

A special date...

Written by Al McFarlane with color commentary by Batala McFarlane
Friday, 15 November 2013 13:25



People tell me and my wife and business partner, Bobbie Ford, that they enjoy seeing us strolling hand-in-hand on our daily walks across the Mississippi River at the Stone Arch Bridge, or just about anywhere else. And we enjoy the feedback...the idea that people notice and nod or smile approvingly, applauding our 40+ year love affair.

We take satisfaction in recounting that from day 1, we both have been “all in” fiercely pursuing and defending our vision of who we are and why we are inseparable.

So this week, we had that chance to take it to a new level.

I am 66, and since the age of about 50 have been getting the colonoscopy screening every five years. I skipped out on the screening last year, but procrastinatingly resolved that I would do it soon. Bobbie turns 65 this year and since 60 follows the same doctor’s recommended colonoscopy screening every five years.

We scheduled to have our procedures at the same time. You have to have a driver, since you are partially sedated for the invasive procedure. Our daughter, Batala, volunteered and drove us to the HealthPartners Specialty Clinic for our 2pm appointments.

Bobbie and I walked in hand-in-hand as usual. I stood to her side while she presented her insurance cards to the intake specialist. Perhaps the specialist thought I was being an overbearing spouse, not giving my wife room to handle her business. But as soon as Bobbie’s paperwork was complete, I handed the intake specialist my insurance cards. She looked at me and said, “Ah ha!”

I smiled and responded, “This is our idea of a date!”

While we find a way to bring humor to every challenge, on the serious side, we are earnestly committed to doing all we can to ensure health and vitality in our lives and we want the same for everyone else. Here are some facts you should know about colorectal cancer. Facts that will encourage you to act and not procrastinate .

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My Two Cents, by Batala McFarlane

I knew Mother was a bit nervous and not looking forward to the screening –I mean, really, how can one be excited about a colonoscopy? During the drive to St. Paul, I attempted to ease Mother’s nerves by offering some interesting random facts and a few jokes. I dropped them off at the door to park the car.

By the time I reached HealthPartners Digestive Center, mother was already in the room waiting for a quick consult with the physician –a cheerful character who introduced himself as “The Plumber.” Mother was calm and well-prepared for her 20-minute procedure –I guess my jokes helped-- when the nurse escorted her to the exam room. I then went and sat with Dad as he waited for his procedure. Shortly he, too, was escorted to a different exam room.

While I waited for my folks, I simply, thought: “Wow.” You see, over the past three years I have had several visits to my pulmonary physician, and I have had three operations, one major and two small. During the procedures, my nerves were always on 10. Mother would comfort me, also with jokes. Dad always rubbed my feet, sending positive vibes and telling me not to worry.

I am honored that I was able to sit with my folks and provide comfort as they have done with me. I commend them for being extremely mindful of their health. It sounds strange, but it was a good time for us to bond. I suppose, I busted in on their date –I was told as a child I used to be the “date buster-upper.” I suppose some things never change

Ok, so now the facts on colorectal cancer.

What is colorectal cancer?

- Colorectal cancer is cancer in the colon or rectum. In most people, colorectal cancer develops slowly over a period of several years. It usually begins as a small, polyp (growth) that may eventually change into cancer.

What are the facts about colorectal cancer?

- Colorectal cancer is the second leading cause of cancer-related deaths in the United States.
- Colorectal cancer is the third most common type of cancer in both men and women.
- Over 147,500 new cases of colorectal cancer are diagnosed each year.
- More than 57,100 people die from colorectal cancer each year.

What things put people at risk for colorectal cancer?

- Age
- Inflammatory Bowel Disease or Crohn’s Disease
- A personal or family history of colorectal cancer or colorectal polyps
- Lack of regular physical activity
- A diet without enough fruits and vegetables
- A low-fiber / high-fat diet
- Obesity
- Alcohol use
- Tobacco use

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How can you limit your risk for colorectal cancer?

- Regular testing
- Regular exercise
- Stop smoking
- Talk to your family to find out if anyone has a history of cancer
- Talk to your doctor about options for testing

When and how often should you be tested for colorectal cancer?

Testing for colorectal cancer is recommended for all adults starting at age 50. African-Americans should start at age 45.

The following tests are available:

- Colonoscopy every 10 years – This is the best test for screening.
- Fecal (stool) testing every year.
- Flexible sigmoidoscopy with or without fecal testing every 5 years.

People at higher risk should start being tested at a younger age and should be tested more frequently, ideally with a colonoscopy. Talk to your doctor about your risk.

What tests are available for colorectal cancer screening?

- Colonoscopy: This test looks at the rectum and the entire colon using a lighted instrument called a colonoscope. This test can find growths throughout the colon. It also checks the upper part of the colon where growths would be missed by a sigmoidoscopy.
- Fecal testing: This is a test to check for blood in the stool. This test, when performed every 1 to 2 years in people ages 50 to 80, reduces the number of deaths due to colorectal cancer by as much as 30 percent.
- Sigmoidoscopy: This test looks at the rectum and the lower colon using a lighted instrument called a sigmoidoscope. This test can find growths in the rectum and lower colon only. Regular testing with a sigmoidoscope after age 50 can reduce the number of deaths from colorectal cancer.
- Combination of fecal testing and sigmoidoscopy: This testing combination can detect cancers and large polyps better than either method alone. It has limitations, however. Fecal testing should be done before sigmoidoscopy. This is because if you have a positive fecal test result, you should have a colonoscopy, rather than a sigmoidoscopy.

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