



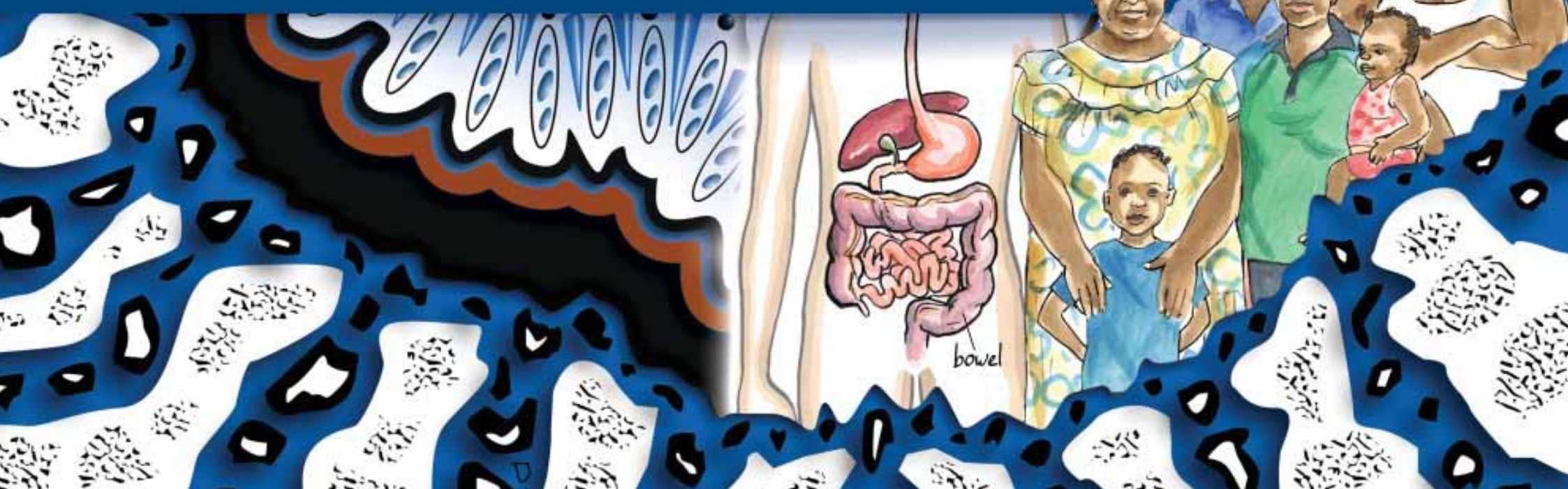
You're lookin' good on the outside But what about the inside?

**NATIONAL
BOWELCANCER**
SCREENING PROGRAM

health • care • people



Screening for bowel cancer



For the user of this flipchart

This flipchart has been produced by Queensland Health, Cancer Screening Services Unit, to assist in providing information on bowel cancer and bowel cancer screening to Aboriginal and Torres Strait Islander men and women, particularly those eligible for the National Bowel Cancer Screening Program.

The flipchart covers areas such as:

- The bowel
- Bowel cancer
- Who is at risk of bowel cancer
- Signs and symptoms of bowel cancer
- How to do a Faecal Occult Blood Test
- Follow up tests such as colonoscopy
- How to reduce risk of bowel cancer

Users of this flipchart are encouraged to modify the wording provided to suit their particular community.

Also, it may not be suitable to use the entire flipchart at one time. Users of the flipchart may prefer to use only sections of the flipchart as appropriate to their client's needs.

The flipchart can be used as a specific educational tool for the National Bowel Cancer Screening Program or to provide general information about bowel cancer or bowel cancer screening tests.

The flipchart can be used in small group situations or for one-on-one information sharing.

Acknowledgements

The Cancer Screening Services Unit would like to acknowledge the input of female and male Health Workers and key Aboriginal and Torres Strait Islander people who live and work in communities across Queensland who have guided the development of this resource. In particular, the Unit would like to acknowledge Sandra Angus, John Brady, Liela Murison and Cindy Sinclair for their valuable input into both this resource as well as strategies for the Program.

Acknowledgement is also extended to The Cancer Council, Aboriginal and Torres Strait Islander Health Unit (Queensland Health) and local Queensland Bowel Cancer Screening Program staff, in particular Naomi Goldsworthy and Sonja Main, who provided advice in the development of this document.

This resource has been coordinated by Sarah Holmes, Project Officer (Health Promotion) with Cancer Screening Services Unit.

Artwork

The artwork used in this resource is titled 'New World Order' and was a collaboration between Bianca Beeton and Kathleen Cameron. This artwork represents an internal cellular structure within the human with colours used to represent both Aboriginal and Torres Strait Islander people. The title 'New World Order' looks forward to the future, to a healthier Aboriginal and Torres Strait Islander community, due to the promotional and early detection work that is being undertaken in cancer screening. This artwork was created using digital medium.



About the artists

Bianca Beeton is a Kabi Kabi woman, born in Roma in Western Queensland. Bianca studied a Bachelor of Arts - Visual Arts (Honours) at the Queensland University of Technology and currently lives and works in Brisbane.

Bianca's work explores issues of growing up as a fair skinned urban Aboriginal woman. Her work looks at issues surrounding the loss of traditional culture through the process of assimilation and the Aboriginal Protection Act including the impact on our health and well being. Bianca believes that creating art helps to maintain our well being.

Bianca has had a number of solo exhibitions in Queensland and interstate, as well as had her work included in numerous group exhibitions in Australia and overseas. Bianca is currently a member of the ProppaNOW Aboriginal artists collective.

Kathleen Cameron was born in Redcliffe and has lived in South East Queensland since this time. In exploring her identity as a white Australian woman, Kathleen has longed to form a connection with the Indigenous spirituality of Australia. She considers herself blessed to share modern Australia with a diverse culture rich in spirit, but is alerted to the many boundaries and challenges faced socially and culturally. This collaboration was important for Kathleen not only as a white Australian honoured to

participate in a collaboration with a talented Aboriginal artist, but to work with her close friend who helps bridge her knowledge and understanding.

Illustrations were completed by Julie Haysom.

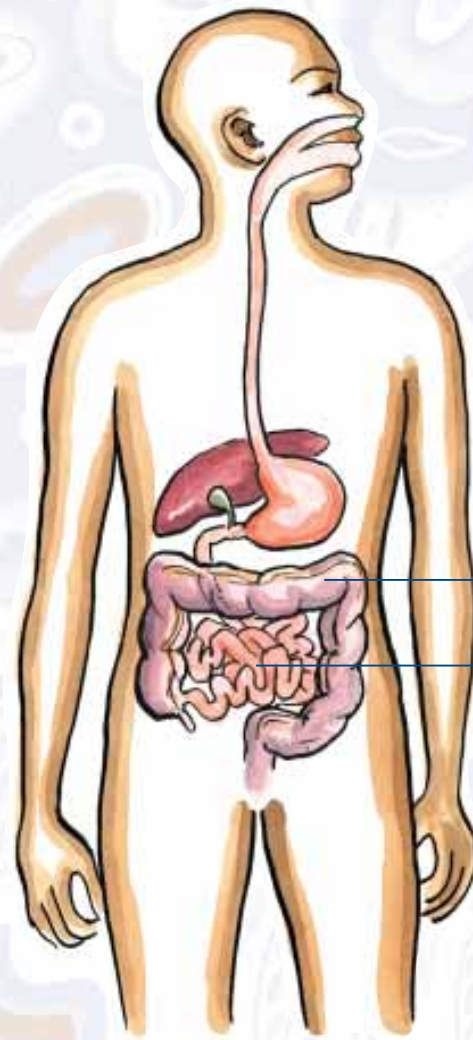
Julie Haysom began her Indigenous cross-cultural education in 1982. After four years country service in Queensland's South Burnett district, she and her partner were transferred as secondary teachers to the remote Aboriginal community of Mornington Island in the Gulf of Carpentaria. Since then, she has been immersed in Indigenous culture, association and issues both professionally and personally in several locations. No longer a full time teacher, she juggles her life as a parent of four, a relief teacher, private art teacher, artist, and as a freelance illustrator. Julie's illustrating assignments have encompassed projects for a variety of government departments, non-government organizations and individuals, locally, nationally and internationally. She has won several art awards and commendations for painting and drawing. Julie currently lives with her family in Far North Queensland.

The bowel

The bowel helps digest our food.

The bowel is made up of two main parts:

- **The small bowel**
- **The large bowel**



Large bowel

Small bowel

The bowel

What is bowel cancer?

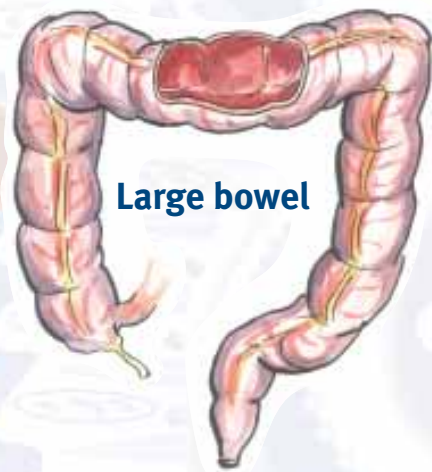
Bowel cancer is a growth that most often is found inside the large bowel.

It develops from small growths known as polyps.

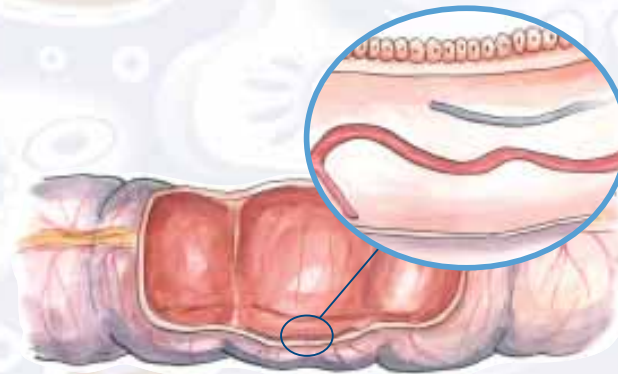
Polyps look like small spots on the bowel wall - like cherries on stalks.

Not all polyps will grow into cancer.

If polyps are found early, they can be removed.



Large bowel



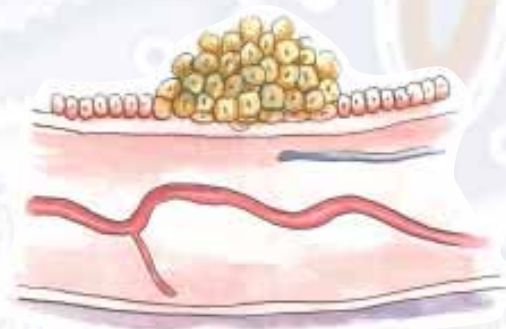
Normal cells on the lining of the bowel wall



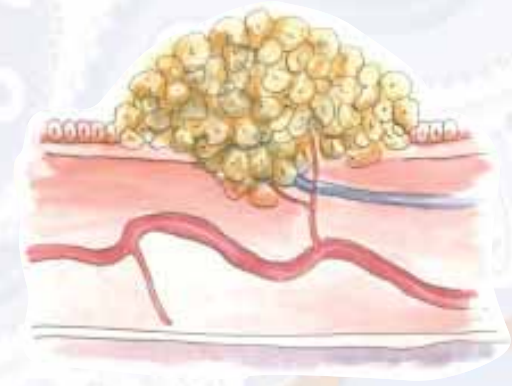
Abnormal cell on the lining of the bowel wall



Multiple abnormal cells



Polyp



Bowel cancer

What is bowel cancer?

Who gets bowel cancer?

- **Bowel cancer can occur in both men and women.**
- **Bowel cancer is the most common internal cancer in Australia.**
- **Approximately 1 in every 20 Australians get bowel cancer in their lifetime.**

1 in every 20 people



Who gets bowel cancer?

Who is at risk?

Everyone is at risk of bowel cancer, but particularly men and women who:

- Are aged 50 years and over
- Are overweight
- Smoke
- Are not physically active
- Have a high alcohol intake
- Have close family who have had bowel cancer or bowel diseases
- Have bowel diseases (eg. Inflammation) or bowel irregularities



Aged over 50



Overweight



Smoke



No physical activity

Drink heavily



Have family with bowel cancer

Who is at risk?

Signs

Bowel cancer can happen without any obvious signs. However, signs can include:

- **Bleeding from the bowel**
- **Feeling tired for no reason**
- **Pain**
- **Loss of weight for no reason**
- **Changes in your normal bowel habits**

If you have any of these signs, you should see your doctor.



Bleeding from the bowel



Feeling tired for no reason



Pain



Losing weight

Signs

The Program

- **The Australian Government is sending out bowel cancer screening kits* gradually to older men and women.**
- **These people will receive kits in the mail or from a Health Worker/Nurse** *(in some areas only).*
- **You can do the test yourself at home in privacy.**
- **It's quick, easy and doesn't hurt.**

(Note to user: The Program is being gradually implemented. Health Workers will be kept informed as to who is eligible for the Program.)

* known as Faecal Occult Blood Tests or FOBT.

- Kits sent to older men and women
- Get **FREE** kit in the mail or from Health Worker/**Nurse** *(in some areas only)*
- Do test yourself at home in privacy



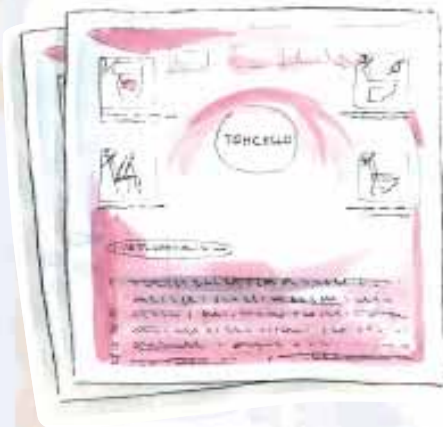
The Program

What's in the kit?

In your kit, you will find:

- **2 collection sheets**
- **2 collection sticks**
1 red and 1 blue
- **2 small plastic tubes**
- **2 large plastic tubes**
- **2 labels**
1 red and 1 blue
- **1 plastic bag**
- **1 reply paid envelope**

(Note to user: The next two pages contain culturally sensitive material including illustrations of bowel motions. If you or your group feels uncomfortable with the content of these pages, this information can alternatively be explained using the sample Faecal Occult Blood Test provided with this flipchart.)



2 collection sheets



2 sticks
red and blue



2 small plastic tubes



2 large plastic tubes



2 labels
red and blue



A plastic bag



A reply paid envelope

What's in the kit?

How to do the test

1. Pass urine, then flush the toilet.
2. Put the paper sheet in the toilet bowl on top of the water with the picture facing up.
3. Pass the *goona/cooma* (bowel motion or use other words for this) onto the sheet.
4. Insert the red stick into the *goona/cooma* (bowel motion) up to the red line on the stick.
5. Drag the tip of the stick along the *goona/cooma* (bowel motion) back and forward a few times.
6. Insert the red stick into the top of the small tube.
7. Flush away the sheet.

You will need to do this again using the blue stick. This should be taken from another *goona/cooma* (bowel motion), not the same as the first. If you have more than one *goona/cooma* (bowel motion) on the same day, you can collect both samples on that day.

Keep the sample in a cool dry place or in the fridge away from food until the second sample is taken.



1



2



3



4 - 5



6



7

- Repeat steps using blue collection stick when you pass your next bowel motion.

How to do the test

Bush toilet (long drop)

If you don't have a toilet that flushes, you can still do the test. You just need to:

1. Find a clean disposable container such as a large takeaway container.
2. Pass urine in your usual toilet.
3. Place the paper sheet, picture side up in the bottom of the container.
4. Pass the *goona/cooma* (bowel motion) onto the sheet laid inside the disposable container.
5. Insert the red stick into the *goona/cooma* (bowel motion) up to the red line of the stick.
6. Drag the tip of the stick along the *goona/cooma* (bowel motion) a few times.
7. Insert the red stick into the top of the small tube.
8. After this, place the *goona/cooma* (bowel motion) in the toilet and dispose of the container.

You will need to do this again using the blue stick. This should be taken from another *goona/cooma* (bowel motion), not the same as the first. If you have more than one *goona/cooma* (bowel motion) on the same day, you can collect both samples on that day.



1 - 2



3 - 4 - 5 - 6



7



8

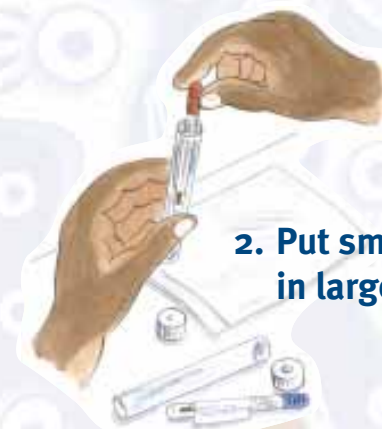
Bush toilet (long drop)

After the test

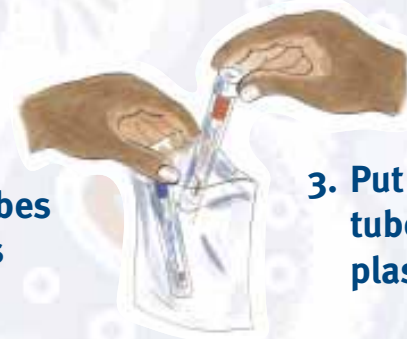
- **Label the small tubes with your name, date of birth, and the date you did the test.**
- **Then place the small tubes into the larger tubes.**
- **Place the larger tubes into the plastic bag and then into the envelope.**
- **Post the sealed envelope or give it to a Health Worker or Nurse.**
- **The test will be sent by post to a laboratory for screening.**



1. Label small tubes



2. Put smaller tubes in larger tubes



3. Put larger tubes in plastic bag



4. Put plastic bag in envelope



or



5. Mail sealed envelope or give to Health Worker/Nurse

After the test

2 weeks later...

You will receive the results in the mail or from your health worker two to three weeks later.

A negative test result means no blood was found. You need to do another test in 2 years. You should still look out for signs of bowel cancer.

A positive test result means blood was found. You need to see a doctor for more tests (for example, a colonoscopy). It does not necessarily mean that you have cancer but it is important to check why you are bleeding.



or



**No blood found.
Retest in 2 years.**



**Blood found.
See doctor for
more tests.**

2 weeks later...

What happens next?

If you need to have more tests (like a colonoscopy), a local nurse from the Bowel Cancer Screening Program will be in contact with you to let you know more about it.

They will ask you questions about your health to make sure you are ok to go ahead with the test.

They will also give you more information about the test and can answer any questions you may have about it.

The nurse will also make a time for you to have your test.



What happens next?

What is the next test?

The next test is called a colonoscopy which takes a better look inside of you.

- 1 You will need to make changes to your diet a couple of days before your test. The day before your colonoscopy, you will be asked to drink a special preparation to help clear your bowel. This special preparation will make your bowel motions loose.**
- 2 You will then need to go to the hospital or clinic to have your test. You can take someone with you for support. They can wait with you or come back later.**
- 3 Here you will be given a sedative to make you drowsy.**

continue over...



1. Day before



2. Go to hospital



3. Needle to make you drowsy

What is the next test?

What is the next test?

- 4 Once drowsy, the doctor will insert a flexible tube with a small camera into your back passage. Pictures of inside your bowel are then seen on a video screen. The test takes between 15 to 60 minutes.**
- 5 Once the test is over, you will need a couple of hours to recover before you can go home.**
- 6 Because you have had a sedative, you will need someone to help take you home and be with you after the test for at least 24 hours.**



4. The test



5. Soon after...



6. Need help going home

What is the next test?

After the test

- **Because of the sedation, you should not drive a car, travel on public transport alone, operate machinery, sign legal documents or drink alcohol for 24 hours after your test.**
- **You may also feel some discomfort after the test (pressure, bloating, cramping). This should wear off after one or two days.**

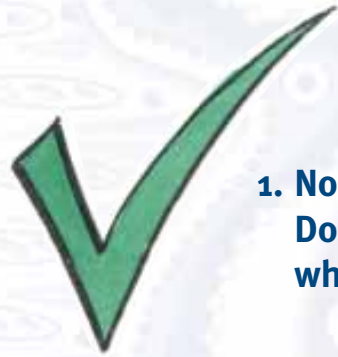


After the test

Results

There are a number of possible things that a colonoscopy might find.

- 1 Nothing (clear)** – No polyps or cancer. This means you have a low risk of getting bowel cancer within the next 10 years. No test though is 100% accurate so see your doctor if you notice any signs later. You will be asked to do the home test again when recommended.
- 2 Polyps** – The doctor will usually remove them when doing the colonoscopy. You will likely need another colonoscopy in 2-5 years.
- 3 Cancer** – Will probably need surgery. If found early, the chance of a full recovery is high. Most people will be able to go back to their current lifestyle.
- 4 Other conditions** – The colonoscopy may find other bowel diseases or irregularities. Your doctor will follow these up with you.



1. Nothing found.
Do home test again
when recommended.



2. Polyps found.
Check in 2-5 years.



3. Cancer found.
Need treatment.



4. Other conditions found.
Need treatment.

Results

Need help?

The Queensland Bowel Cancer Screening Program has nurses to help people who need a colonoscopy through the Program. The nurses can give information about colonoscopy. They can also help organise a colonoscopy appointment at a public hospital or clinic. You can call your local Program nurse on 1300 766 927. A local Health Worker or clinic staff may also be able to support you to do the bowel cancer testing.



Local Program Nurse

Phone 1300 766 927



Health Worker



Local Doctor

Need help?

Help stop bowel cancer

**Being healthy can help prevent bowel cancer.
To reduce your risk of bowel cancer:**

- **Eat a healthy diet**
- **Eat more fruit and vegetables**
- **Keep at a healthy body weight**
- **Be physically active**

continue over...



Help stop bowel cancer

Help stop bowel cancer

To reduce your risk of bowel cancer:

- **Quit smoking or stay a non-smoker**
- **Avoid or cut down alcohol intake**
- **If over 50, do the simple home test every two years**



Help stop bowel cancer

Why change our habits?

For you.

For family.

**To be around your community
for a long time.**

Be here for a long time!



Why change?