

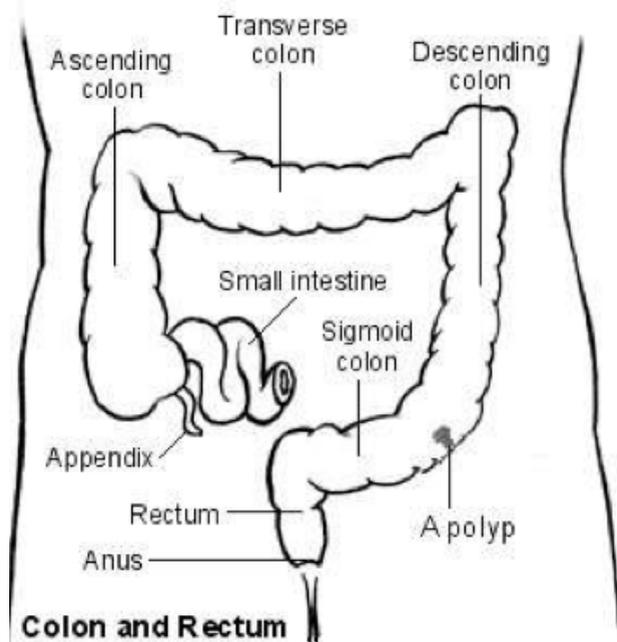
Polyps in the bowel

Endoscopy Department



Patient information leaflet

You will only be given this leaflet if you have been diagnosed with polyps in the bowel. The information below outlines the condition, the causes and the treatment.



What is a polyp?

A polyp is a fleshy growth on the inside of the bowel. Some people may develop just a single polyp, while others can have two or more at a time.

Polyps can either be on a stalk (in which case the polyp looks a little like a mushroom growing up from the lining of the bowel) or they can be much flatter and have quite a broad base. Polyps are benign but they are important because some of them can eventually become malignant. Most doctors think that all bowel cancers develop from polyps. Polyps occur in the lowest part of the intestine, called the large bowel (which consists of all of the colon and the rectum). Polyps seem to be most common towards the lower part of the colon and also in the rectum.

How common are polyps?

Most polyps are small. They are usually less than one centimetre in size, but can grow up to several centimetres. Usually the bowel only contains a single polyp but sometimes there can be more, although it is unusual to have more than five. Apart from coming in different shapes and sizes, polyps also vary in their appearances when looked at under a microscope. We realise that some types of polyps have no potential whatsoever to become cancers. The polyp which it is most important to detect and treat is called an adenoma.

Why do polyps appear?

The lining of the bowel constantly renews itself throughout our lives. There are many millions of tiny cells in the lining which grow, serve their purpose and then new cells take their place. Each of these millions of cells contains genes which give instructions to the cell on how to behave. When genes behave in a faulty manner, this can cause the cells to grow more quickly, eventually producing a small bump on the bowel surface which we call a polyp.

Why do polyps get bigger?

A polyp, or more strictly the particular type of polyp called an adenoma, starts out as a tiny bump on the surface of the bowel. The genes give instructions to make the cells grow more quickly, but to do so in an orderly manner. Some polyps remain very small throughout their lives while others continue to enlarge. Most polyps remain benign throughout life but about 1 in 10 will turn into cancer. We believe that all malignancies of the bowel begin as benign polyps; so removing benign polyps can prevent the development of cancer.

How are polyps diagnosed?

Polyps can be detected by performing a procedure called a colonoscopy. For a colonoscopy to be performed, it requires the bowel to be as clear as possible. You will be asked to follow a special diet as well as take laxatives prior to the procedure. A colonoscopy involves a soft flexible tube to be passed into the back passage and through the whole colon.

Alternative procedures?

Sometimes a bowel polyp is diagnosed by other tests:

- A special X-ray test of the bowel – this procedure is called a barium enema. This test is not currently offered at the Royal Surrey County Hospital NHS Foundation Trust.
- A test procedure called sigmoidoscopy – this enables a doctor or nurse to use an instrument called a sigmoidoscope to look into the rectum and sigmoid colon. The procedure is similar to a colonoscopy but uses a shorter telescope.

If a polyp is seen on a barium enema, you will still need a colonoscopy to remove the polyp and to take a sample (biopsy) of it for further investigation.

How are polyps treated?

There are a variety of techniques to remove polyps but most consist of passing a wire through the colonoscope and looping the wire around the polyp like a lasso to remove it. This procedure is quite painless. Occasionally, there may be too many polyps for all of them to be removed safely and the procedure may need to be repeated.

What happens after the polyp has been removed?

Once they have been removed, all polyps are sent to the laboratory for microscopic analysis. This will show whether or not the polyp has been completely removed, whether it has the potential to develop malignancy and, of course, to be sure that cancer has not already developed.

Risks and side effects?

All endoscopic procedures carry a small risk of perforation (making a hole in the bowel) <1:1000. Post polypectomy bleeding requiring a transfusion <1:100 (for polyps >1cm) and post-polypectomy risk of perforation is 1:500. These are unlikely complications and you will be reviewed by the nursing team before discharge to ensure you are safe for discharge home from the unit.

Alternatives?

There are currently no alternative ways to remove polyps except through endoscopic removal as detailed in this leaflet.

Further checks?

You will probably need to have a follow up examination if the microscopic findings indicate the polyp has any malignant potential. If so, your doctor will recommend a repeat colonoscopy in the future to check whether new polyps have grown. Depending on what is found at that time, your doctor may either suggest that nothing further need be done or that you should return for further tests in one, three or five years' time.

Reference

- www.corecharity.org.uk/polypsinthebowel
- patient.info/health/colon-rectal-bowel-cancer-colorectal/bowel-polyps-colon

Contact details

If you require further information or advice, please feel free to contact us.

Endoscopy Unit

Telephone: 01483 571122 **ext** 4409 (8am–6pm, Monday to Friday)

During out of hours, advice can be obtained from your local accident and emergency department or GP.

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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