



## Health careers

# An inside job

There's no room for genteel squeamishness when you're a colorectal surgeon, writes **Anne Fawcett**.

As a colorectal surgeon, Professor Graham Newstead is used to being the butt of medical jokes, but it's all good fodder. "I like it when people react because it allows me to get on my soapbox," he says, promptly doing so. "Everybody has an anus, everybody opens their bowels, there are things that can lurk in there and kill you so if you're over 50 you should have your bowels checked."

Newstead can perhaps be forgiven for his evangelical tone. As a surgeon specialising in diseases of the anus, rectum and lower colon, he spends much of his time diagnosing and treating bowel cancer. "Ninety per cent of bowel cancers can be prevented with screening, and of those that can't, the majority can be cured if they are found early," he says.

Most bowel cancers begin as benign polyps, mushroom-like growths on the lining of the bowel. If polyps are diagnosed by colonoscopy and removed the incidence of bowel cancer falls by an astonishing 90 per cent. "One of the biggest things in reducing deaths from bowel cancer was the evolution of the colonoscope," Newstead says.

When he began his career as a colorectal surgeon there was no such thing. Then, when he was working in London in the late 1970s, his employer, a wealthy surgeon, handed him a box. "He said, 'Here, boy, use this, it's a colonoscope.' I said, 'What do I do with it?' He said, 'I'm not sure, the instructions are in the box.' I've now done 50,000 colonoscopies, but in those days it was the blind leading the blind."

Thanks to screening and advances in surgical techniques, the incidence of incontinence in patients treated for bowel cancer has dropped dramatically. "The ability to cure cancer but still preserve anal sphincters has been one of the hallmarks of the development of colorectal surgery as a specialty," Newstead says.

Patients are also less likely to require a colostomy bag, although they too have improved. "I'd have one in a minute if I had to," he says. "These days no one knows you have got them. You can play tennis, swim, have sex and do whatever you need to. It wouldn't affect my lifestyle one bit."

Newstead is chairman of the Colorectal Foundation. "Since one

in 24 Australians develops bowel cancer it seemed a natural progression to start the foundation and educate the public."

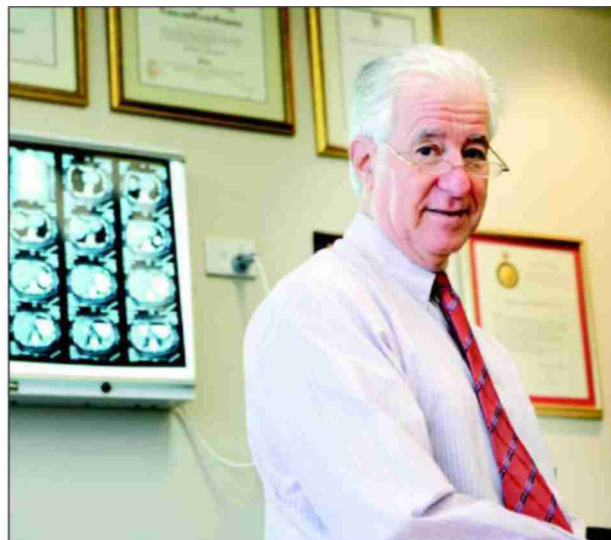
This month the foundation is launching the Supercolon, a giant, walk-through colon to raise awareness about bowel cancer screening.

Newstead adapted the concept from overseas. "There is a giant colon in the US and one in South America, but I built one we could trot around easily."

After its debut in Martin Place, the curiosity will tour shopping centres around Sydney.

Colorectal surgery isn't all about bowel cancer. The most common condition Newstead treats is hemorrhoids, an affliction rarely discussed over the dining table. "We're all born with little bundles of veins in the lower part of the rectum but sheer force and strain cause them to bulge down," he says.

Surgical removal was once the treatment of choice, but no longer. "Now we place a rubber band on the insensitive bowel lining and 93 per cent of our patients no longer need a hemorrhoid operation."



Screening call... Professor Graham Newstead, chairman of the Colorectal Foundation. Photo: Sallian Hayes