



Lawsuits emerging from unexpected cancer after poor colonoscopy?

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In colorectal cancer abnormal cells in the colon or rectum divide forming a malignant tumor. Most begin as a polyp, a growth in tissue lining the surface of the colon or rectum. Polyps are common over 50, and most are not cancer. A certain type, adenoma, has a higher risk. It is the second leading cause of cancer death in the United States after lung cancer. In 2016, an estimated 134,490 people in the United States will be diagnosed with colorectal cancer and 49,190 people will die from it. Rates of new colorectal cancer cases and deaths among adults 50 or older are decreasing in this country due to an increase in screening and to changes some risk factors (for example, a decline in smoking). However, incidence is increasing among younger adults for reasons that are not known. According to the National Cancer Institute, researchers predict that by 2030 colon cancer incidence rates will increase by 90% for people 20 to 34 and by 28% for people 35 to 49, whereas they will decrease by 38% for people 50 to 74 and by 45% for 75 or older.

Expert medical groups, including the U.S. Preventive Services Task Force (USPSTF), strongly recommend screening for colorectal cancer. During a sigmoidoscopy, the rectum and sigmoid colon are examined using a flexible lighted tube with a lens for viewing and a tool for removing tissue. This is inserted through the anus into the rectum and sigmoid colon. Air is pumped into the colon to expand it so the doctor can see the colon lining more clearly. During sigmoidoscopy, abnormal growths in the rectum and sigmoid colon can be removed for analysis. During a colonoscopy, the rectum and entire colon are examined. Abnormal growths in the upper parts of the colon that are not reached by sigmoidoscopy can be removed. A biopsy or polypectomy may be performed during these tests to determine whether cancer is present.

Plaintiff develop colon cancer after a screening colonoscopy? Know what to look for in the chart?

The Legal Nurse Consultants at Krug Consulting do.
Call us at 1 (844) LNC-KRUG

Krug Consulting was founded by Sandra Krug, RRT, CRNA Legal Nurse Consultant.

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If a patient has had a colonoscopy and develops colon cancer, there are several things to look at in the chart. Who performed the colonoscopy? How many minutes did it take after reaching the cecum to remove the scope? Is there documentation that the proceduralist reached the cecum during the colonoscopy? If it is documented as such, there should be photos of the cecal area. Pictures of the identifying landmarks will include the ileocecal valve, the appendiceal orifice, and possibly the ilium itself. If the proceduralist did not document that they reached the cecum, or documented without photographic proof, they may have missed a polyp. This polyp could have then developed into a cancer.

Colorectal Cancer

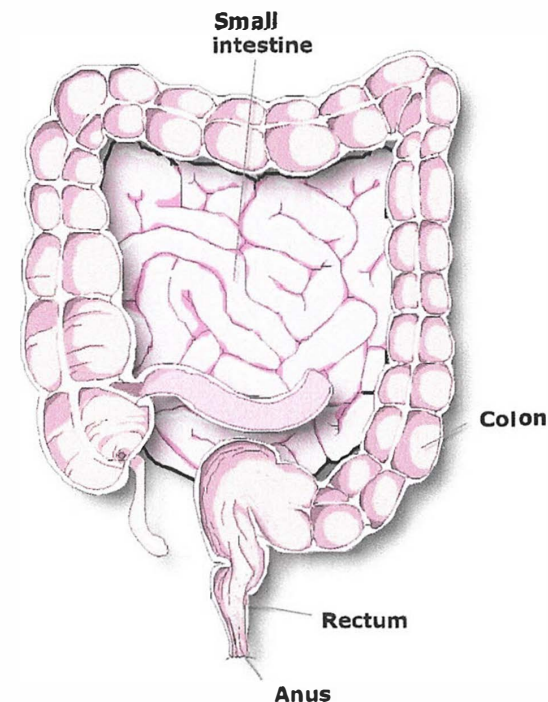
In the United States, colorectal cancer is the third most common cancer in men, after prostate, and lung cancer; and in women, after breast, and lung cancer.

Symptoms

A common symptom of colorectal cancer is a change in bowel habits. Symptoms include:

- Having diarrhea or constipation
- Feeling that your bowel does not empty completely
- Finding blood (either bright red or very dark) in your stool
- Finding your stools are narrower than usual
- Frequently having gas pains or cramps, or feeling full or bloated
- Losing weight with no known reason
- Feeling very tired all the time
- Having nausea or vomiting

At Krug Consulting we go to work finding the pertinent facts from your cases to establish merit. Our clinical knowledge and experience will save time and resources. All work is completed with the highest reliability, to meet your expectations.



Idealy, a colonoscopy should be performed by a trained Gastroenterologist. The colonoscopy should be performed in a manner that allows the proceduralist to reach the cecum.