



DIGEST

FACTS AND TIPS FOR GOOD HEALTH

GI ASSOCIATES AND ENDOSCOPY CENTER, P.A.

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FOUR KEYS TO GI HEALTH IN 2011

1. EAT SMARTER

Your weight and your diet are two risk factors for GI problems that you can control.

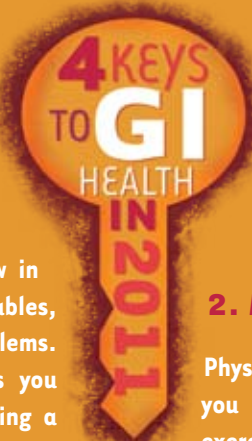
Being overweight or obese increases your risk for many GI problems. Are you overweight?

Seek help if you are unable to lose weight on your own. Many resources are available. And, if you don't know how to begin, ask for help. Also, see sources for information listed on page 5.

And, a healthy balanced diet, low in fat and high in fruits and vegetables, will help reduce your risk of GI problems. Knowing how many total calories you should have in one day and keeping a food diary of exactly what you eat will show you what you need to change. Paying attention to portion size is also important.

Are you in caloric balance?

It is so simple...if you take in more calories than your body needs/uses, you will gain weight. If you take in less, you will lose weight. To find out how many calories you need to eat each day, you can use simple formulas that can be found online or order materials from the sources listed on page 5. Watch food labels (and the size of your portions) when counting your calories.



2. MOVE MORE

Physical activity is another area over which you have control. We know that lack of exercise contributes to many GI problems and is considered to be a risk factor for some GI cancers. Increasing activity can help achieve and/or maintain a desirable weight.

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BY THE NUMBERS

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BELIEVE IT OR NOT



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GI CONSUMER

...continued

“Given what we know about the benefits of physical activity, it should be mandatory to get a doctor’s permission not to exercise.”

— Author Unknown

And, get enough rest! Not getting enough sleep can impact your health in many ways, including your weight (we tend to consume more calories when we do not get enough sleep). Most healthy adults need between 6 and 8 hours of sleep a night. Children and teenagers need more—8 to 10 hours.

3. SEE YOUR DOCTOR WHEN YOU ARE SICK

If you have symptoms that need medical attention, don’t delay. Early diagnosis and treatment of problems leads to better outcomes. The following symptoms can be caused by many reasons and your GI doctor can find out whether or not it is serious or life-threatening.

- Having diarrhea or constipation
- Feeling that your bowel does not empty completely
- Finding blood (either bright red or very dark) in your stool
- Finding your stools are narrower than usual
- Frequently having gas pains or cramps, or feeling full or bloated
- Losing weight with no known reason
- Feeling very tired all the time
- Having nausea or vomiting

(NCI, 2006)

4. SEE YOUR DOCTOR WHEN YOU ARE WELL

Why should you seek care when you are well? Many serious GI diseases and cancer may have no symptoms until they are at advanced stages. The best way to assure that colorectal cancer will be found early at a more easily treatable stage is to have the screening tests that are recommended for your age and risk factors. See the chart on the back page to find out when you and your loved ones should be screened. *Make that appointment early in 2011!*



LIFE AFTER CANCER

What does it mean to have cancer? Being diagnosed with cancer is a life-changing event for anyone, regardless of the type or the stage of cancer at the time of diagnosis. But, many people are living successfully through a cancer diagnosis. There are an estimated 11 million survivors of colon and rectum cancer, who often heal and live full productive lives. This article focuses on the unique issues faced by survivors and the resources available to help them and their families.

“It challenged my faith...But I’ve come out of it okay. It was tough in the beginning, trying to understand why this would happen to me.”

— Bob (NCI, 2010)

WHO ARE CANCER SURVIVORS?

According to the *Centers for Disease Control*, cancer survivors are those “individuals who have been diagnosed with cancer and the people in their lives who are affected by the diagnosis, including family members, friends, and caregivers.” (CDC, 2010)

With medical advances, millions of Americans are surviving cancer, living productive lives with and focusing beyond their cancer diagnosis. About two-thirds of people with cancer are expected to live at least five years after their diagnosis.

Finding out that you have the “Big C” is no longer viewed as a death sentence. For many survivors, cancer is somewhat like dealing with other chronic illnesses. Although those of us who have not had cancer cannot fully understand what it is like, many who have had cancer say that the diagnosis was a new beginning, resulting in renewed appreciation of life and love for the smaller things in life. Just being alive takes on new meaning, along with an appreciation for each day, hour and minute.

Inspiring personal stories of many survivors are readily available both online and in printed material from The American Cancer Society, the National Cancer Institute and many other sources. You will see quotes from survivors throughout this article.

“My father and I are so much closer. It’s a totally different family than we were before I was diagnosed. We’ve learned how to talk about how we feel, how to talk to each other about what’s going on and what we’re afraid of.”

— Charlie

WHEN CANCER IS DIAGNOSED

After diagnosis, the recommended treatment depends on how early the cancer was found, also known as the stage of the cancer. Cancer diagnosed at an early stage before it has spread to other organs is usually less complicated to treat than cases that are diagnosed after cancer has spread to other organs or many places throughout the body. But, even cases that are discovered at late stages can often be treated in a way that results in saving many years of life and productivity.

One of the most immediate resources when cancer is diagnosed is your GI doctor, who can help you understand options for treatment and tell you what to expect. Often many other physicians are involved and it is important for patients to know that they can ask for a second opinion before making decisions about next steps. Depending on the stage of cancer at diagnosis, patients may need to decide whether to opt for *curative care* (with the goal of a cure) or *palliative care* (with a goal of making a person as comfortable as possible when there is little chance of a cure). *The Patient Self-Determination Act* basically states that every person has a right to control what happens to their own body, so everyone has a choice. The doctors provide information about the options for treatment, what the treatments involve, and the success rate of each treatment.

Many experience shock after their diagnosis, thus it is helpful to take either a loved one or close friend with them when visiting their healthcare provider. Because there are so many details to remember, it is helpful to have another person to listen carefully to all that is said. Just knowing the “language” of cancer is important. Many of the resources listed at the end of this article have glossaries or dictionaries of cancer terms that are helpful.

Those with cancer may experience discrimination at work and often have financial problems because of their cancer. Federal and State resources can help with these problems.

“You need a notebook because you go to the doctors and they’re telling you things, and you’re so scared that you don’t really listen. Then you get home, and you can’t even remember what they said.”

— Jake (NCI, 2010)

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BY THE NUMBERS

50% of Medicare recipients have one or more chronic illnesses. (AARP, 2009)

70 million Americans over age 50 have at least one chronic illness. (AARP, 2009)

1/3 of all Americans will be diagnosed with cancer at some time during their lifetime.

1,112,493: The number of male and female *survivors* of colon and rectum cancer.

3 out of every 4: The number of families that will have one or more family member diagnosed with cancer.

Age 70: The average age of diagnosis for colon or rectal cancer.

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DURING TREATMENT

During treatment for cancer, patients must deal with not only the physical issues, but also the emotional and social concerns. It may take all available strength just to get through the treatment, so it is important to ask others for help when needed.

It is normal for those with cancer to experience a wide range of emotions, including fear, anxiety, guilt, and depression during and after treatment. Support groups offer much comfort and help with the day-to-day issues that come up. Talking with other patients, friends, clergy, health professionals, counselors, and therapists helps to deal with life during and after treatment.

HOW IS SUCCESSFUL TREATMENT MEASURED?

Cancer treatment is considered to be successful if the disease is no longer detectable or is reduced greatly. Success may be measured by years of survival after diagnosis or by quality of life.

“What I need at least once or twice a week is to talk to one or a group of people who are in the same shoes as I am.”
— Vince (NCI, 2010)

“For me personally, the challenge is not to let the treatments get the best of me. I make sure if I have any new aches or pains I tell my doctor right away. He’s great about working with me to handle these things.”
— Edna (NCI, 2010)

AFTER TREATMENT

When cancer treatment ends, the journey is not over. Those who have had successful treatment can resume their lives and begin thinking about living after cancer as a survivor. Yet, being a cancer survivor means that the risk of having a recurrence or developing second cancers has increased for several reasons: because of the effects of cancer treatment, unhealthy behaviors (such as smoking, obesity or lack of physical exercise), or inherited risks (genetics).

Basically, after treatment survivors need to *reconsider* the same risk factors that may have contributed to their initial cancer diagnosis. It is important to note that many people who have no known risk factors (except perhaps, age) develop cancer.

To help reduce risk of recurrence or a second cancer, survivors must:

- Start and/or maintain a healthy lifestyle
- Make sure that follow-up care is scheduled and takes place at the intervals recommended by care providers.

IS IT EVER REALLY GONE?

Cancer survivors live with the knowledge that cancer may return. When cancer comes back, it is known as *recurrence*. It is important that survivors report any new symptoms so that a recurrence can be

“It’s a roller coaster ride, so we just ride the roller coaster. I’ve got the whole family prepared, and that’s what you have to do when you have cancer. Things are going well one minute, but you never know when they’re going to change.”

— Gwen (NCI, 2010)

found and treated as early as possible. And, a recurrence doesn’t mean that the patient or provider did anything wrong. It just means that there were still cancer cells present that have now grown and present a problem.

Doctors classify a recurrence as *local* (in the same area or close to the original), *regional* (involving the lymph nodes and/or tissues near the original site), or *distant* (involving tissue far from the original site).

A recurrence is not easy to understand or easy to cope with, but survivors have had experience dealing with cancer and know more about what it will take to deal with a new episode. The key is for the survivor to report new symptoms or problems right away, so diagnosis and treatment can begin quickly.

“When I found out I had cancer again, I just felt numb. It was hard for me to accept the news at first. After a few weeks, though, I started to really look at all my options and things I could do for myself. By doing this, it gave me back some control.”

(NIH, 2010) NIH Publication No. 10-2709

“I was floored. I thought all the cancer was gone. I was just getting back to a normal life. I was even more surprised that it came back in a different place. But I didn’t care where it was. I just wanted it to go away.”

— Ronald (NCI, 2010)

...continued

“I really struggled with my diagnosis. I couldn’t understand why I had to go through this one more time. Although I wouldn’t consider myself religious, I found that prayer helped me. I began to feel as if I had a purpose in life, and that the cancer was just part of the plan.”
— Bill (NCI, 2010)

IN SUMMARY

Having cancer is a life-changing event, affecting all areas of life. However, many cancer survivors do heal from cancer and have rewarding lives after treatment. It helps to use the available resources, to communicate needs with healthcare providers, to make life changes as needed, and to accept the kindness and help of others.

PATIENT RESOURCES

NATIONAL COALITION FOR CANCER SURVIVORSHIP

Provides information on cancer support, employment, financial and legal issues, advocacy, and related issues.

Phone: 877-622-7937 Visit: www.canceradvocacy.org

THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

Division of Cancer Prevention and Control

Phone: 800-CDC-INFO Visit: cdc.gov

Cancer help for those who are uninsured:

<http://www.cdc.gov/cancer/survivorship/uninsured.htm>

RESOURCES FOR WEIGHT MANAGEMENT AND NUTRITION

Weight-control Information Network

Phone: 877-946-4627 Visit: www.win.niddk.nih.gov

<http://www.cdc.gov/healthyweight/assessing>

CDC Division of Nutrition, Physical Activity and Obesity

Phone: 800-232-4636 (24 hours)

• For “Healthy weight: not a diet, it’s a lifestyle.”
<http://www.cdc.gov/healthyweight/calories>

• Mayo Clinic Calorie Calculator:

<http://www.mayoclinic.com/health/calorie-calculator/NU00598>

NATIONAL CANCER INSTITUTE (NCI)

Provides current information on cancer prevention, screening, diagnosis, treatment, genetics, and supportive care.

Phone: 800-422-6237 Visit: www.cancer.gov/cis

PATIENT ADVOCATE FOUNDATION

Provides mediation and arbitration services to patients to remove obstacles to healthcare including medical debt crisis, insurance access issues and employment issues, as well as *The National Financial Resources Guidebook for Patients for the State of Mississippi*.

Phone: 800-532-5274 Visit: patientadvocate.org

THE AMERICAN CANCER SOCIETY (ACS)

Examples of general information available:

- Colorectal cancer treatment decision tool
- Stories of hope from survivors
- Colorectal cancer detailed guide
- Cancer glossary
- Colorectal cancer myths
- *The American Cancer Society Survivors Network* (CSN)
<http://csn.cancer.org/>
- Resources for caregivers: <http://www.cancer.org/Treatment/Caregivers/index>

Jackson, MS American Cancer Society Office Phone: 601-362-8874

American Cancer Society National Office Phone: 800-227-2345

Visit: www.cancer.org/Cancer/ColonandRectumCancer

COLORECTAL SCREENING GUIDELINES

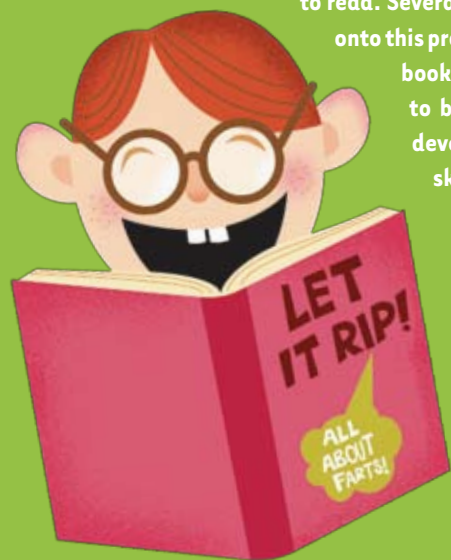
PATIENT DESCRIPTION		EVALUATION INDICATED
LOW RISK	Age 50 – No risk factors *African Americans – age 45 – No risk factors	Colonoscopy beginning at age 50
HIGH RISK	Family history of colon cancer or polyps	Colonoscopy beginning at age 40 (or at 10 years younger than the age the relative was diagnosed)
	Blood in stool or iron deficiency anemia	Colonoscopy now
	Ulcerative Colitis or Crohn’s Disease	Yearly colonoscopy, after 10 years of the disease*
	Personal history of colon cancer or polyps	Regular screening colonoscopy as determined by your physician*
OTHER	INDIVIDUALIZED APPROACH – Other GI symptoms, abdominal pain, narrow stools, constipation or diarrhea, “gas” or distention, family history of GYN, breast, or other GI cancer.*	

*Call GI Associates and discuss with your physician.

GI BELIEVE IT OR NOT

BOYS AND READING... HOW FARTS CAN HELP!

Educators are worried about boys lagging behind in reading skills. Boys have fallen behind girls in reading skills for over 20 years, and reportedly, the gap is present in nearly every state. The trend has been studied and many solutions proposed, but more experts agree that part of the problem has been the lack of books that boys like to read. Several authors have latched



onto this problem and have written books that really appeal to boys, and in turn, help develop their reading skills. So, what do boys like to read about? It will come as no surprise that they really want to read about gross stuff, and especially farts! In 2008, a fourth-grade teacher, Ray Sabini (writing

under the name *Raymond Bean*), published "SweetFarts," a book about a nine-year old whose science project focused on turning foul-smelling gas into more fragrant scents. Another book "SweetFarts: Ripping It Old School" was released this year. The author takes boys' reading problems very seriously, and as a teacher, the author has found that boys find his books funny. Another resource that connects boys with books that interest them is Jon Scieszka's website Guyreads.com.

(Italie, 2010; Vasquez, 2010)

HAVING FAITH

Liver transplant patients who reported a strong faith in God tended to survive longer than those without religious faith. A study followed 179 liver transplant patients from 2004 until 2007 who had completed a survey about their attitudes towards religion-based coping strategies. Those who had high scores on the "seeking God" component of the questionnaire were three times more likely to survive over 21 months following the transplant. Other studies have had similar findings. For instance, an analysis of data from the Women's Health Initiative showed that participants with religious attachments had overall lower mortality rates.

(U.S. Dept. of Health and Human Services, NCI, 2010)

GI BELIEVE IT OR NOT

NO MORE TP? GREENING THE BATHROOM EXPERIENCE

Are you "green" enough to do away with toilet paper? According to the Editors of *The Environmental Magazine*, the makers of *bidets* (toilets that squirt water to clean you off) suggest that if everyone had a bidet installed, the use of toilet paper could almost be eliminated. Bidets are common in many countries, but haven't yet become really popular in the U.S., although the number of homes that have them is increasing. For instance, 60% of Japanese homes have high-tech bidets and 90% of Venezuelan homes have bidets.

Americans use about 36.5 billion rolls of toilet paper every year, which translates to the pulp of 15 million trees. Also, it is estimated that the production of toilet paper uses 473,587,500,000 gallons of water and 253,000 tons of chlorine to bleach the paper. In addition, bidets use about 1/8 of a gallon of water as compared to the average toilet which uses about four gallons per flush.

Bidets are considered to be an important "green technology" not only because they drastically reduce the amount of toilet paper used (bidet users say that they use a very small amount to dry off). Some expensive air-drying bidet models are said to basically eliminate the need to dry off with toilet paper or a towel. Bidets are

also said to improve cleanliness and offer the *therapeutic effect* of water for those who suffer from hemorrhoids and other conditions affecting "the posterior." Another plus? Bidet makers say that toilet paper is a nuisance...causing many clogged pipes and adding to the load of city sewer treatment plants.

What's next? On the horizon is the pairing of a bidet with a composting sawdust toilet for the "ultimate green bathroom experience." (Just say no, 2009)



GI CONSUMER

HOW TO GET THE BEST POSSIBLE CARE?

Research shows that people who play an active role in their own healthcare have fewer complications than those who do not get involved. What does that mean? When you are diagnosed, you should make sure that you understand the illness, the options for treatment, what to expect, the financial aspects of the illness, what kind of follow-up is needed, and all other aspects of your care. According to a current study, when compared to uninvolved hospitalized patients, those who are more involved are less likely to be readmitted to the hospital within 30 days of discharge (12.8% readmissions for involved patients compared to 28% readmissions for uninvolved patients). And, 41% of uninvolved patients reported poor coordination among healthcare providers compared to 19.2% for those who were more involved in their care. Interestingly, 59.8% of uninvolved

patients reported losing confidence in the healthcare system compared to 15.1% of those who were more involved. (AARP, 2009)

WHAT KEEPS PATIENTS FROM BECOMING INVOLVED?

By nature, some of us are information seekers, wanting to know every detail of our care. This type of person will seek information not only from healthcare providers, but will often search libraries and the Web. But, many patients do not want to know the details and, in fact, may simply not feel well enough to bother. In that case, family members may be the ones to seek information and help guide the patient to become proactive and involved in the care process. This may mean having that person present during care visits and procedures to assure more involvement. (AARP, 2010)

REFERENCES

AARP (July/August, 2009) Your key to better care. *AARP Bulletin*: 62.

Altekruse SF, Kosary CL, Krapcho M, Neyman N, Aminou R, Waldron W, Ruhl J, Howlader N, Tatalovich Z, Cho H, Mariotto A, Eisner MP, Lewis DR, Cronin K, Chen HS, Feuer EJ, Stinchcomb DG, Edwards BK (eds). *SEER Cancer Statistics Review, 1975-2007*, National Cancer Institute. Bethesda, MD, http://seer.cancer.gov/csr/1975_2007/, based on November 2009 SEER data submission, posted to the SEER website, 2010.

Centers for Disease Control and Prevention (CDC) (May 17, 2010). Basic information about cancer survivorship. Accessed 10/25/2010 from http://www.cdc.gov/cancer/survivorship/pdf/survivorship_fs_2010.pdf

Italie, L (2010) How to get boys to read? Try a book on farts. *Associated Press* as reported by MSNBC. Accessed 11/2/2010 from http://www.msnbc.msn.com/id/38332810/ns/health-kids_and_parenting/

Just say no to toilet paper (December 9-15, 2009) *Up and Coming Weekly*. 20.

Patient Advocate Foundation. <http://www.patientadvocate.org/resources.php?p=674>

National Cancer Institute (2010) *When cancer returns*. NIH Pub. #10-2709. Accessed 10/25/2010 from <http://www.cancer.gov/cancertopics/when-cancer-returns.pdf>

National Cancer Institute (2006) *What you need to know about cancer of the colon and rectum*. U.S. Department of Health and Human Services, NIH Pub. #05-1552.

National Cancer Institute (NCI). *Cancer Control and Population Sciences: Research Findings*. [on-line]. Available at: <http://deccps.nci.nih.gov/ocs/prevalence/index.html>; 2003a.

U.S. Dept. of Health and Human Services, National Cancer Institute (2010) Fact Sheet: Follow-up care after cancer treatment. Accessed 10/25/2010 from <http://www.cancer.gov/cancertopics/coping/life-after-treatment/page3#b1>

Vasquez, A (July 29, 2010, 05:00 AM) Finding ways to teach boys through farts and fun. Accessed 11/2/2010 from: http://www.msnbc.msn.com/id/38332810/ns/health-kids_and_parenting/



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Dr. Sara Waller Rippel Joins GI Associates

Dr. Sara Waller Rippel, a native of Roswell, GA, is delighted to be joining GI Associates in August to practice Pediatric Gastroenterology. Dr. Rippel received her Bachelor of Science degree from Vanderbilt University in Nashville, TN with a major in Mathematics and minor in Economics. She completed her Doctor of Medicine at the Medical College of Georgia in Augusta, GA. She completed a residency in pediatrics at University of South Florida in Tampa, FL. She will soon complete a fellowship in Pediatric Gastroenterology and a Masters of Clinical Investigation at Vanderbilt University.

Dr. Rippel is board certified in Pediatrics and board eligible in Pediatric Gastroenterology. She is actively involved in research, has authored numerous academic articles, and is a frequent presenter at regional and national conferences. She is excited to be relocating to Mississippi with her husband, John Rippel, and her three-year-old son, Jackson Rhodes.



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