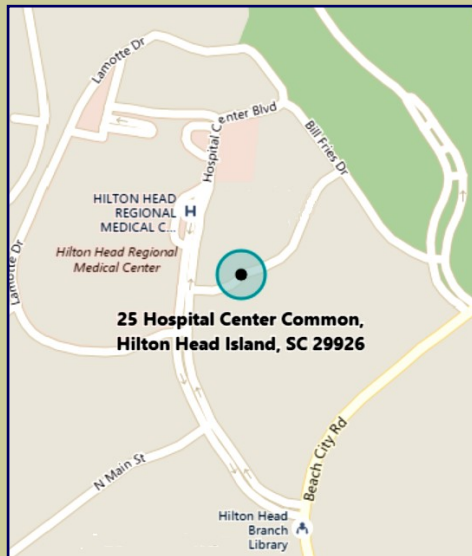


## Location

Our office is located in the single story building in the Hospital Center Common located across from Hilton Head Hospital.

We are located on the web at:

[www.HHISurgeons.com](http://www.HHISurgeons.com)



## Performing Surgeries at:

- Hilton Head Hospital
- Outpatient Surgery Center of Hilton Head

## Surgery by Surgeons

A fully trained surgeon is a physician who, after medical school, has gone through at least five years of training in an accredited residency program to learn the specialized skills of a surgeon. One good sign of a surgeon's competence is certification by The American Board of Surgery, a national surgical board approved by the American Board of Medical Specialties. All such board-certified surgeons have satisfactorily completed an approved residency training program and have passed a rigorous specialty examination.

The letters F.A.C.S. (Fellow of the American College of Surgeons) after a surgeon's name are a further indication of a physician's qualifications. Surgeons who become Fellows of the College have passed a comprehensive evaluation of their education, training, and professional qualifications, and their credentials have been found to be consistent with the standards established and demanded by the College.

**SURGICAL SPECIALISTS**  
HILTON HEAD GENERAL & LAPAROSCOPIC SURGERY, PA

25 Hospital Center Commons  
Suite 100

Hilton Head Island, SC 29926

Phone: 843-681-9489

Fax: 843-681-4502

Email: [hhisurgery@hargray.com](mailto:hhisurgery@hargray.com)

[www.HHISurgeons.com](http://www.HHISurgeons.com)

# About Colon Cancer

## SURGICAL SPECIALISTS

HILTON HEAD GENERAL & LAPAROSCOPIC SURGERY

Richard L. Hussong, Jr., MD, FACS  
Thomas P. Rzczycki, MD, FACS



Board Certified  
General Surgeons

## ABOUT COLON CANCER

### WHO GETS COLON CANCER?

Colorectal cancer is the 3rd most diagnosed cancer and the 3rd leading cause of cancer related deaths in the US. An individual has a 5% lifetime risk of developing cancer. Most arise from adenomatous polyps which occur in up to 50% of patients. It takes about 10 to 15 years for a polyp to transform into a cancer, and fewer than 10% will become cancerous. Cancer is preventable through early detection with screening and removal of polyps. Additional risk factors are:

- Personal or family history of colorectal cancer or polyps
- Chronic inflammatory bowel disease
- Physical inactivity
- Obesity
- Increased red meat consumption
- Tobacco use
- Moderate to heavy alcohol use

### WHAT ARE THE SYMPTOMS OF COLON CANCER?

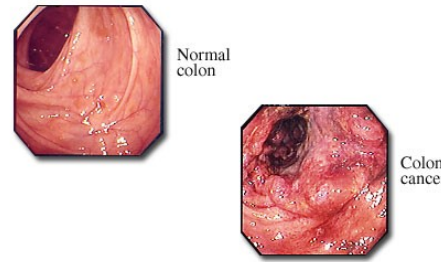
The symptoms are often very nonspecific, insidious, and may not develop until the disease is advanced. They can include:

- Blood in the stools
- Change in the shape of the stools
- Cramps
- Urge to have a bowel movement without the need
- New onset constipation or diarrhea
- Unintentional weight loss

### HOW IS COLON CANCER DIAGNOSED?

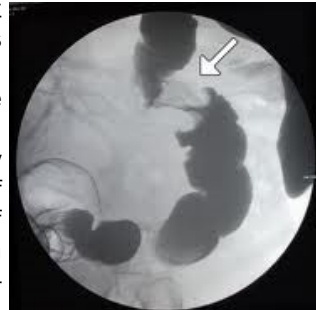
Detection of polyps and cancer is performed through:

**COLONOSCOPY**—Direct visualization of the interior of the colon through a flexible scope. It allows for polyp removal and biopsy of abnormal findings.



### DOUBLE CONTRAST BARIUM ENEMA—

Contrast material is inserted through the rectum and using X-ray images of the lining of the colon are obtained.



**CT COLONOGRAPHY**—CT scanning is used to perform a virtual colonoscopy.

### HOW IS COLON CANCER TREATED?

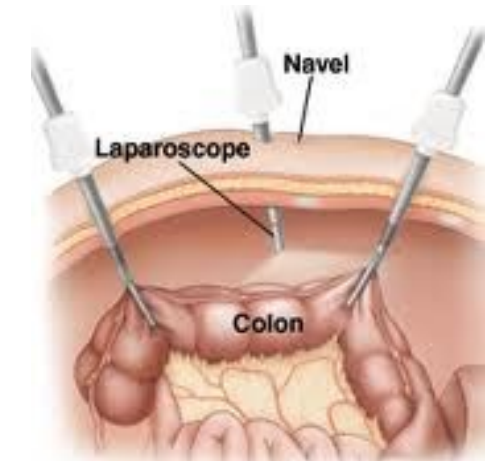
The only chance for cure is removal of the diseased segment of colon. Surgery also prevents complications such as pain, bleeding, perforation, or blockage. Treatment after surgery may include chemotherapy but is determined by the stage (or extent) of disease present.

### WHAT IS A COLON RESECTION?

Surgery involves removing the portion of the colon with the cancer and reconnecting the remaining parts. The lymph nodes of the affected portion of the colon are also removed since they can be the site of spread.

On rare occasions surgery may require an ostomy. An **ostomy** is created by bringing the intestines out through the abdominal wall muscles and sewing them to the skin where the stool empties into a disposable bag. If the small

intestine is used to form the ostomy it is called an **ileostomy**, and the use of the colon is referred to as a **colostomy**. Most stomas are temporary and can be



reversed in weeks or months.

In the past colon resections were done through a large incision (open). Now, many (but not all) can be accomplished **laparoscopically**—using several small incisions. The main advantages of laparoscopy are less pain and shorter hospital stays and recovery.

### WHAT ARE THE COMPLICATIONS OR SIDE EFFECTS OF SURGERY?

The most common risk is infection. Bleeding or damage to other abdominal organs is always a concern. A less common but significant complication is anastomotic leak—when the reconnection between the colon ends breaks apart. Emergency surgery usually carries higher risks.

### WHAT IS THE RECOVERY?

For laparoscopic resection most patients are discharged home in several days. When an open resection is performed the typical length of stay is about 7 days.