Colorectal Cancer Assessment

Colorectal cancer is the third most common cancer in both men and women with the majority of cases being adenocarcinoma. Risk factors include family history of colorectal cancer, personal history of inflammatory bowel disease such as ulcerative colitis or Crohn’s disease, diet high in red meat, obesity, alcohol consumption greater than four drinks per week, and cigarette smoking. Clinical manifestations of early-stage colorectal cancer are usually non-specific, while manifestations of late-stage colorectal cancer include hepatomegaly, peritonitis, and abdominal pain. Patients aged 45 and older should undergo a colonoscopy once every 10 years to assess for polyps and/or the presence of cancer.



PLAY PICMONIC

3rd Most Common Cancer
(3) Tree Tumor-guy
Colorectal cancer encompasses the 3rd most commonly occurring cancer worldwide, after lung and breast cancer, respectively.

Assessment

Change in Bowel Habits
Delta Bowel-bowl
Changes in bowel habits vary depending on where the cancer is found. For example, colorectal cancer found in the right side of the intestine is likely to cause diarrhea, while left-sided cancerous lesions typically cause bowel obstruction or constipation.

Bowel Obstruction
Bowel-bowl Obstructed
Bowel obstructions can be caused by tumors in patients with undiagnosed colorectal cancer. The patient may experience constipation before the bowel becomes completely obstructed.

Rectal Bleeding
Rectum-rectangle Bleeding
Rectal bleeding should not be ignored, as it may be a sign of colorectal cancer. Intestinal polyps that become large enough can bleed, causing stool to appear black or tar-like.

Anemia
Anemone
Rectal bleeding that persists or remains untreated can lead to excess blood loss and iron deficiency anemia. Anemia occurs when there is a decrease in the amount of red blood cells present in the blood. Patients who are anemic may feel tired, weak, or short of breath.

Weight Loss
Skinny with Baggy-pants
Weight loss in patients with colorectal cancer can be attributed to the increased metabolic needs of the tumor. A patient who experiences an unexplained weight loss of 10 pounds or more should contact their healthcare provider.

Ascites
Ascites Iced-tea
Ascites occurs when there is a collection of fluid in the abdomen or peritoneal space. If cancer of the colon spreads to the liver, hepatomegaly and liver dysfunction may result. Inability of the liver to make proteins necessary to maintain oncotic pressure will cause shifting of fluid from the vasculature into the “third space.” Accumulation of fluid in the abdomen related to ascites can cause abdominal pain and discomfort.

Considerations

Sign up for FREE at picmonic.com

Colonoscopy

Colon-scope

This procedure allows a healthcare provider to look at the inside of the intestine using a colonoscope and is considered the gold standard for screening practices. Patients aged 45 and older should undergo a colonoscopy once every 10 years to assess for colon polyps and/or the presence of colon cancer.

FOBT and FIT

Fecal-cult-Blood-Test and Fecal-In-moon-Test

Fecal occult blood tests and fecal immunochemical tests can be used to detect blood in a patient’s stool, which could indicate the presence of a polyp or cancer. These tests should be conducted yearly.

Sign up for FREE at picmonic.com