“I went to my doctor complaining of rectal bleeding. I had a colonoscopy at Central Illinois Endoscopy Center which resulted in surgery and chemotherapy. Now I am cancer free. My advice is if you are having rectal bleeding, or any signs and symptoms of colon cancer, seek medical advice.”

Ten percent of colon cancers are seen in people under the age of 50. Rectal bleeding is a symptom of colon cancer. Do not ignore this symptom.

Erich Thompson’s Story

Central Illinois Endoscopy Center: Winner of three National SCOPY Awards!

What is a SCOPY Award?
Service Award for Colorectal Cancer Outreach, Prevention & Year-Round Excellence

What categories did CIEC win?
1. Best Multi-Channel Colorectal Cancer Awareness Campaign by a Private GI Practice
2. Most Engaging Method for the video Ask Us Anything (CIEC commercial that aired on WEEK 25)
3. Best Colon Cancer Awareness Art (Dr. Eli Kuga’s Colon Polyp Poem featured on page 4)

Published Articles

Two peer reviewed articles were published recently in the Gastrointestinal Endoscopy (Volume 82, No. 4) based on CIEC colonoscopy data. An editorial about these two articles was written by a prominent Gastroenterologist titled “Adenoma Detection Rate: In Search of Quality Improvement, Not Just Measurement”. The first article is titled “Public Reporting of Colonoscopy Quality is Associated with an Increase in Endoscopist Adenoma Detection Rate”. The second article is titled “The Impact of Exclusion Criteria on a Physician’s Adenoma Detection Rate”. These articles can be found at www.giejournal.org.
Center of Excellence in Colon Cancer Prevention

Since opening in 2009, Central Illinois Endoscopy Center (CIEC) has performed nearly 40,000 screening, surveillance and diagnostic colonoscopies. At CIEC our vision statement “Is to reduce the incidence and mortality rate of colon cancer and to improve the digestive health of Central Illinois residents. Our center will be the preferred provider by offering a patient-focused endoscopy facility achieving the highest quality outcomes.”

Our Adenoma Detection Rate (ADR) is above the national average with post-op complication rate being extremely low. We have infection rate of 0%, and average patient satisfaction rate of 95%. Our average length of stay (from admit to discharge) is less than 2 hours. The cost of the procedure is lower than that in the hospitals. High quality colonoscopies are performed by experienced gastroenterologists. Our center received a national award from the American College of Gastroenterology (ACG) for “Best Multi-Channel Colorectal Cancer Awareness Campaign” in 2015.

Colon Cancer Prevention Support Group

Central Illinois Endoscopy Center offers a prevention support group. This group contains physicians, nurses, patients (with colon cancer as well as survivors) and mentors.

The group is designed to provide support and assistance to patients as well as families regarding screening colonoscopies as well as after a colon cancer diagnosis.

Please contact Nurse Manager, Denise Sophanavong at (309) 495-1153 if interested in joining our support group or if you have any questions about the support group.

WHAT OUR PATIENT’S HAVE TO SAY:

“I would recommend this care to anyone. And I would reassure them it is the best.”

“Physicians and nurses made me feel confident and comfortable with the care they provided. The computer print out of exam and explanation was truly appreciated.”

“All of the nurses, techs, etc., were SO very skilled & moreover, FRIENDLY. They all treated me not only as a patient, but as a person!!”

“Everyone was cheerful and upbeat—Very happy atmosphere—that made me less anxious about the procedure. Also, I felt the nurses & doctor was very professional & competent.”

“Had a positive experience during my visit to the Endoscopy Center. Everyone was informative, courteous, and caring. Procedure as very tolerable due to excellent staff.”
Colorectal Screening by Scott Wu, MD

Colorectal cancer is the third leading cancer for both men and women. It is the number three cause behind prostate and lung cancer for men and behind breast and lung cancer for women. It is the second leading cause of death of all cancers. In fact, there are an estimated 130,000 new cases of colorectal cancer every year. This year, 2015, approximately 50,000 people diagnosed with colorectal cancer will die from this disease. The best news about colorectal cancer is that it is preventable. It is preventable by a good quality screening colonoscopy with an experienced gastroenterologist.

US Preventive Services Task Force now recommends everyone over the age of 50 or earlier if there is family history of colon cancer to undergo a colonoscopy for screening purposes. Furthermore, Affordable Care Act has required most insurance to cover a screening colonoscopy without added cost to patients. Several studies have shown that free colonoscopy actually saves money for the insurance company since early colorectal cancer prevention or even detection results in cost savings. In 2006, a collaborative study in New York City between hospitals found that for every $390 spent on colorectal cancer prevention, $800 was saved. Therefore, insurance companies would cumulatively save hundreds of thousands of dollars by offering free colonoscopy to everyone over the age of 50 since 90% of all colorectal cancer is found in patients over age of 50. In fact, 95% of all deaths attributable to this disease occurred in patients over the age of 50.

The biggest deterrent for most patients has been the colonoscopy preparation. Unfortunately, the most important indicator of adequate colonoscopy depends on quality of bowel prep. Without an adequate prep, poor visualization of the colon lining may result in missing precancerous polyps (adenomas) which will eventually lead to cancer. In the past, bowel prep was performed the night before the procedure. Many overnight preps resulted in residue buildup from digestive enzymes in the right colon. In fact, one of the explanations in old studies suggests colonoscopy did not prevent right sided colon cancer perhaps due to inadequate right colon visualization. More recently, split-dose bowel prep has been recommended. The patient generally consumes one-half on the night before and one-half on the morning of procedure. Many patients have difficulties tolerating polyethylene glycol (PEG) 3350 solutions (e.g. Colyte, Nulytely, Golytely) due to large volume (4 L) and its inherent “salty” taste. Generally, these solutions are safe even with renal failure patients on dialysis since they are iso-osmolar and do not cause electrolyte disturbance. More recently, smaller volume bowel preps which are sulfate based (e.g. Suprep and Prepopik) are generally better tolerated but need to be used with caution in patients with severe renal compromise. The advent of split-dose bowel preps has improved adenoma detection rate and prevention of colorectal cancer.

Colonoscopy is at the heart of colorectal cancer prevention. Technological advances have enhanced safety and comfort as well as better detection of precancerous polyps. Our scopes are now smaller in diameter but optical imaging has improved in higher resolution and magnification. Physicians are now using high definition which allows greater detail and clarity. We are now identifying previously missed lesions such as flat, “serrated” polyps and smaller polyps which were missed in the past. Our safety standards during the procedure have also vastly improved. During the colonoscopy, patients are generally sedated with medications that elicit pharmacologic effects, such as amnesia, or analgesia, providing patient comfort during various procedures. Under the influence of these drugs, patients are generally unaware of discomforts caused by the procedure. However, sedation and analgesia introduce an independent risk factor for morbidity and mortality in addition to the procedure itself. Endoscopic facilities are under the strict guidelines of accreditation health organizations, and mandate that sedation practices are to be monitored and evaluated.

“This year, 2015, approximately 50,000 people diagnosed with colorectal cancer will die from this disease.”

Our mission currently is to do a better job educating the public to come in at the appropriate time for colon cancer screening. One of the biggest challenges is to convince patients to get a colonoscopy. We can make even greater strides in colorectal cancer prevention if we can improve patient compliance with getting a colonoscopy. Since the start of our Endo center 5 years ago, Central Illinois Endoscopy Center (CIEC) has made multiple attempts in improving colon cancer awareness in the community. We have advertised through various media such as radio, television and newspaper. Furthermore, CIEC has sponsored fund raising activities such as the 5K Undy 5000 run, participated in Women Lifestyle Show, and contributed to local parades. Through much of our effort, approximately 55% of people over age 50 in central Illinois now have received a screening colonoscopy versus just 30% 10 years ago. Our slogan “Get your Rear in the Clear” has been pervasive throughout our community and beyond. Our adenoma detection rate has been among the best in United States, almost 50% higher than the national average. Our screening colonoscopies are performed by experienced board-certified gastroenterologists. Because CIEC is a standalone endoscopy center, the cost of a colonoscopy is much lower compared to hospitals. Lastly, convenient parking and caring staff exemplify the care and attention we give our patients.

To schedule your next colonoscopy at our premier endoscopy facility, Central Illinois Endoscopy Center, call us at (309) 495-1144. Or visit us at www.ciendoscopy.com.
COLON POLYP by Eli Kuga, MD

I am a gastroenterologist and I do colonoscopy.

My job is to prevent colon cancer and save lives.

Polyp, you grow slowly and become a cancer.

I know how to find and destroy you before you become a cancer.

Excellent bowel prep is important to find you because you can be flat or hide behind a fold or covered by stools.

I look carefully and find and destroy you.

You cannot escape from me.

I may burn or cut you out and send you to a pathologist who would classify how aggressive you are.

I put you on a surveillance program to prevent you from coming back.

If you are too big to be removed by scope, I will send you to a surgeon to remove you.

I will not let you become a cancer.

You are my enemy and you cannot win.