

## Bowel Cancer Awareness Month

# RED APPLE DAY



A highlight of Bowel Cancer Awareness Month is **Red Apple Day (Wednesday, 17 June 2020)**, when Australians are encouraged to support the vital work of Bowel Cancer Australia through the purchase of a Bowel Cancer Awareness Ribbon and apple themed fundraising activities.

### Apple logo and charity colours

Bowel Cancer Australia's apple logo is symbolic of the charity's bowel cancer message: bowel cancer is treatable and beatable if detected early.

The outline of Bowel Cancer Australia's apple logo appears as an abstract of a human bowel. The small hole in the apple is caused by a worm. If detected early and removed, the worm is unable to continue affecting the apple or the health of the tree.

It's the same with people. If bowel cancer is detected early it can be successfully treated, which means patients and their families can continue to enjoy a healthy life.

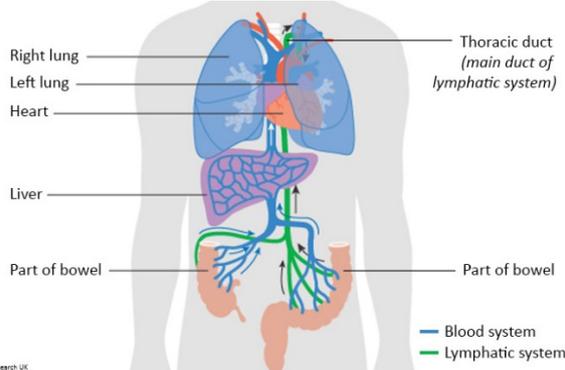
Both red and green apples are also a nutritious source of dietary fibre.

### What is Bowel Cancer?

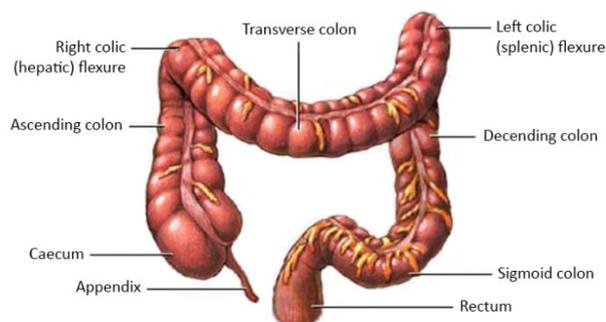
Bowel cancer, also known as colorectal cancer, can affect any part of the colon or rectum; it may also be referred to as colon cancer or rectal cancer, depending on where the cancer is located.

The colon and rectum are parts of the large intestine.

The colon is the longest part of the large intestine (the first 1.8 metres). It receives almost completely digested food from the caecum (a pouch within the abdominal cavity that is considered to be the beginning of the large intestine), absorbs water and nutrients, and passes waste (stool/faeces/poo) to the rectum.



Source: Cancer Research UK



Source: www.medlineplus.gov

The colon is divided into four parts:

- the **ascending colon** is the start of the colon. It is on the right side of the abdomen. It continues upward to a bend in the colon called the hepatic flexure.
- the **transverse colon** follows the ascending colon and hepatic flexure. It lies across the upper part of the abdomen. It ends with a bend in the colon called the splenic flexure.
- the **descending colon** follows the transverse colon and splenic flexure. It is on the left side of the abdomen.
- the **sigmoid colon** is the last part of the colon and connects to the rectum.

The **proximal colon** is the ascending colon and the transverse colon together. The **distal colon** is the descending colon and the sigmoid colon together.

The rectum is lower part of the large intestine (the last 15 centimetres) that connects to the sigmoid colon. It receives waste (stool/faeces/poo) from the colon and stores it until it passes out of the body through the anus.

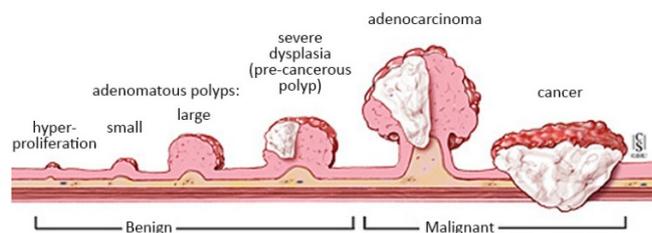
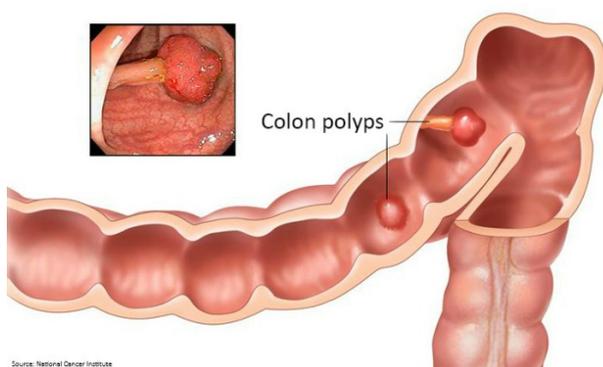
The anus is the opening at the lower end of the rectum through which waste is passed from the body.

Cancer in the anal canal or anus is treated differently from and is less common than bowel cancer.

Most bowel cancers start as benign, non-threatening growths – called polyps – on the wall or lining of the bowel.

Polyps are usually harmless; however, adenomatous polyps can become cancerous (malignant) and if left undetected, can develop into a cancerous tumour.

In advanced cases, the cancerous tumour can spread (metastasise) beyond the bowel to other organs.



## What are the Symptoms?

Cancers occurring in the left side of the colon generally cause constipation alternating with diarrhoea, abdominal pain and obstructive symptoms, such as nausea and vomiting.

Right-sided colon lesions produce vague, abdominal aching, unlike the colicky pain seen with obstructive left-sided lesions.

Anaemia (low red blood cell count) resulting from chronic blood loss, weakness, weight loss and/or an abdominal mass may also occur when bowel cancer affects the right side of the colon.

Patients with cancer of the rectum may present with a change in bowel movements; rectal fullness, urgency, or bleeding; and tenesmus (cramping rectal pain).

Any of the below symptoms could be indicative of colon or rectal cancer and should be investigated by your GP if they persist for more than two weeks.

- Blood in your poo or rectal bleeding
- A recent, persistent change in bowel habit (e.g. diarrhoea, constipation or the feeling or incomplete emptying)
- A change in the shape or appearance of your poo (e.g. narrower poos or mucus in poo)
- Abdominal pain or swelling
- Pain or a lump in the anus or rectum
- Unexplained anaemia causing tiredness, weakness or weight loss

## How can I reduce my risk?

### Diet & lifestyle

Healthy diet and lifestyle choices, as well as screening and surveillance, can help to reduce your bowel cancer risk.

Evidence reveals quitting smoking, abstaining from or limiting alcohol consumption, and eating foods containing dietary fibre are all beneficial.

Maintaining a healthy weight and engaging in regular physical activity have also been shown to reduce the risk of colon cancer, but not rectal cancer. Additionally, people who are more physically active before a bowel cancer diagnosis are less likely to die from the disease than those who are less active.

For people aged 50-70 years without symptoms or a family history of bowel cancer, a GP may also recommend taking a low dose of aspirin for at least 2.5 years.

Whether or not a person should take aspirin depends on their general health, and whether they have another condition that could be made worse by aspirin (e.g. allergy to aspirin, stomach ulcers, bleeding or kidney problems).

For more information please visit the below link or click on the RED highlighted underlined words in this forum.

<https://www.bowelcanceraustralia.org/>

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