

Death by Colonoscopy

My good friend, Dr. Kaayla Daniel is speaking at Village Green Networks' Healthy Life Summit. This summit is a FREE virtual conference happening March 24-30, 2013 (next week).



by [Dr. Kaayla Daniel](#)

March is National Colon Cancer Awareness Month, and it won't be long before the usual health experts trot out to urge us all to get colonoscopies.

Although that "kick in the butt" might sound like a good idea, the rate of serious complications from colonoscopy screening is ten times higher than any other commonly used cancer screening test.

According to Konstantin Monastyrky, the author of *Fiber Menace*, "the odds of being killed or injured by the side effects of colonoscopy may exceed your odds of getting colorectal cancer in the first place."

He further points out that the procedure is far from infallible. It not often fails to catch colorectal cancer in many cases, but can also cause, contribute to, or accelerate the growth of colorectal and other cancers.

How so?

■ **Dysbiosis.** Intestinal flora are disrupted because the procedure requires a thorough washing out of the large intestine with large doses of synthetic laxatives, followed by bowel irrigation with polyethylene glycol and hypertonic electrolytes. Both substances kill bacteria, both good and bad. Dysbiosis contributes to irregularity, constipation, IBS, Crohn's and other diseases known to increase colon cancer risk. Dysbiosis also contributes to a wide range of other health problems.

■ **A Worsening of Stool Patterns:** Those already affected by hemorrhoids, chronic constipation, IBS or diverticulosis may find these conditions become worse after colonoscopy.

■ **Complications from the Procedure:** Serious complications, such as colon perforation, occur in five out of every one thousand colonoscopies. The risks of delayed bleeding, infection and ulceration are even higher, though they rarely get reported in connection with colonoscopy.

■ **Increased Risks of Stroke, Heart Attack and Pulmonary Embolisms:** Blood clotting is a side effect of anesthesia, particularly among patients with diabetes or heart disease.

■ **Infections:** Procedures performed under anesthesia are associated with increased risk of infectious disease, such as pneumonia or pyelonephritis.

■ **False Sense of Security:** Doctors miss from 15-27 percent of polyps, including six percent of large tumors. *The New England Journal of Medicine* has even reported that some doctors blast through the colonoscopy so fast they miss cancer in full bloom. Indeed, the desire for speed is why most colonoscopies today are done under anesthesia. Might there be a profit motive? Some doctors do 60 colonoscopies per day at an average cost of \$1,500 to

\$2000 each. You do the math.

Sadly, that's not all, folks. To learn more about the procedure and its risks, I'll send you to Monastyrsky. But first, I'd like to share a few words from him about how to increase the level of safety and accuracy should you opt for colonoscopy.

Those with a family history of colon cancer or otherwise at high risk probably should do a colonoscopy. But I suggest they request to have it done without general anesthesia. That's where the majority of the risks are. The doctors do it that way not because the procedure is painful, but because they can 'jam' faster, and bill for anesthesiology. Doing radiography first is pointless because if they find some polyps, they still have to go in. Besides, you don't want all that huge exposure to ionizing radiation.

To learn more about colonoscopies from Konstantin Monastyrsky:

http://www.gutsense.org/crc/crc_side_effects.html

http://www.gutsense.org/crc/crc_transcript.html#part_1_video