

Crusading for colonoscopies

Written by Elizabeth Barrett

Friday, 05 March 2010 14:51 - Last Updated Friday, 05 March 2010 14:55



Teacher wonders about early detection in her case.

Judy Jensen has enjoyed good health throughout her life.

But a couple of days before the start of spring last year, she developed a stomachache that wouldn't go away.

After finishing a week of teaching school at Gothenburg Public School, the special education teacher went home and sipped chicken noodle soup to ease the pain.

By noon the next day, the pain had worsened. Her husband John Jensen took her to the emergency room at Gothenburg Memorial Hospital.

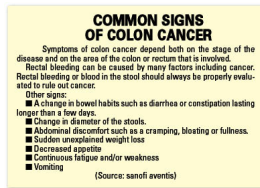
“The first question the on-call physician asked was whether or not I'd ever had a colonoscopy,” Jensen said. “I had scheduled one at age 50 but never had it.”

Local surgeon Dr. Jay Matzke describes a colonoscopy as a procedure which allows a physician to view the inside of the large intestine through a narrow scope inserted through the anus while the patient is sedated.

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Based on her symptoms and X-rays, the on-call doctor thought the problem stemmed from a tumor and admitted Jensen to the hospital for the weekend where a sigmoidoscopy was performed.

“I was the most shocked then because I thought it was just a stomachache,” Jensen said.

A sigmoidoscopy offers a view of the lower part of the colon.

In Jensen’s case, the sigmoidoscopy didn’t reveal anything and she was sent to Great Plains Medical Center in North Platte on Monday for more tests.

There, doctors discovered she had a malignant tumor of the sigmoid colon.

Surgery was performed the same day at GMH and the tumor and about seven inches of colon were removed.

Later, Jensen learned she had Stage II cancer which meant the tumor had grown through the wall of the colon but fortunately her lymph nodes were not affected.

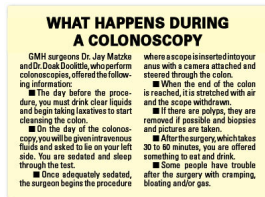
She was also told the removal of the tumor gave her a 75% success rate of beating cancer. Chemotherapy would add another 5% to 10%.

Chemotherapy involves the use of chemical agents to stop the growth of cancer cells.

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Because of the odds, Jensen began seeing an oncologist in Kearney and started chemotherapy.

A port was installed in Jensen’s chest through which the drug was delivered.

In addition to receiving those treatments at a clinic in Kearney every two weeks, Jensen also came home with a pump and a drug in a fanny pack that administered another cancer-fighting drug for 48 hours.

“I was always tired by the third day,” she said.

Last October, she received her last chemotherapy treatment.

A month later, Jensen had her first colonoscopy which revealed a small, but benign tumor—also known as a polyp—that was removed.

GMH surgical nurse Carolyn Evenson said every polyp doesn’t necessarily grow into colon cancer but, like seeds that grow into a tree, it can.

“All colon cancer starts with a polyp,” she said, noting that most found during a colonoscopy are benign, or noncancerous. “They are like skin tags and removed during a colonoscopy and

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biopsied by a pathologist.”

Of the colonoscopies he performs, Matzke said about 75% are normal.

“I rarely find one that is cancerous,” he said.

Jensen will have another colonoscopy in November.

Her experience prompted a sister, cousin and her mother-in-law and son Jeremy Heins to have colonoscopies as well.

For Jensen, blood tests every three months have revealed no sign that the cancer has returned.

The only side effects so far from chemotherapy are numbness of her hands and legs from the knee down.

“It could be up to a year before it goes away because my peripheral nerves were damaged by the drug,” Jensen said.

When she found out she had cancer, Jensen said she never really felt sad.

“I wanted to face it head on,” she said.

She also realized the importance of living life fully which is helped by spending time with her grandchildren, Kolton Heins, 10, and KayLee Heins, 11, of Cozad.

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“Our relationship is so precious, I don’t want to miss out,” she said.

Each day she recognizes the importance of good health that before she had always taken for granted.

Jensen decided to share her experience as a way to make a difference and stress the importance of colonoscopies for people age 50 or more.

“Colon cancer is the fourth leading cause of cancer-related deaths in the United States,” she noted.

She also recognizes others in the community who are also fighting the battle against cancer.

Complications while performing colonoscopies are uncommon, Matzke said, although there is small risk of perforating the colon.

Sometimes, he said the scope cannot be inserted into the entire colon and a barium enema—a special X-ray procedure—can be done to view the lining of the colon. A scan of the abdomen is also an option.

Evenson said colonoscopies are important because colon cancer, once it settles in, grows slowly.

“It doesn’t run wild like some other cancers,” Evenson said.

GMH is offering free fecal occult blood tests which check for hidden blood in fecal material—that

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can be a symptom of colon cancer.

Anyone interested can pick up the tests at GMH, do them at home and return them to the hospital or Gothenburg Family Practice as a preventative measure.

However, Evenson stressed that the tests don't replace the need for a colonoscopy which is recommended every 10 years beginning at age 50.

ebarrett@gothenburgtimes.com 308-537-3636