

THORNHILL ENDOSCOPY CENTRE
**FIT OR COLONOSCOPY IN AVERAGE
RISK PATIENTS?**

With the roll out of the Fecal Immunochemical Test (FIT) colon cancer screening program in Ontario, there remains confusion about the role of the screening colonoscopy in average-risk patients. While FIT has been shown to have a higher sensitivity than gFOBT (75% vs 30-40%), there are limitations to this test. The sensitivity of FIT in detecting colorectal cancer (CRC) is 75-90%, which means that the test will not detect 10-25% of patients with CRC. Furthermore, the FIT's sensitivity drops to 25% for detecting advanced adenomas and 0% for serrated adenomas (believed to be the cause of up to half of all colorectal cancers). FIT is recommended to be completed every 2 years while a normal colonoscopy is good for 10 years. The Ontario Association of Gastroenterology and The Ontario Association of General Surgeons believe that colonoscopy remains the best test for colon cancer. If the intent is to detect polyps for CRC prevention, then colonoscopy is a superior test. FIT positive patients are likely to have advanced adenomas. TEC is equipped with snares, injectors, endo-clips, and energy devices to allow our endoscopist to remove large complex polyps, often avoiding another unnecessary colonoscopy. For average risk patients, a discussion around the pros and cons of FIT and colonoscopy would be helpful in determining the ideal test for them. There is still a role for colonoscopy in average-risk patients, especially if there is a desire to proceed with the best test for polyp detection. For patients with symptoms, or high-risk patients (family history, history of polyps, IBD), then a colonoscopy is the recommended screening test.

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THORNHILL ENDOSCOPY CENTRE
**HOLIDAY GREETINGS FROM
TEC!**



***Wishing you a safe and festive
season! Best wishes for the New
Year!***

THORNHILL ENDOSCOPY CENTRE



Fall-Winter 2019

A Bulletin for Family Physicians



**FIT-Screening Colonoscopy-
Sedation- TEC update**

Thornhill Endoscopy Centre

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DR. LUKE BUI, M.D.,
F.R.C.S.(C.)

MEDICAL DIRECTOR

TEC UPDATE
TEC IS THE CLINIC OF CHOICE

2019 has been a busy year for TEC’s doctors, nurses and staff, with the clinic on track to complete close to 5000 procedures this year. This represents a 13% increase over last year’s volume. Several factors appear to be contributing to this. Thanks to our new latest-edition voice recognition system, our referring doctors are receiving procedural reports within 1-2 business days of completed patient visits. Patients continue to have an exceptional, and personalized experience at TEC, often recommending their families and friends following their visit to TEC. Recently, we were honored to have a busy endoscopist in Thornhill (who has since retired) endorse TEC as the clinic of choice for all his patients’ continuing care. In order to meet the needs of community in Thornhill and beyond, TEC has committed to a major capital investment to acquire a fleet of the latest model Olympus scopes, offering unparalleled performance, and image quality. Referring doctors can be assured that our doctors are equipped with “state-of-the-art” equipment, enabling them to continue delivering exceptional care to your patients.

HIGHEST STANDARDS AND
PROCEDURAL EXCELLENCE

Thornhill Endoscopy Centre



SARAH

MEDICAL ADMINISTRATION

TEC STAFF SPOTLIGHT

Patients who have had procedures at TEC will often recall speaking to Sarah who provided them with clear and concise preparation instructions in a friendly and engaging style. When they arrive at TEC, many have subsequently asked, “Who is Sarah?”, with the intention of meeting the person behind the friendly voice. Sarah has been working at TEC for the past 3 years, and look forward to many more years as she truly loves what she does. “TEC provides a warm and pleasant environment as our doctors, nurses and staff work together with a singular focus in delivering the best patient care”. When asked how she contributes to patient care at TEC, she responds, “I believe its my responsibility to create the right first impression with the first phone call by being attentive to our patients’ concerns, easing them into a process that can be anxiety-filled. She further emphasizes, “My job is to assure patients that they are dealing with a professional and efficient organization who will take good care of them. Sarah, and the staff at TEC, love what they do - and patients quickly sense it from the very first phone call to when they leave the clinic. TEC is proud to have staff like Sarah!

PROFESSIONAL AND FRIENDLY STAFF

UNIT 11, 390 STEELES AVEUNUE WEST,
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DR. WARREN BEAN,
M.D., F.R.C.P.(C.)

ANAESTHESIOLOGIST

SEDATION IN COLONOSCOPY TO SEDATE OR NOT TO SEDATE?

To sedate or not to sedate? That is the question. A recent decision by OHIP not to de-insure anesthesia service for colonoscopy highlighted the ongoing discussion regarding the actual need for sedation for this procedure. There are multiple factors involved including patient expectations, individual sensitivity to discomfort, levels of difficulty in performing colonoscopy often related to differing levels of skills of the endoscopist as well differing patient profiles. There is not a ‘one size fits all’ solution. As such anaesthesiologists continue to provide care for patients undergoing colonoscopy tailoring sedation to meet both individual needs and requirements. Patients may choose no sedation, or deep sedation, or any level of sedation in between. In reality some patients who initially request conscious sedation, receive a deeper level of sedation and visa versa. As long as a detailed explanation of the sedation protocol is understood, patients trust that their anaesthesiologist will ensure that their experience is both safe and comfortable.

PUTTING YOUR MIND AT EASE

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