

WINTER 2025 | NEWSLETTER

WELCOME DR. TOKUNBO AJAYI!



We are excited to introduce our newest physician to the community, Dr. Tokunbo Ajayi. He is a board-certified physician who received his medical degree from Obafemi Awolowo University in Nigeria. Dr. Ajayi completed his internship and residency in Internal Medicine at Mass General Brigham-Salem Hospital, where he serviced as chief resident and was a clinical instructor for Tufts University Medical studies. He then spent six years as an assistant professor of medicine at Johns Hopkins Hospital. His clinical interested include motility disorders, inflammatory bowel disease, acid reflux disorders, nutrition, diversity in colon cancer screening prevention and medical graduation education. In his spare time, Dr. Ajayi enjoys traveling, listening to music, watching movies and spending home with his family.

Experiencing issues with Internal Hemorrhoids?

We have physicians trained in hemorrhoid banding, including our newest physician named above.

Benefits of the procedure include:

- a reliable and effective treatment for internal hemorrhoids, boasting a 99% success rate. Because of its high success rate, many patients can finally find lasting relief from painful and uncomfortable symptoms related to internal and external hemorrhoids.
- it minimizes the risk of patients developing more hemorrhoids in the same places after successful treatment.
- most major insurance plans cover hemorrhoid ligation treatment, increasing patient access to safe and effective hemorrhoid treatments.
- overall time it takes to place the rubber band around a hemorrhoid is only about a minute, meaning the entire visit to your physician is short. Most patients can receive treatment and complete their entire appointment in just 15 minutes, allowing them to return to normal activities and responsibilities promptly.
- relatively painless, meaning patients do not typically need to take pain medication following the procedure. Without a painful recovery period, patients can quickly get back to their day following treatment.
- requires little to no downtime following a procedure. Patients can go to their appointment without extensive preparation, like traditional techniques often require. Following a treatment, patients do not need to modify their lifestyle habits or plan for a long recovery period.

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Christa Purdum, PA-C, Michelle Bachtold, PA-C, Jackie Ramirez, PA-C, Kibbum Kang, NP-C,
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March is Colon Cancer Awareness Month!

Colorectal cancer is the #2 cancer killer in the United States, yet it is one of the most preventable types of cancer. Over 80% of all cases of colorectal cancer can be prevented with recommended screening. A colonoscopy is the gold standard for colon cancer screening.



THE VALUE OF COLONOSCOPY

Who Should Be Screened?

33% of people diagnosed have a **family history** of colorectal cancer and are more likely to be diagnosed at an earlier age¹



1 in 5 colorectal cancer cases are now in **people under age 55**¹

The American Cancer Society recommends average-risk people start screening at age

45^{2,3}

**Depending on family history, screening may be recommended at age 40 or younger*

Colonoscopy: The Gold Standard



The only screening that detects and prevents cancer³

The only test recommended for people with risk factors such as personal history of polyps or cancer, family history of cancer, or inflammatory bowel disease.^{3,4,5}



The best test for finding precancerous polyps³

Prevents colon cancer by removing polyps before they can turn into cancer^{3,4,5}

How Often is Colonoscopy Recommended?

Colonoscopy is **the only test recommended at 10-year intervals** for asymptomatic patients at average risk

Your gastroenterologist will recommend the interval of repeat colonoscopy based on findings during colonoscopy and surveillance guidelines

10^{3,5,6}
YEARS

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