



## **Bowel polyps**

### **What is a Bowel Polyp?**

A polyp is a growth, typically round in shape like a marble or a cherry. Polyps may be on a stalk or be rather flat like a carpet rug. Some polyps may show early signs of bowel cancer. The vast majority of polyps, however, are entirely benign and do not lead to cancer. Polyps can be safely removed at colonoscopy, particularly if they are on a stalk. The polyp is usually retrieved and sent off to pathology for testing. We can usually tell whether a polyp is serious or not.

### **What different types of Bowel Polyps are there?**

Polyps are usually benign growths, which frequently occur in the colon. About 25% of people over 50 years of age may have a polyp of which up to 10% of polyps may become cancerous. Almost all colon cancers arise in polyps. If polyps are identified and removed, this sequence of events is interrupted, and the development of colon cancer can be prevented. Not all polyps are precancerous. The common types of polyps include "**hyperplastic**" and "**adenomatous**" polyps. Hyperplastic means just 'extra growth' of underlying normal bowel cells. "**adenomatous**" polyps, however, are made of **abnormal cells** (dysplastic cells) and have a greater risk of turning to cancer. These ones we are most concerned about. Patients with adenomas require careful follow up to make sure all the polyps have been completely removed, and periodic repeat colonoscopies are advised, as up to 50% of patients have a further adenomatous polyp at 3 years. The larger the polyp, and the more polyps that are found, the higher the risk of developing colon cancer. These polyps are a definite risk factor for the development of colon cancer, and patients should be carefully monitored for the rest of their lives. Removal of colon polyps has been shown to decrease the risk of death from colorectal cancer.

### **What follow up is needed after polypectomy?**

If you have just had a bowel polyp removed, you should have no symptoms. You should be able to go home and eat normally and return to your normal activities the following day. If you have any pain, bleeding or fever, it is important for you to contact us here immediately on 9791 8788, or mobile phone or pagers. You should also contact your own family doctor. If we are not available, you should be assessed at the nearest casualty department. Complications from polypectomy may include bleeding and perforation but, fortunately, these are very rare. After polypectomy you should see your local doctor for the pathology results and occasionally our gastroenterologists too, if the polyp is suspicious or particularly large.

### **What diet is advised to prevent polyp recurrence? The following diet and lifestyle factors may help:**

#### **Have a diet high in:**

Vegetable (broccoli, sprouts, cabbage, cauliflower, spinach)  
Cereals/fibre 30gm/day (wheat bran, grains, nuts, legumes)  
Fruit (apples pears prunes)  
Folate (beans, meat, fruit, asparagus, spinach)  
Calcium 1200mg / day (dairy, beans, broccoli)  
Selenium 200mcg / day (meat, fish, grains, vegetables)  
Omega 3 fatty acids (salmon, tuna, sardines, trout)  
Vitamin C and E,  $\beta$  Carotene

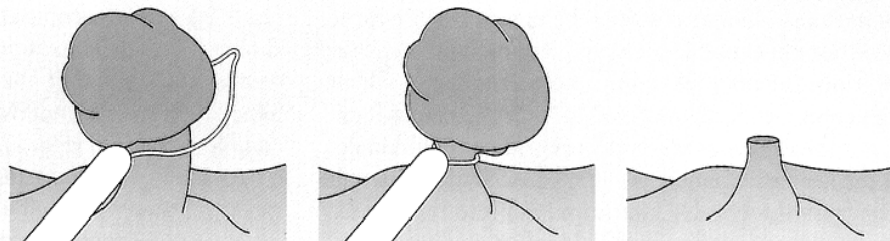
#### **Reduce your intake of:**

Animal fat  
Calories < 2500/day Obesity is associated with cancer  
Alcohol (especially beer)  
Smoking  
BBQ or charcoaled food  
Red meat

Medicines such as Aspirin per day may also be helpful but you should talk to your doctor about this first.

### **Is family screening needed?**

Family members (brothers and sisters, parents, children) are also at risk as up to 25% of patients with bowel cancer have a positive family history. Your family members may need to be checked usually from age 40 or 10 years before the youngest family member with bowel cancer or polyps. Please talk to us or your local doctor.



Snaring a polyp on a stalk    Snare engaged around stalk    Polyp removed via cauterisation