. The Council meets the third Friday of each month in the large group room of the MHC (ask at check-in desk for directions), from 1-2:30 p.m.

Contact Chuck Weinberg, ext 3721, or Mike Ellis, ext 2804, for more information.

**SAFE (Supportive and Family Education) Group Meetings**

The SAFE (Supportive and Family Education) group, for family members of Veterans with mental illness meets the second and fourth Fridays of each month, and offers education and group support about mental illness. This group, which is only for family members (not Veterans), is held from 3-4 p.m. in the large group room of the MHC. (Ask at the check-in desk for directions).

Contact Chuck Weinberg, ext. 3721, for more information.

**Veterans Chapel Service Held Weekly**

Weekly Chapel Services are held in the Veterans Chapel, located in room 1C106 on First Floor of the Medical Center.

These interdenominational services are held every Sunday at 8:30 a.m., and open to all patients, families, visitors and employees.

We look forward to seeing you there!
Seasonal flu poses serious risk; especially to high risk populations

Influenza (flu) is a respiratory illness caused by flu viruses. Seasonal flu occurs each year and spreads easily from one person to another.

According to the Centers for Disease Control and Prevention (CDC), on average, 226,000 people are hospitalized and 36,000 people die from seasonal flu complications annually in the United States.

This flu season could be worse because of the development of a new and very different flu virus called novel influenza A (H1N1), or H1N1 flu. The CDC expects both 2009 H1N1 flu and seasonal flu to cause illness, hospital stays, and even death.

Getting both a seasonal flu shot and an H1N1 flu shot are important steps in protecting yourself against flu.

Vaccination is especially important for people at high risk, including young children, pregnant women, and people with chronic health conditions like asthma, diabetes, or heart and lung disease. Another important group is health care workers as well as those who live with or care for high-risk people.

The Women Veterans Health Strategic Health Care Group wants to remind women that taking the time to get your own flu shots is as important as taking the time to get flu shots for your children and family. For more information, visit www.flu.gov and www.publichealth.va.gov.

More on Women Veterans

Women are now the fastest growing subgroup of U.S. Veterans. As of 2007, 14.3 percent of active duty military (all branches) were women — 11 percent of the fighting force in Iraq and Afghanistan are women.

The number of Women Veterans is expected to increase dramatically in the next 10 years, and VA health care is expected to be in high demand by the Women Veterans of Operation Enduring Freedom and Operation Iraqi Freedom. The Department of Veterans Affairs understands the health care needs of Women Veterans and is committed to meeting these needs. Women Veterans served and they deserve the best quality care.
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Many people with colon cancer experience no symptoms in the early stages of the disease. As the disease progresses symptoms will vary depending on the cancer's size and location. If you notice any symptoms of colon cancer, such as blood in your stool or a persistent change in bowel habits, make an appointment with your health care provider right away.

Fecal Occult Blood Test/Stool Card

Your provider may ask you to perform a fecal occult blood test/stool card. This card will test to see if any blood is present in your stool. In order to conduct this test you place some of your stool (bowel movement) on 3 different cards. Your provider generally will provide you these cards once a year. All adults over 50 should do this test annually even if there are no symptoms. The test is very sensitive, and can detect very small amounts of blood even before you can see it with your eyes.

The purpose is to prevent colon cancer by searching for hidden blood in your stool before it has become visible. Colorectal cancer is a common disease and is quite sneaky. According to the American Cancer Society, by the time patients start having symptoms of colon cancer most are not curable. Even with treatments most patients do not out live their disease because it has spread to other parts of the body.

When colorectal cancer is detected early, up to 85% of colorectal cancers can be treated successfully.

This means that earlier detection could save thousands of lives each year. The fecal occult blood test may help find cells before the cancer cells have developed or are in early curable stages of colon cancer.

Positive results

Just because a test is positive doesn’t mean you have cancer. There are many possible causes for blood which have nothing to do with cancer such as medications, diet, hemorrhoids, fissures, ulcers, and colon polyps. It is important to follow the directions carefully to avoid a false positive test. If positive, follow up with your doctor to determine the cause. You may be referred to a gastroenterologist for further testing. Further testing may include a colonoscopy and/or gastroscopy.

Negative results

This is a screening test that has importance if it is positive. The fecal occult blood test is a test for blood, not cancer. The surface of colon cancer is delicate and may bleed easily but most bleed from time to time. Colon polyps and colon cancers may lose a small amount of blood one day and not bleed again for several days. Some don’t bleed at all. This test not meant to be used alone, but must be part of a comprehensive colon cancer screening program which includes other screening exams.

Risk Factors for Colon Cancer:

- Familial adenomatous polyposis (FAP). FAP is a rare disorder that causes you to develop thousands of polyps in the lining of your colon and rectum. People with untreated FAP have a greatly increased risk of developing colon cancer before age 40. This disorder can be detected through genetic testing.
- Hereditary nonpolyposis colorectal cancer (HNPCC). HNPCC, also called Lynch syndrome, increases the risk of colon cancer and other cancers. People with HNPCC tend to develop colon cancer before age 50. This disorder can be detected through genetic testing.
- Older age. About 90 percent of people diagnosed with colon cancer are older than 50. Colon cancer can occur in younger people, but it occurs much less frequently.
- African-American race. African-Americans have a greater risk of colon cancer than do people of other races.

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VA and DOD to streamline disability evaluation system

To expedite the delivery of benefits to many injured servicemembers who receive VA disability compensation, VA has announced the expansion of a program with the Department of Defense (DoD) to streamline the application process for people retiring or exiting the military due to disabilities.

“Streamlining our disability claims system and working closely with DoD to care for today’s generation of heroes are among VA’s top priorities,” said Secretary of Veterans Affairs Eric K. Shinseki. “We will never lose sight of the fact that Veterans and military personnel have sacrificed for their country and earned the right to access services from VA and DoD.”

The Disability Evaluation System (DES) pilot began in November 2007 and is expanding to an additional six military installations, bringing the total number to 27 military facilities where a single physical examination serves as the basis for determining whether military personnel are fit enough to stay on active duty and to determine their eligibility for VA disability compensation. To date over 5,431 servicemembers have participated in the pilot.

The new locations will be Fort Benning, Ga.; Fort Bragg, N.C.; Fort Hood, Texas; Fort Lewis, Wash.; Fort Riley, Kan.; and Portsmouth Naval Medical Center, Va. The estimated completion date for the new expansion is scheduled for March 31, 2010.

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- A personal history of colorectal cancer or polyps. If you’ve already had colon cancer or adenomatous polyps, you have a greater risk of colon cancer in the future.
- Inflammatory intestinal conditions. Long-standing inflammatory diseases of the colon, such as ulcerative colitis and Crohn’s disease, can increase your risk of colon cancer.
- Inherited syndromes that increase colon cancer risk. Genetic syndromes passed through generations of your family can increase your risk of colon cancer. These syndromes include familial adenomatous polyposis and hereditary nonpolyposis colorectal cancer, which is also known as Lynch syndrome.
- Family history of colon cancer and colon polyps. You’re more likely to develop colon cancer if you have a parent, sibling or child with the disease. If more than one family member has colon cancer or rectal cancer, your risk is even greater. In some cases, this connection may not be hereditary or genetic. Instead, cancers within the same family may result from shared exposure to an environmental carcinogen or from diet or lifestyle factors.
- Low-fiber, high-fat diet. Colon cancer and rectal cancer may be associated with a diet low in fiber and high in fat and calories.
- A sedentary lifestyle. If you’re inactive, you’re more likely to develop colon cancer. Getting regular physical activity may reduce your risk of colon cancer.
- Diabetes. People with diabetes and insulin resistance may have an increased risk of colon cancer.
- Obesity. People who are obese have an increased risk of colon cancer and an increased risk of dying of colon cancer when compared with people considered normal weight.
- Smoking. People who smoke cigarettes may have an increased risk of colon cancer.
- Alcohol. Heavy use of alcohol may increase your risk of colon cancer.
- Radiation therapy for cancer. Radiation therapy directed at the abdomen to treat previous cancers may increase the risk of colon cancer.

Reference: http://www.mayoclinic.com