

## Bowel Polyps

A bowel polyp is an abnormal fleshy growth of tissue that looks much like the lining of inner wall of the large bowel, the colon and rectum.

If polyps are left untreated for many years, some can develop into bowel cancer.

Polyps come in different types, shapes, sizes, locations and numbers.

### Types of polyp:

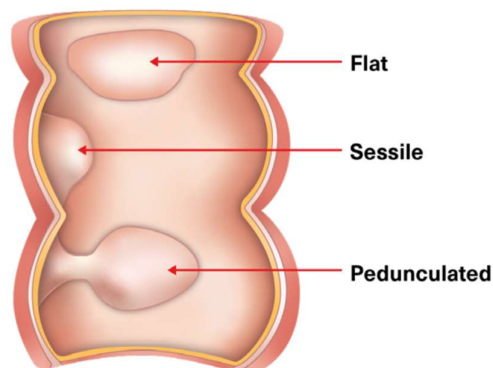
1. Adenomatous polyps also called adenomas. These are made up of tissue that looks like the lining of the colon. These are very common making up approximately 70% of all colon polyps.

A cancer can start in the adenoma therefore they are classified as pre cancerous. Only approximately 5% of these will progress to cancer over the course of 7-10 years.

2. Hyperplastic polyps do not carry a risk of developing into cancer. They are typically benign.

### Shapes of polyp:

1. Sessile is a broad based slightly raised flat polyp.
2. Pedunculated is a polyp with a fleshy cap on a raised stalk, like a mushroom.
3. Serrated is a polyp with a saw tooth appearance.



### Size of polyps:

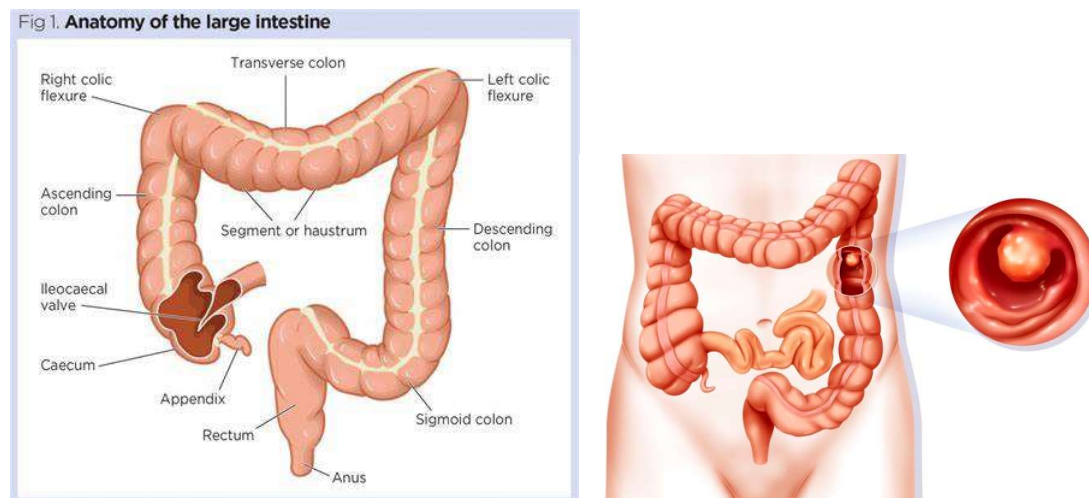
Most of the polyps will be small  $< 1\text{cm}$  but some can be  $> 1\text{cm}$ .

### Location of polyp:

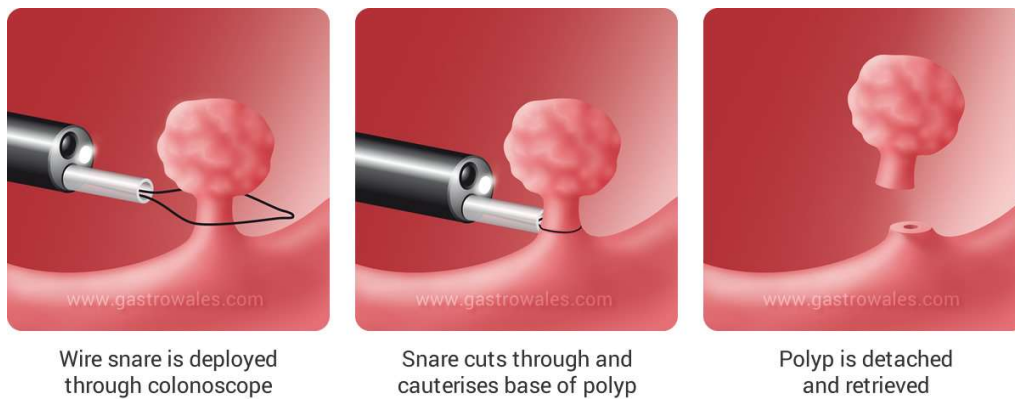
Polyps can be located anywhere in the large bowel and they are documented according to their location.

### Numbers of polyps:

There can be singular or multiple polyps found.



The polyps are cut/snared with a wire like a lasso to remove them for analysis and if unable to remove the complete polyp, biopsies/tissue samples are taken for analysis.



### What happens next:

The removed polyp is sent for analysis at the pathology laboratory. The result usually takes 5-7 days to be reported.

This pathology report will guide future treatment and frequency of future colonoscopy's.

If cancer is found in the polyp, surgery may be required to remove a section of the bowel.

Having found a polyp will place you at a greater risk for developing polyps and cancers in the future.

### When will I need my next colonoscopy:

Depending on the type, size and number of polyps removed will guide the frequency of future colonoscopy's.

The period between colonoscopy's can be between one to five years.

If the bowel prep was not effective to allow good visibility the colonoscopy may be repeated with a shorter interval between colonoscopy's.

Colonoscopy's are currently the most effective way of detecting and removing polyps.

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### What to expect after polyp/s are removed:

Polyp removal is a safe procedure but there is a small risk of bleeding from the site where the polyp was removed.

There is also a smaller risk of making a hole in the bowel wall, a bowel perforation.

Occasionally on the first day or two you may experience some bright rectal bleeding, a small amount is of no concern. If any significant bleeding from the bowel or prolonged or new abdominal discomfort is experienced, please seek medical attention.

### Are polyps related to bowel cancer:

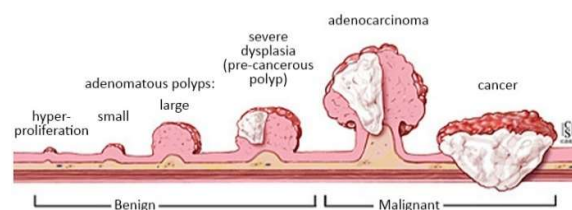
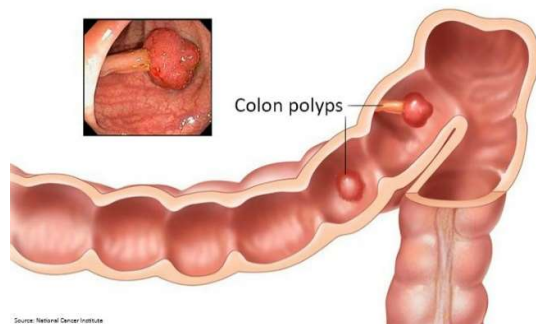
Polyps are usually non cancerous but have the potential to develop into bowel cancer.

The government driven Faecal occult Blood test (FOBT) can detect some early bowel cancers.

Bowel cancer is one of the most common internal cancers and is the second most common cause of death due to cancer in Australia.

Bowel polyps are often asymptomatic and more prevalent with increasing age, family history of bowel polyps and bowel cancer, history of inflammatory bowel disease such as Crohn's disease or ulcerative colitis.

Once the polyps are removed, the potential for future cancer from that polyp is reduced.



### What can we do to prevent polyps and bowel cancer:

Be involved in a structured colonoscopic surveillance program like the National Bowel Screen Program.

Make healthy lifestyle choices:

Stop smoking

Maintain a healthy body weight

Regular physical exercise

Nutritional diet

### Follow up:

Our clinic nurse will follow up on the pathology reports and be in touch one to two weeks after your colonoscopy.

**Please contact the office on 9997 7346 if you have any concerns.**

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