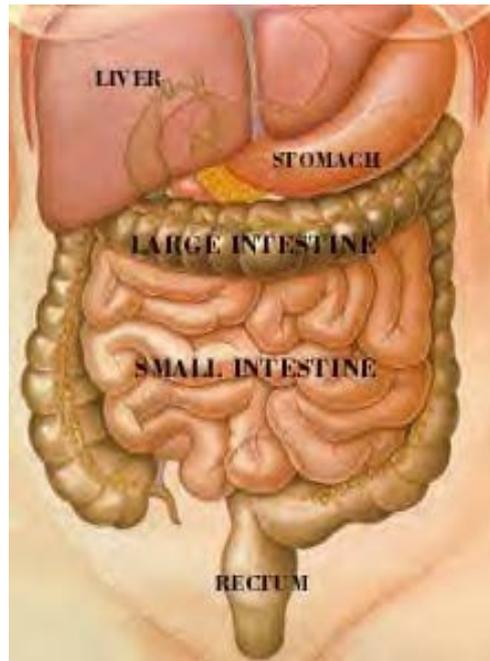


Community Endoscopy Service

Polyps in the Bowel



Introduction

A polyp is a protrusion from the lining of the bowel, caused by an abnormal multiplication of cells. It may be a local raised area, look like a grape with a narrow stalk, or take the form of many fine projections, resembling the pile of a carpet.

Why are polyps important?

If not removed, some types of polyp may grow and eventually lead to cancer. Removal of the polyp or polyps is a good way of reducing the risk of bowel cancer.

What are the symptoms of polyps?

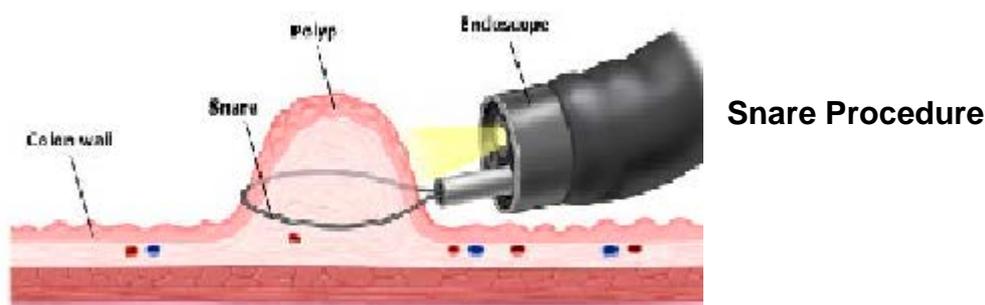
Most polyps cause no symptoms. Sometimes they bleed easily and the blood can be seen mixed with the stool or on its surface. A polyp may also secrete clear mucus which is passed with the stool. Very rarely, a polyp can cause a partial or complete blockage of the bowel which leads to unexpected constipation or diarrhoea with abdominal pain, bloating and, in severe cases, vomiting.

What tests might be required to make a diagnosis?

Polyps are usually found during two types of test. First, an endoscopy which involves passing a flexible telescope up from the anus. A sigmoidoscope can examine the lower bowel; a colonoscope is longer and can examine the whole of the large bowel. If an abnormality is present, the operator will be able to see it and take a small piece of tissue (*biopsy*) for testing. The other test used is an X-Ray examination using barium to outline the bowel (*barium enema*). To carry out a barium enema a small tube is placed in the anus and barium and air are introduced. The barium will outline the bowel and X-Rays will be taken from the different angles so that any irregularity in the bowel wall caused by a polyp will be detected.

What treatments are available?

When polyps are detected, they can often be removed painlessly using a colonoscope, though occasionally an operation is required. When using a colonoscope, a wire 'snare' is manoeuvred around the base of the polyp, tightened and the polyp is separated from the bowel by passing a small electric current down the wire.



What happens after treatment?

After removal of a polyp, it will be examined by specialists using a microscope. The microscopic appearance will help decide whether the polyp has been removed completely and what risk there is of it coming back.

Follow up after polyp removal

There are two main types of polyps. There are some types of polyps which are very unlikely to develop into cancer. If patients have a polyp of this type, often no further treatment or follow up is necessary.

Secondly, there are polyps which do carry a risk of becoming cancerous or are cancerous. This type of polyp is also called an '*adenoma*'. If an adenoma was present and was fully removed at colonoscopy no further treatment is necessary. But even after complete removal of an adenoma there is a risk of developing new adenomas. So patients will be followed up and many doctors would recommend at least one check colonoscopy after a few years.

Occasionally, the microscopic analysis of the polyp will suggest that there is a risk that the polyp was not completely removed, or has cancerous cells within it. A second colonoscopy or an operation may then be needed to try to ensure that the abnormal tissue is removed completely.

Familial Polyps

There are uncommon inherited conditions including “familial adenomatous polyposis”, in which people develop several or many polyps. In this situation, special treatment, including surgery, may be required.

Research

Many laboratories around the world are investigating ways of treating the genetic make-up of patients with polyps and their increased risk of bowel cancer.

In addition, screening, by endoscopy, large groups of people without any symptoms are being tested to assess the feasibility and results of detecting and removing polyps amongst a large section of the population.