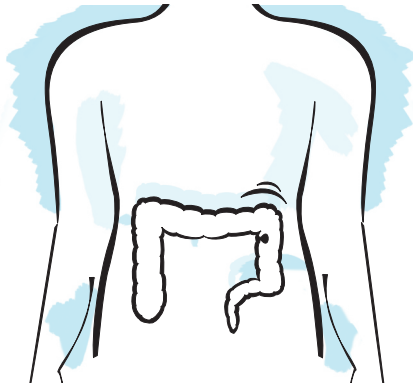


BOWEL POLYPS



What is a polyp?

A bowel (colorectal) polyp is an abnormal, fleshy growth extending from the inner wall of the large bowel (colon and rectum). Approximately half of all Australians are likely to develop a bowel polyp during their lifetime, but the majority of these remain undetected. Over many years a small percentage of polyps can develop into bowel cancer. Polyps vary in type, shape, size, location and number. These characteristics may be described in the colonoscopy report, some of the terms are explained below.

- **Type of polyp:** polyps can be divided into two main types, adenomatous and hyperplastic polyps. Adenomatous polyps are also known as adenomas. Adenomas and some hyperplastic polyps can, over sufficient time, develop into bowel cancer.
- **Shape of polyp:** the term sessile describes a flat polyp, only slightly raised above the surrounding normal bowel lining. Other polyps appear as a fleshy cap, raised on a stalk, like a mushroom. These are called pedunculated polyps. (please see the figure).
- **Size of polyp:** the vast majority of polyps will be small, that is less than 1cm. Some polyps, however, can grow to be several centimetres wide.
- **Location:** polyps are also described by their position within the large bowel, such as the caecum, ascending, transverse, descending, or sigmoid colon or rectum.

- **Number of polyps:** the number of polyps found is reported, either as a total, or as number of polyps for a particular region within the bowel.

Why are polyps important?

Bowel cancer is the second most common cause of cancer death in Australia. Polyps are usually benign but some have the potential to develop into bowel cancers. The detection of polyps and early bowel cancers through stool testing and subsequent colonoscopy is currently the best way of preventing and reducing the burden of bowel cancer in Australia. Bigger polyps and adenomas of a certain type are believed to have a greater risk of developing into cancers. At the time of colonoscopy, however, there is no way of knowing which polyps do and do not have this potential so, where possible, all polyps are removed. Colonoscopic removal of a polyp, called polypectomy, occurs via a small wire loop, like a lasso, which is passed over the top of a polyp and then closed at its base to snare the polyp off.

Am I cured?

An individual polyp, and any potential for future cancer from that polyp, is usually cured by polypectomy. Once removed, the polyp is then sent to a pathology laboratory to ensure that it is benign (does not contain any cancer). Occasionally a polyp cannot be entirely removed at colonoscopy or cancer is found within the polyp, in these cases surgery may be required. The relevance of a polyp, however, does not end with its removal. Just like high blood pressure or diabetes can predict heart disease, a polyp or a cancer in the past identifies people at greater risk for polyps and cancers in the future. Depending on the type, size, and number of bowel polyps removed, your health care provider will advise on the necessity and timing of future colonoscopies, usually in 3 to 5 years. The interval between colonoscopies may be shorter if your doctor wishes to check that a polyp was completely removed or if the colonoscopy was incomplete because of retained fluid and faeces. In addition, some people with a strong family history of bowel cancer or a large number of bowel polyps may undergo more intensive

follow up. Colonoscopy is currently the best way of detecting and the only means of removing polyps from the bowel. Nevertheless, no medical test is perfect, and occasionally polyps may be missed during the initial colonoscopy.

After polyp removal?

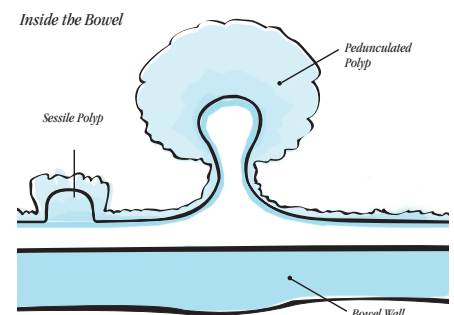
Polypectomy is a safe and effective technique. Nevertheless, there is a very small risk of bleeding from the polypectomy site and an even smaller risk of making a small hole in the bowel wall (bowel perforation), both of which require treatment. If you experience significant bleeding from the bowel or prolonged or new abdominal discomfort following the procedure you should seek medical attention.

What can I do to prevent polyps and bowel cancer in the future?

For people without past polyps, discuss bowel screening with your doctor. For people with past polyps being involved in a structured colonoscopic surveillance program is a good start. There are no other specific recommendations beyond making healthy lifestyle choices: stop smoking, maintain a healthy body weight, take part in regular physical exercise and enjoy a nutritious diet.

BOWEL POLYPS ARE OFTEN ASYMPTOMATIC

Increasing age, family or personal history of bowel polyps or cancer, and blood in the bowel motions are the best predictors of polyps.



This information booklet has been designed by the Digestive Health Foundation as an aid to people who have a bowel polyp or for those who wish to know more about it. This is not meant to replace personal advice from your medical practitioner.

The Digestive Health Foundation (DHF) is an educational body committed to promoting better health for all Australians by promoting education and community health programs related to the digestive system.

The DHF is the educational arm of the Gastroenterological Society of Australia the professional body representing the specialty of gastrointestinal and liver disease in Australia. Members of the Society are drawn from physicians, surgeons, scientists and other medical specialities with an interest in GI disorders.

Since its establishment in 1990 the DHF has been involved in the development of programs to improve community awareness and the understanding of digestive diseases.

Research and education into gastrointestinal disease are essential to contain the effects of these disorders on all Australians.

Further information on a wide variety of gastrointestinal conditions is available on our website.



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This brochure is promoted as a public service by the Digestive Health Foundation. This leaflet cannot be completely comprehensive and is intended as a guide only. The information given here is current at the time of printing but may change in the future.

If you have further questions you should raise them with your own doctor.

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