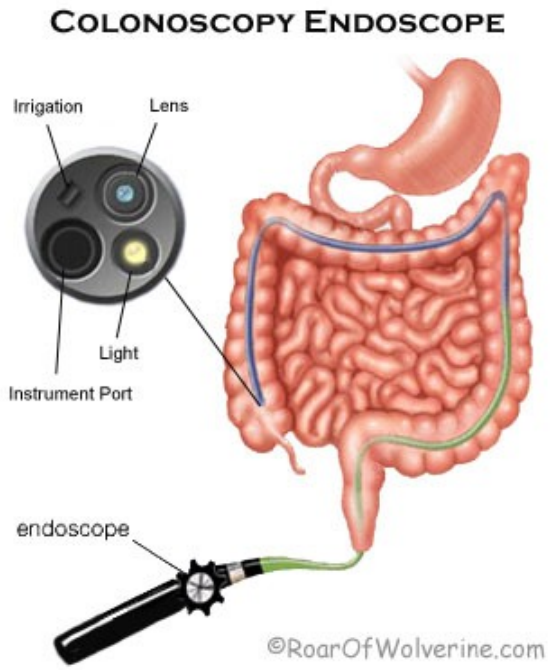
The Dangers Of Colonoscopies



The overuse of the procedure known as colonoscopies as a prophylactic for colon cancer, has not only become quite a fad in recent decades, but also a multimillion dollar industry. Every year, over 14 million perfectly healthy individuals age 50 and up, submit themselves to this invasive procedure in the hope of receiving protection from colorectal cancer. Do the benefits of this screening outweigh the risks involved?

Sometimes in this world, a treatment may be as dangerous as the disease itself. I serve as a living testament to the severity of the damages possible with this procedure. The many injuries that can be caused by colonoscopies, the anesthetics and preparation required for this procedure, is what I would like to cover in part 1 of this series. (In part 2 we will look at the known effectiveness of colonoscopies as a weapon against cancer)

I would like to preface this by saying that colorectal cancer is a very real, frightening and deadly disease, and I am in no way making light of that fact. But, a colonoscopy injury can be as lethal and cause as much fear and suffering as colorectal cancer itself. (For those who have not read my story, I lost all of my intestines due to a colonoscopy accident – NOT just my colon, but all of my small intestines too – a life-threatening condition known as short bowel syndrome. I lived for six months without intestines and being fed and hydrated with the use of TPN, but my life was ultimately save with a very rare intestinal transplant.).

So the question here is, which one carries the greatest risk of actually happening to you in your lifetime? Especially between the age of fifty to sixty?

Reported in this study from 2006; "The perforation rate reported from colonoscopies was 1 in 1000 procedures, and 'serious complications' occurred in 5 in 1000". According The Annals Of Internal Medicine's report on colonoscopies, an estimated 70,000 (0.5%) will be injured or killed by a complication related to this procedure. This figure is 22% higher than the annual deaths from colorectal cancer itself – the very disease the device was designed to prevent.

The average age for developing colorectal cancer is 71 [source]. The medical industry recommends screening starting at the age of 50 and as low as 45 for African-Americans. So, for the first couple of decades, you are risking your life with a dangerous, invasive procedure to diagnose a disease that is far less of a risk at that age than the odds of being injured by the screening device. I could stop right there, because that should be enough to make a critical thinker forget about this barbaric diagnostic tool, at least until the age of 65. But, there is more – a whole lot more to consider, which leads me to believe we should search to discover a safer and more effective tool.

Many of the related injuries associated with colonoscopies go unreported or are never diagnosed. Death from colon cancer will very rarely not be reported as the cause of death, so those are accurate predictions. But, we have no idea just how high the actual number for colonoscopy injuries and death may actually be [more]. I am living proof of that. The reason for the necrosis of my bowels was unreported because all priorities focused on saving my life, not what caused the decline. Nowhere on my medical record is the reason for what caused my organs to die reported, so I doubt that I am part of those statistics, even though I am a victim of a colonoscopy.

Typically, a patient left untreated for as long as I was will die. Had I died, the death report would say complications from necrosis of the bowels and mention nothing of the colonoscopy. Perforations and other injuries from colonoscopies can be extremely difficult to diagnose and are often of little concern when the patient is dying. We also have to consider that doctors and hospitals will rarely report an injury from a colonoscopy unless forced to. It is up to the patient to successfully prove that the procedure caused their injury or resulting infection in a civil trial before it will be reported and logged. The fact that few, if any, of these cases will see the light of day is covered in my post "Malpractice Law: reserved Only For The Frivolous".

Even though statistics say that 70,000 people will be injured or killed by this procedure this year, the actual number is far greater. But even if you go by only those that have been forced to be reported, the number of injuries are still significantly higher than the incidence of colorectal cancer.

One of the more dangerous outcomes of a colonoscopy is the one I was a victim of – a perforation. Everyone considering this diagnostic procedure is required to sign a paper stating that they understand all of the injuries possible with this invasion of their organs with a mechanical device and the air pressure exerted in order to inflate the colon. The list of the horrific complications, including death, should be enough to give anyone pause. But, patients are immediately calmed when their doctors explains that these things are rare. The favorite tool of compliance in the doctor's arsenal is the phrase "I'm not worried about it". They're not the ones about to have a metal tube shoved four feet up their pooper and they also understand that by signing that paper, you have waived all rights to legal compensation if injured. Any wonder why they're not worried? As long as your insurance checks out, they won't break a sweat.

Other than perforations, there are other dangers, including a

list of possible reactions to the anesthesia (propofol) that is typically used during a colonoscopy. Though rare, they can range from deep vein thrombosis, pulmonary embolism to pneumonia. Probably the largest risk with propofol is the fact that it suppresses your respiration. If given too much, the patient can stop breathing. This is why you should make sure that you have this procedure performed in a facility that is equipped to handle such a situation, in case you stop breathing. No other cancer screening test requires a patient to be rendered unconscious to perform. Because you will be unconscious, you will not be witness to the procedure, so the patient has no idea how well the procedure was performed or how much time the doctor took to examine thoroughly. The insurance companies pay the same price whether the doctor takes 20 minutes or 2 minutes – the faster they can do them, the more procedures they can get paid for per day. Most accidents happen because of fast and sloppy procedures.

There can also be complications associated with the colon prep required for the procedure. This prep can include a 2 liter enema of synthetic laxatives administered about an hour before the procedure. This is called the Mechanical Bowel Preparation (MBP) and is completely unnecessary, yet many doctors still use this in spite of the fact that it has been proven to create a high risk of thrombosis. This cocktail of chemicals can cause everything from deadly electrolyte imbalances (which can lead to congestive heart failure), to possible thrombosis in the mesenteric artery, to kidney damage. It is believed that I developed a partial occlusion in the mesenteric artery (which feeds blood to all of the bowels) following the prep. I began to complain of intense abdominal pain directly after the MBP, yet the doctor decided to do the procedure anyway.

If this diagnostic procedure still sounds safe to you, we will also throw in the newest discovery that has come to light in recent years. It is impossible to sterilize an endoscope!

This high-tech device cannot be boiled or steamed because high temperatures can destroy the sensitive electronics and optics. There are many tiny nooks and crannies in and around the tip of the scope, which are difficult to clean, even by hand. More importantly, is the channel which runs the length of the scope inside. It is this port that the doctors insert the tools into. This channel is less than a millimeter in diameter and tunnels over four feet through the endoscope. Without boiling or steaming, I can not see how this channel could be sterilized (I will cover this in more detail in an upcoming post).

Recent biopsies of these scopes have revealed microscopic incrustation of fecal matter, tissue, blood, and mucus imbedded from previous patients. At present, medical personnel bathe the scopes in a disinfectant solution. They're not scrubbed. Not disassembled. Not heated. They're rinsed in an ineffective bath of Glutaraldehyde, which if not rinsed off thoroughly, has been cited as a cause of toxic Colitis. Properly cleaning an endoscope can take a lot of time and must be done by hand. Given the fact that colonoscopies have become a volume business, gastroenterologists have been known to cram in as many as 30 to 40 procedures per day. With such a cattle-call styled business, just how much time is really spent cleaning the scope?

It is very possible, and clinically proven, that you can be infected by HPV (Human Papilloma Virus); HIV; Mycobacterium tuberculosis, Helicobacter pylori,; Hepatitis B and C; Salmonella; Pseudomonas and Aeruginosa; Flu Viruses and other common bacteria such as, E. Coli O157:H7 and Creutzfeldt-Jakob Disease. And the pathogens you may be infected with are typically going to be a hospital borne variety, which means they are strains that have been exposed to, and become immune to most antibiotics. Leading microbiologists have advocated using sterile, disposable parts for endoscopes as well as the

use of a condom-like sheathes for each new patient. But, the manufacturers and health-care providers have resisted these solutions because of added costs. Isn't that nice? These safety precautions are mandated in England, but not used here in the U.S.. The FDA even recognizes this problem here, but acts as if their present recommendations are effective – they have been proven not to be.

Following my transplant, I was required to undergo an ileoscopy, including biopsies, weekly to check for signs of rejection. Patients are not anesthetized for this procedure because the scope is inserted into a stoma, rather than the anus, so it is painless. I was allowed to watch the procedure on a television monitor. They would fish a tool (similar to an alligator clip) through the instrument port of the scope (refer to image at the top of page), to tear off a piece of villi for a biopsy. Each time I could see a tiny injury which would begin to bleed. An open, bleeding wound near the tip of a scope which has been in many other colons and is unable to be sterilized – sounds like a real good medical practice. Each time you undergo a colonoscopy they may clip out a piece of your intestine for biopsy or snip off a polyp. There will be an open wound and mixing of your blood with whatever may be lingering on the end of that scope which has been in hundreds of other colons and is unable to be sterilized.

Because there is a small amount of internal bleeding after a procedure, this can be very dangerous to anyone on blood thinners or anti-coagulants, because the doctors do not hang around long enough to be sure that the injury heals. An open bleeding wound within a dirty colon is not the safest thing and certainly a risk for infection, but there have been patient bleed out days or even week later from a wound that did not stop bleeding – especially in elderly patients or diabetics who do not heal quickly.

A few days after one of the ileoscopy, I came down with a

systemic gram negative rod infection called pseudomonas, a very deadly pathogen to immunosuppressed patients. The particular strain that I had contracted was identified as being multi-drug resistant, meaning it was certainly a hospital borne variety. It nearly ended my life as I succumbed to septic shock and by the time the ambulance arrived at the ER, my blood pressure had dropped to 35 over 28 and I was unable to breathe on my own, so the doctors were giving me a very small chance of surviving the night. I needed to be placed on a respirator, so I was knocked out and kept in a coma for two weeks by use of propofol, the same drug used for most colonoscopies, so don't let anyone tell you that the drug used for the colonoscopy is just a mild sedative – it can place you into a coma and keep you there.

It is quite obvious now that I contracted that pathogen from the scope I had just received two days before (I failed so quickly because I was so immunosupressed from the transplant). Seven months prior to that, I had been the victim of a perforation as the result of a routine colonoscopy, which ultimately cost me all of my intestines and nearly my life. That is two near death injuries on just one patient within seven months from two endoscopes.

I met six other transplant patients in the last two years. Three out of those six people, adding myself (making seven), had suffered a perforation from scopes and a fourth one had suffered a perforation in a similar invasive procedure. Two of those patients died as a result of their injuries and I nearly died on two different endoscope accidents. The third transplant recipient needed an emergency resection of her newly transplanted bowels because of a perforation from a scope. The baby of our transplant family, a young woman only 28 years old, is fighting a Klebsiella sepsis at this time, which was most likely transmitted via a recent scope. "Injuries and perforations from colonoscopies are rare" my ass!

Because of what happened to me and the manner in which the doctor lied to me about the rarity of these injuries is what has motivated me to study and investigate the subject for the last two years. I have discovered that perforations are not as rare as the doctors would like us to believe. But at a charge of $1,500.00 to $2,000.00 per procedure and the fact that some gastroenterologist can rush in as many as 30 -40 procedures a day, it is not hard to see a motivation to suppress the truth about the dangers and your risk of being perforated or infected by this medical fad.

From an a 2006 article in The New York Times;

> *… if our group is representative of an average group, you will see people (doctors) who take 2 or 3 minutes and people (doctors) who take 20 minutes to examine a colon. Insurers pay doctors the same no matter how much time they spend." It is often about quantity, not quality and your risk of being injured increases the faster the practitioner attempts to finish your procedure, not to mention the efficiency of the cancer screening falls dramatically when hurried."*

I hope that one day this killer will end up on the junk pile of quack medical devices from the Victorian Age, and I hope I can have a hand in placing it there. This will not be easy. The medical industry now has celebrities, such as Katie Couric, actively using their fame to promote this procedure as a life-saving miracle, rather than the barbaric medieval medical device it really is. They used the fact that Katie lost her husband to colon cancer and swooped in on this grieving widow and convinced her this "snake oil" medical device could have prevented it. I am sure that the fact that NBC is also owned by General Electric, a manufacturer of endoscopes, had little to do with sponsoring her televised colonoscopy and using her celebrity pitching skills to bring this killer to the forefront of common medical practices.

You may be thinking that I must have lost my mind, because after all, this procedure has effectively saved thousands of lives, or at least that's what you've been led to believe by the medical industry and their advocates in the media. But is there any more truth to this than the lie that injuries are rare?

Please read part 2 on this subject entitled; "The Effectiveness Of Colonoscopies On Cancer And IBD" and the introduction to this series entitled; "The Dangers In Modern Medicine".