

Since there is no foolproof way of predicting whether or not a polyp is or will become malignant, total removal of all Polyps is advised. The vast majority of Polyps can be removed by snaring with a wire loop passed through the colonoscope. Small Polyps can be destroyed simply by touching them with a coagulating electrical current. Up to 95% of Polyps can be safely and completely removed by colonoscopy.

Most colon examinations using the flexible colonoscope including Polyp removal can be performed on an outpatient basis with minimal discomfort. Large Polyps may require more than one treatment for complete removal. Some Polyps cannot be removed because of their size or position and surgery is then indicated.

#### Future Checks

Once a Polyp is completely removed its recurrence is very unusual. However the same factors that cause the Polyp to form are still present. New Polyps will develop in at least 30% of people who have previously had Polyps. For this reason patients should have regular examinations of the bowel. The frequency of the examination varies and this needs to be discussed with the doctor who performed the colonoscopy.

Last reviewed March 2015

**The Endoscopy Clinic  
Level 1, 9 Caledonian Road  
Christchurch 8014**

**Ross Roberts MB ChB FRACS  
Gastrointestinal Surgeon & Endoscopist**

**The Endoscopy Clinic  
Level 1, 9 Caledonian Road  
Christchurch 8013**

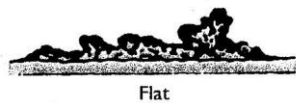
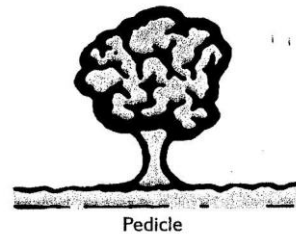
# **POLYPS OF THE COLON AND RECTUM**

## What Does a Polyp Look Like?

Polyps are abnormal growths growing in from the lining of the large intestine (colon) and protruding into the intestinal canal (lumen). Polyps vary in their shape, size and location within the large intestine. They may be single or multiple. Some Polyps are flat or carpet-like, spreading over the mucosal surface of the bowel. Some have a short stalk or pedicle.

Polyps are one of the most common conditions affecting the colon and rectum occurring in 15 – 20% of the adult population.

Most Polyps are benign. The relationship of certain Polyps to cancer is well established.



**Hyperplastic – nondysplastic**, - having little potential for malignant transformation.

**Adenomatous Polyps (adenoma)**, account for 60-70% of polyps found in the colon. Types of adenomatous polyp – Tubular, and Tubulovillous (or villous), this variety of Polyp is important because there is strong evidence that some adenomas are 8-10 times more likely to become malignant than tubular adenomas. Patients who are found to have had adenomas are considered at risk of developing bowel cancer.

**Serrated Polyp**, similar in morphology to the hyperplastic Polyp but serrated Polyps have a malignant potential. Types of serrated Polyp (adenoma) – Traditional serrated adenoma (TSA), mixed Polyp, and sessile serrated adenoma (SSA), all of which have malignant potential but without the villous architecture of classic adenoma.

The risk is difficult to quantify. It varies from patient to patient and usually requires periodic surveillance by colonoscopic examination of the large bowel which permits inspection of the entire colon.

The colon can also be indirectly examined using the barium enema X-ray technique. This examination uses a barium solution to coat the colon lining. X-rays are taken and unsuspected Polyps are frequently found but cannot be removed by this technique. Although checking the stool for microscopic blood is an important test for colon and rectal disorders a negative test DOES NOT rule out the presence of Polyps.

The discovery of one Polyp necessitates a complete colon inspection since at least 30% of these patients will have additional Polyps.

## What are the symptoms of Polyps?

Although Polyps are very common they rarely produce symptoms and usually are discovered by chance at the time of colonoscopy or X-ray of the bowel. Larger Polyps however may occasionally cause bleeding, usually as blood mixed in the stool, mucus discharge, alteration in bowel function or in rare cases abdominal pain.

## Pre-Cancer and Cancer Adenomas

When Polyps are pre-cancerous they are composed of abnormal, rapidly dividing cells whose suspicious appearance and behaviour can only be accurately recognised by the pathologist when examined under the microscope. Therefore when Polyps are discovered they are best removed (Polypectomy) so that they can be carefully examined and classified by a pathologist. It may take up to 12 years for a benign adenoma to become an invasive cancer. Large adenomas (greater than 2cms in diameter) are always suspected of having developed a small focus of cancer until proven otherwise by the pathologist.

## Who is at Risk?

People who have suspicious bowel symptoms (especially bleeding) and are approaching 40 years of age or older may need a colonoscopic examination.

Other people at risk include those with a significant family history of one or more first degree relatives (mother, father, sister, brother or child) who have had bowel cancer and to a lesser extent those with second degree relatives (uncles, aunts, grandparents) who have had bowel cancer.

Patients who have had a previous adenoma or cancer successfully treated have a risk of developing Polyps which continues through their life. Familial Adenomatous Polyposis (FAP) is a rare inherited disorder in which some members of the family develop hundreds of Polyps ultimately causing bowel cancer if not treated appropriately.