



Doctors at the Clinic

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Dear Colleague

I would like to introduce you to the first edition of The Colon Express. This easy to read journal will allow you to remain up to date on diseases relating to Gastroenterology.

We will be presenting concise reviews of current topics. We will also include updates on current consensus guidelines. As always, please feel free to email any suggestions or comments you may have to me at pnijhawan@rogers.com or call our offices at 905 707 5007.

We hope you find this to be both educational and humorous. Feel free to add this to your “to be read” pile in your bathrooms.

Wishing you a regular, well formed and comfortable bowel movement.

Par Nijhawan MD, FRCPC, FACG
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Colon Screening

Colon screening is now considered to be a standard of care in your practice. If you have not begun a screening program for your patients, now is the time to start.

Who should be screened?

- Patients who have family history of colorectal cancers (CRC)
- Patients who have reached the age of 50
- Patients who present with blood in stools, change in bowel movements, new onset of rectal bleeding, unexplained weight loss or unexplained abdominal pain.

How should you screen?

- Your available choices include:
 - FOBT (need at least 3 stools samples, preferable to have 6 samples)
 - Flexible Sigmoidoscopy +/- Barium Enema
 - Colonoscopies

What about virtual colonoscopies?

- This is definitely an option for those who can afford it. The downside is they still need to have the bowel preparation and the study is performed while they are wide awake. This

means that when the radiologist inserts a tube to insufflate the colon (with pressures equivalent to a water pump for a swimming pool?!!) the patient experiences all the pain of a regular colonoscopy. Furthermore, false positives are high and any positive test needs to be followed by a colonoscopy. Stool is commonly misinterpreted as a polyp.

- **Conclusion:** Neat stuff. Needs more work.

What about capsule endoscopy?

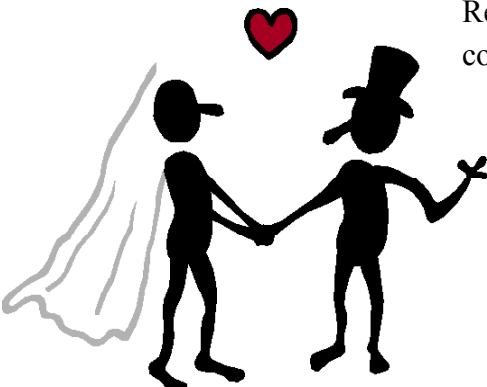
- Not to far in the distant future, capsule endoscopy will allow us to painlessly image the colon for screening purposes. This will confirm for us whether a mass is a polyp or stool. Unfortunately, currently capsule endoscopy is strictly for visualization of the upper GI Tract and the small intestines.

What about Fecal RNA and DNA testing?

- Colon screening within the next decade will change. It will be fecal screening for RNA and DNA for adenomatous tissue that will allow us rapid efficient screening. This technology is being developed in partnership with large university centres such as the Mayo Clinic and can be expected to be commercially available in the next few years.

A Gastroenterologist's Sense of Humour

Recently we received an email from one of our patients with actual comments made during a colonoscopy:



1. "You know, in Arkansas, we're now legally married"
2. "If your hand doesn't fit, you must quit!"
3. "You used to be an Enron executive, didn't you?"
4. "Any sign of the trapped minors?"
5. "Hey! Now I know how a Muppet feels!"
6. "Could you write a note to my wife saying that my head is not up there?"

Diarrhea season is coming!!!

The fall brings wonderful colours to leaves on trees. Along with this beautiful transformation, we can expect a change in the types of patients we see in our practices. It is now flu and diarrhea season. Diarrhea is mostly caused by viruses at this time of the year. Unfortunately, many of us pay little attention to the leading cause of death in children in the world... DIARRHEA. We are fortunate in North America not to have to worry about this self limiting disease state. Many children today have working mothers who have to take time off work to help with taking care of these children.



- Continue dairy products. (YES CONTINUE DAIRY PRODUCTS)
- Add a probiotic to help treat the illness [Acidophilus WILL NOT DO!!! You need either Florastor 250mg BID or Lactobacillus GG (not available in Canada)].

What is a probiotic?

- A probiotic is a live microorganism that helps replenish the colon and decrease bad pathogens from flourishing in the colon. The only probiotic that has been found to be helpful for diarrhea according to Dr Gregor Reid, Chair of the Canadian Probiotic Institute at the University of Western Ontario is Florastor. Florastor at 250mg twice a day for all ages safely decreases diarrhea and helps children return to school quickly.

What can we do?

- ORS (Oral rehydration solutions such as Cera and Glucose based solutions)

New Treatment Modalities for Irritable Bowel Syndrome

A Herbal Preparation Alleviated the Symptoms of Irritable Bowel Syndrome

Madisch A, Holtmann G, Plein K, et al. **Treatment of irritable bowel syndrome with herbal preparations: results of a double-blind, randomized, placebo-controlled, multi-centre trial.**

(Annals of Int Medicine 2005;143:347-354).

Many physicians believe that complementary and alternative medicine cannot treat diseases effectively. Numerous RCTs of such interventions have shown a beneficial effect; however, most of these trials are of relatively low quality, so the perceived benefit may be due to the introduction of bias. This RCT assessed the efficacy of a commercially available herbal preparation, Iberogast, (composed of 9 plant extracts); a related preparation, STW 5-II (composed

of 6 extracts); and a bitter candytuft monoextract for treating irritable bowel syndrome. The investigators randomly assigned 208 patients with irritable bowel syndrome (defined as abdominal discomfort associated with disturbed bowel habits and lasting for 3 months or more) to receive 1 of 4 regimens: 1) Iberogast (n =51), 2) STW 5-II (n =52), 3) bitter candytuft monoextract (n =53), or 4) placebo (n =52). Participants in each of the 4 groups received 20 drops of the assigned preparation 3 times daily for 4 weeks. The primary outcomes were changes in scores of total abdominal pain and irritable bowel syndrome symptoms. At the end of the study, the patients receiving Iberogast had significantly better scores on both scales than did those receiving the monoextract or placebo. There were no significant differences between the bitter candytuft monoextract group and

the placebo group. The patients tolerated all of the interventions well with no serious adverse effects. Iberogast alleviated the symptoms of irritable bowel syndrome. This trial was a high-quality study; the randomization scheme was adequate, concealment of allocation occurred, a power calculation was performed, and the trial was double-blind. Only 5 of the 208 patients dropped out,

and 4 of them had adequate data to be included in the final analyses.

Conclusion:

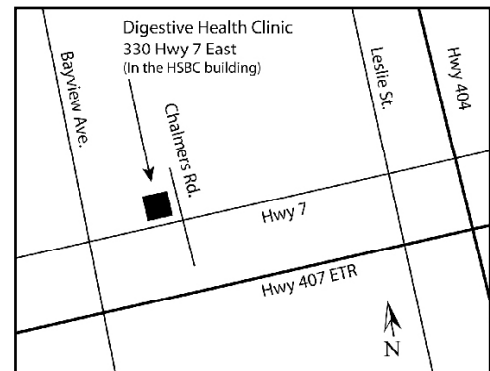
Practitioners should add Iberogast to their therapeutic armamentarium for irritable bowel syndrome.

Our doctors are accepting **NEW patients.
NO wait time for your patients.**



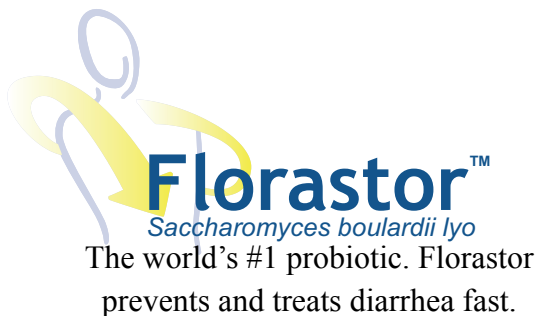
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