

MINIMALLY INVASIVE SURGERY THE WAY FORWARD

Mr Romi Navaratnam trained at Nottingham, Cambridge, London and in Sri Lanka prior to being appointed consultant colorectal and laparoscopic surgeon at the North Middlesex University Hospital and honorary senior lecturer at Royal Free Medical School in 2002. He is also based at the Hospital of St John & St Elizabeth, The Wellington Hospital and Princess Grace Hospital. Romi's specialist interests include the investigation and management of gastrointestinal problems such as irritable bowel syndrome (IBS), and anal conditions such as rectal bleeding, haemorrhoids (piles), fissures, fistulae and pruritus ani (itching of the anus).

Romi's other major interest is colonoscopy (the identification of early colonic disease) and endoscopy for indigestion or heartburn. The majority of his surgical workload incorporates laparoscopic (keyhole) surgical techniques for benign conditions of the gall bladder, groin and abdominal herniae, appendicectomy and malignant colorectal conditions.

THE ROLE OF COLONOSCOPY IN SCREENING FOR COLORECTAL CANCER

Investigative colorectal and general surgery has been modified from a traditional approach to a more non-invasive means of establishing a diagnosis and identifying early-onset disease. Justifiable concerns regarding colorectal cancer initiated a national screening programme,

targeting asymptomatic patients, in an attempt to identify pre-cancerous lesions and early, stage one cancers, rendering these lesions amenable to potential cure.

The screening methods utilised include stool tests (faecal occult blood), colonoscopy, flexible sigmoidoscopy and virtual colonoscopy. Colonoscopy remains the gold standard, especially when undertaken by experienced hands. It is the most accurate means of establishing early disease and has a proven history in the USA and Europe, where the incidence of colorectal cancer is falling.

Colonoscopy involves the gentle introduction of a telescope into the colon, under sedation, after the bowel has been prepared with laxatives. The primary indications are rectal bleeding, an alteration in bowel habit such as diarrhoea or recent onset constipation, a family history of colorectal cancer or the routine screening of asymptomatic patients.

The majority of symptoms described, are associated with benign conditions such as haemorrhoids, irritable bowel syndrome or diverticular disease. Investigating these conditions through the use of colonoscopy or endoscopy (telescope test of the stomach) can bring about significant peace of mind through rapid diagnosis and simultaneously initiating treatment. For example, a painless injection or rubber band application can reduce the frequency of bleeding piles.

These techniques, used to identify early disease, make the management of a condition

more amenable to a less invasive means of treatment. It is a means of emphasising risk reduction, in that early presentation of disease allows for a more conservative means of managing a potentially complex problem or even cure. This is particularly relevant in patients with a family history of colonic problems.

Where indicated, minimally invasive, laparoscopic surgery is routinely undertaken in the management of common benign conditions such as gall bladders, herniae, appendicectomy and malignant colorectal conditions. This enables complex operative procedures to be undertaken with minimal lifestyle disruption, enhancing recovery and enabling a more rapid return to normal activity, with cosmetically acceptable scars.

GET IN TOUCH...

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