You Can Save Your Life if You Pay Attention

Tenacious 32-Year-Old Colon Cancer Patient Benefits from Self-Awareness and Robotic Surgery

By: Roxanne Jones

Becky Walters holds baby Heather, along with (L to R) Adam, Nichole, and Christian. " My kids keep me sane." she says.

A couple of months after Rebecca Walters, 32, gave birth to her fourth child ("the easiest delivery I ever had"), she began feeling as if something wasn't right.

"I wasn't going like I should," recalls Walters. "I tried increasing the fiber in my diet and cutting out dairy. Then I noticed blood in my stool. I thought it was weird because I hadn't had any problems like hemorrhoids after my delivery. I told myself I'd watch and see if it went away in four months, because that seemed a logical amount of time. And with four kids, it went by in no time."

Over the next few months, however, her initial symptoms not only persisted, but worsened.

"I got more constipated even as I increased my activity, ate tons of high-fiber food and drank lots of water," says Walters. "I also stopped taking my calcium and iron supplements. But the symptoms weren't going away."

"When I looked online at all my symptoms — constipation, bleeding, and feeling like things weren't coming out — it all matched up to colon cancer," she relates. "But it didn't seem possible since I was so young. I finally told my husband, who's a pharmacist, and he told me I had to see a doctor, that my symptoms aren't normal, and that it was crazy to try and diagnose myself on the Internet."

Walters had lived in the desert for about two years and didn't have a physician except for her obstetrician-gynecologist. It took her about a month to find an internist and schedule an appointment to be seen.

"When I saw the primary care physician, I explained my history and told him that I don't go to the doctor unless I think there's something really wrong," she says. "Bless him. He took me seriously and ordered a fecal occult blood test to verify that there was blood in my stool. He referred me to a gastroenterologist for a colonoscopy which was scheduled for May 30, 2013."

When Walters arrived for her procedure, she noticed that everyone in the waiting area was at least 20 or 30 years older than she was. "Because I was so young, everyone was very skeptical that there was anything serious going on with me," she says. "The doctor told me not to worry — if there was something in there, he'd find it."

Walters remembers waking up from her colonoscopy and the doctor telling her that he'd found a tumor in her colon which he'd biopsied and sent off to the lab to determine if it was benign or cancerous. Four days later, she got a call from his office with the test results.

"They told me it was positive for cancer, and I would need to see a surgeon to have it removed," she says. "It was very scary and emotional. Everything just seemed to stop and I was at a loss for words." Walters was unsure about what to do next. Her husband suggested she call a radiation oncologist they'd happened to meet through her son's baseball team.

"We sat together at games watching our sons play, and she'd become a good friend," Walters recalls. "I never thought I'd need her professional expertise."

“I called her and said ‘I need your advice,’” she continues. “‘I’m 32, I have cancer, and I don’t know what to do. The gastroenterologist told me I have to find a surgeon, but I don’t know any.’”

“She told me not to worry,” says Walters. “She got my permission to look at my medical records, and told me that the best surgeon for me to see was Dr. Scott Gering.” Scott Gering, MD, is a Board Certified Colorectal Surgeon at Eisenhower Medical Center.

Within a week, Walters underwent a PET scan — a highly detailed imaging exam that helps the surgeon see exactly where a tumor is located and whether it has metastasized (spread) elsewhere in the body — and met with Dr. Gering.

“He reviewed my PET scan and explained how he would have to remove part of my colon to remove the tumor,” she says. “Then we talked about options for the surgery.” Dr. Gering presented Walters with three surgical options: traditional open surgery, conventional straight-stick laparoscopic surgery, and robotically assisted laparoscopic surgery using the da Vinci® Surgical System.

“The major downside of open surgery is that it’s a big operation that requires a big incision,” explains Dr. Gering. Along with that comes a longer hospitalization and recovery period.

“While the incisions are smaller with straight-stick laparoscopy, the problem is that you’re essentially operating on the end of sticks,” he continues. “This limits the capacity for visualization and depth perception.”

With robotic surgery, however, the incisions not only are smaller but the surgeon also has tremendous manual dexterity and visualization.

“With its three operative arms and a sophisticated camera that the surgeon controls, I can zoom in for a perfect three-dimensional view and great depth perception,” says Dr. Gering. “The optics and dexterity allow me to do abdominal surgery in a very tight spot with much greater precision and much less risk of hernia or abdominal wall trauma. It’s a tremendous advantage.”

“Using the robot over the past two years, I’ve been able to view things I’ve never been able to see before,” he adds, noting that he’s performed more than 70 robotic colorectal procedures in that time. “It’s a tremendous tool.”

He notes that the downside of robotic colorectal surgery is that it takes more time and the set-up is more technologically demanding than traditional laparoscopic surgery.

But in carefully selected patients — particularly those with rectal and left colon cancers that are localized, as well as some gastric (stomach) surgery — Dr. Gering believes robotic surgery is the optimal approach. He also felt that Walters was an ideal candidate.

“She’s a young, otherwise healthy patient, and her tumor was localized,” he says.

“Dr. Gering explained that instead of having to physically put his hand inside my body to pull out the colon and cut out the tumor, the robot has “hands” the size of a pencil, so it’s much less invasive, and my recovery time would be much shorter,” she relates. “Also, robotic surgery would decrease the risk of my getting a hernia. Plus, since I’d just had a baby, everything in my abdomen was kind of soft and stretched out, so whatever was less invasive was better.”

“I asked Dr. Gering if I were his wife or daughter, what he would recommend,” adds Walters. “When he said he’d go with the robot, I said okay, I’m sold.”

Walters underwent surgery on June 18 and was discharged to go home the following Friday. Her interview with Healthy Living magazine took place just four weeks after her surgery.

“Everything is going well and healing just fine,” she reports. “I was told that my tumor was close to perforating and spreading beyond my colon, so it’s good we caught it when we did. If I hadn’t been aware of what was going on with my body, I definitely think it would have changed my prognosis.”

Walters is undergoing chemotherapy. “They want to make sure that if there’s even one little cancer cell left, that it won’t migrate someplace else,” she says.

She will also undergo genetic testing and counseling this fall.

“Part of colon cancer is genetics, a predisposition due to a genetic defect,” notes Dr. Gering, “and part of it is related to environmental exposures over a lifetime. That Rebecca was so young at the time of her diagnosis of colon cancer suggests a strong genetic component.”

“I do have a history of cancer in my family,” Walters says. “All four grandparents had cancer and three died from it, including two grandfathers with leukemia and a grandmother who was diagnosed with breast cancer in her forties. I don’t understand all the genetic connections, so I definitely want to do the testing.”

Dr. Gering gives Walters high marks for her persistence in finding a doctor and having her symptoms checked out.

“It’s not uncommon to have rectal bleeding from hemorrhoids or a change in bowel habits after delivering a baby, but she sensed something wasn’t right,” he says. “Some doctors may not have recognized the potential for colon cancer in a 32-year-old with those symptoms. That she was tenacious, and her primary care physician checked her stool and set her up for a colonoscopy, was a real stroke of luck for her. Her tenacity is admirable.”

“Colonoscopy really is the gold standard for screening for colon cancer,” he adds, “and it can truly help prevent colon cancer.”

In the future, Walters will have annual colonoscopies.

“Now that I’ve had cancer, we need to watch it because it will try to come back,” she says. “I need to be extra vigilant.”

Coincidentally, she notes that around the time her fourth child was born, an uncle by marriage was diagnosed with colon cancer that had already metastasized.

“My uncle hadn’t gotten regular colonoscopies,” she says. “He said he was healthy, exercised and ate right, so he didn’t need to have it done. Now he’s undergoing chemotherapy and radiation just to hold on to a few more years of life.”

“I’m a real advocate for paying close attention to your body so you understand what’s normal and what’s not,” adds Walters. “You can save your life if you pay attention. And it’s amazing how much you can find out about your body and health through a colonoscopy.”

Colonoscopy

The Screening Test that Can Help Prevent Colon Cancer

“There are 150,000 new cases of colon cancer every year,” says Eisenhower Colorectal Surgeon Scott Gering, MD. “That’s 150,000 cases that probably could have been prevented.”

“Colonoscopy screening detects polyps in the colon that turn into colon cancer,” he explains. “If you take the polyp out, you can prevent cancer from developing. So, if you just have a colonoscopy at appropriate intervals, you can avoid colon cancer in most cases.”

What are the appropriate intervals?

“The minimum interval is every ten years starting at age 50,” Dr. Gering says, noting that if there is a family history of colon or other types of cancer, screening should begin younger than age 50. “If precancerous polyps are found, the interval can range from every six months to five years. But never go more than five years for a surveillance colonoscopy once polyps are found.”

A key point, he adds, is that polyps are not necessarily benign lesions. There are different types of polyps found in the colon, and if they are adenomatous, they are precancerous and regular screening is a must.

“It boggles my mind how many people I see over age 50 who still have not had a screening colonoscopy,” he says. “But after I talk to them and explain that the polyps that turn into cancer have no symptoms, they understand. You don’t want to wait for symptoms.”

To determine the appropriate screening regimen, Dr. Gering encourages everyone to talk to their physician. “But do get screened,” he urges.

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