

Bowel Polyps

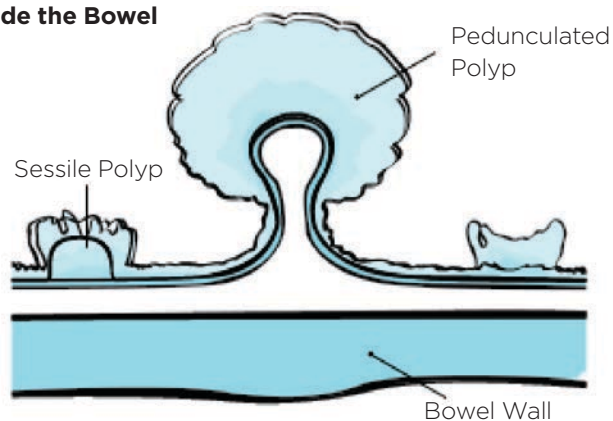
What is a polyp?

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. If polyps are left untreated for many years, a small percentage of polyps can develop into bowel cancer. Polyps vary in type, shape, size, location and number:



- **Type of polyp:** Polyps can be divided into two main types, *adenomatous* and *hyperplastic* polyps. Adenomatous polyps are also known as adenomas. Adenomas can sometimes develop into bowel cancer in a process that takes many years. Hyperplastic polyps do not carry a risk of developing into cancer unless they occur in patients with a rare syndrome of multiple hyperplastic polyps

Inside the Bowel



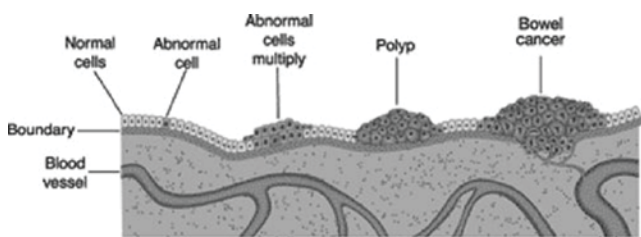
- **Shape of polyp:** The term sessile describes a flat polyp, only slightly raised above the surrounding normal bowel lining. Other polyps appear as a fleshy cap, raised on a stalk, like a mushroom. These polyps are called pedunculated.
- **Size of polyp:** The vast majority of polyps will be small, 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.
- **Number of polyps:** The number of polyps found is written in the colonoscopy report, either as a total, or as number of polyps for a particular region within the bowel.

Are polyps related to bowel cancer?

Bowel cancer is the most common internal cancer, with about 13,000 new cases each year. Each week approximately 80 Australians die from bowel cancer. It is the second most common cause of cancer death in Australia.

Polyps are usually non-cancerous. However, some have the potential to develop into bowel cancer in the future.

From normal cells to bowel cancer



The detection of polyps and early bowel cancers can best be detected through a simple two minute poo test (called a Faecal Occult Blood Test (FOBT) and subsequent colonoscopy. These tests are currently the best way of preventing and reducing the burden of bowel cancer in Australia.

Bigger polyps and special type of polyps called adenomas 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 have this potential. So, where possible, all polyps are removed.

Colonoscopic removal of a polyp (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.

Bowel polyps are often asymptomatic

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

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 cancer is found within the polyp and surgery may then be required to make sure all the cancer is removed from the bowel.

The importance of a polyp, however, does not end with its removal. Just as high blood pressure or diabetes can predict the risk of heart disease, a polyp or a cancer in the past identifies people at greater risk for developing polyps and cancers in the future.

How often do I need to be checked?

Depending on the type, size, and number of bowel polyps removed, your doctor 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.

What happens after polyp removal?

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?

Being involved in a structured colonoscopic surveillance program, such as the National Bowel Screen 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.

Who can I contact if I have any questions?

If you have any questions or need advice please consult your doctor.

Who is at risk of bowel cancer?

Both men and women are at risk of developing bowel cancer. In Australia, the lifetime risk of developing bowel cancer before the age of 75 years is around 1 in 19 for men and 1 in 28 for women. This is one of the highest rates of bowel cancer in the world.

The risk is greater for people who:

- Are aged 50 years and over – risk increases with age
- Have a significant family history of bowel cancer
- Have had an inflammatory bowel disease such as Crohn's disease or ulcerative colitis or
- Have previously had special types of polyps, called adenomas, in the bowel.

People at above average risk of bowel cancer should talk to their doctor about relevant screening options.

Digestive Health Foundation

This information leaflet has been designed by the Digestive Health Foundation as an aid to people with polyps or for those who wish to know more about this topic. 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 (GESA). GESA is the professional body representing the specialty of gastrointestinal and liver disease. Members of the Society are drawn from physicians, surgeons, scientists and other medical specialties with an interest in gastrointestinal disorders.

GI disorders are the most common health related problems affecting the community.

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

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

dhf

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