

△ GENERAL INFORMATION

A colon polyp is a growth on the lining (the *mucosa*) of the colon. It may form a bulge (a *sessile polyp*), or it may be at the end of a stalk (*pedunculated polyp*).

Polyps can be as small as a split pea or as large as a walnut—even larger. Most polyps are benign, but some can be cancerous. The larger the polyp, the greater the risk that it is cancerous.

The cause of most polyps is unknown.

COMMON SIGNS AND SYMPTOMS

Most polyps do not produce any signs or symptoms. They are found by chance during a routine examination of the lower or large bowel.

- Some polyps bleed because they have been scratched by stool rubbing against them, or because they have cancer in them that has become ulcerated.
- Rarely, they are large enough to cause some blockage and produce cramps.

DIAGNOSIS

- *Barium enema*: Barium (it has the color and consistency of buttermilk) is placed into the large bowel like a regular enema, and x-ray pictures are taken. If a polyp is seen with this examination and a *biopsy* (removal of a small piece of it for examination in the laboratory) or removal of the entire polyp is thought to be necessary, then another procedure needs to be done.
- *Flexible sigmoidoscopy*: Most polyps are seen through a flexible sigmoidoscope. This is a flexible, rather short instrument as thick as your little finger with a light at its tip. It is inserted through the anus and into the rectum and lower part of the colon. About half of the polyps occur this low and can be seen with this examination. Because of its short length, however, only the bottom one-third of the colon can be examined in this manner.
- *Colonoscopy*: If a polyp is found during flexible sigmoidoscopy, then the entire large bowel must be examined with a colonoscope to be certain there is nothing else higher up. A colonoscopy also is necessary if the results of the flexible sigmoidoscopy examination are negative yet symptoms suggestive of a polyp are present. Colonoscopy is done with a long, optical instrument that is smooth, flexible, as big around as your little finger, and with a light at its tip.

PREPARATION FOR COLONOSCOPY

- It is important that the bowel be as clean as possible for this examination; otherwise it will be difficult to see things clearly and to perform a biopsy accurately. There are a number of ways to cleanse your colon for the examination. You'll be given instructions on how to do this.

THE COLONOSCOPY

- A small needle will be placed in your vein so that relaxing medicines can be given to make you feel very drowsy during the procedure.
- You will be lying on your side.

- The lubricated colonoscope will be introduced through the anus and gently advanced up into the rectum and colon.
- You may feel mild cramping while this is done.
- Your entire large bowel will be examined thoroughly.
- If a polyp is seen, a decision will be made on whether to remove all of it at that time, perform a biopsy of it, or make plans for an operation.
- If only an examination is performed, the colonoscopy lasts about 30 minutes or so. You will become alert quickly and probably remember very little of the procedure.

POSTCOLONOSCOPY CARE

- You will be kept in the endoscopy unit until your blood pressure, pulse, and breathing are stable and you are alert. You should then be able to leave the unit with a responsible adult.
- Arrangements will be made for your follow-up office visit to discuss the results of the colonoscopy, any biopsy results, and any recommendation for further treatment.

⊕ HOME CARE

- Resume your usual activities.
- Avoid foods with a lot of roughage in them for the first day.
- Your first bowel movement may be mostly red or maroon blood clots. If the blood is bright red and liquid or comes out in this fashion more than once, notify the doctor promptly.

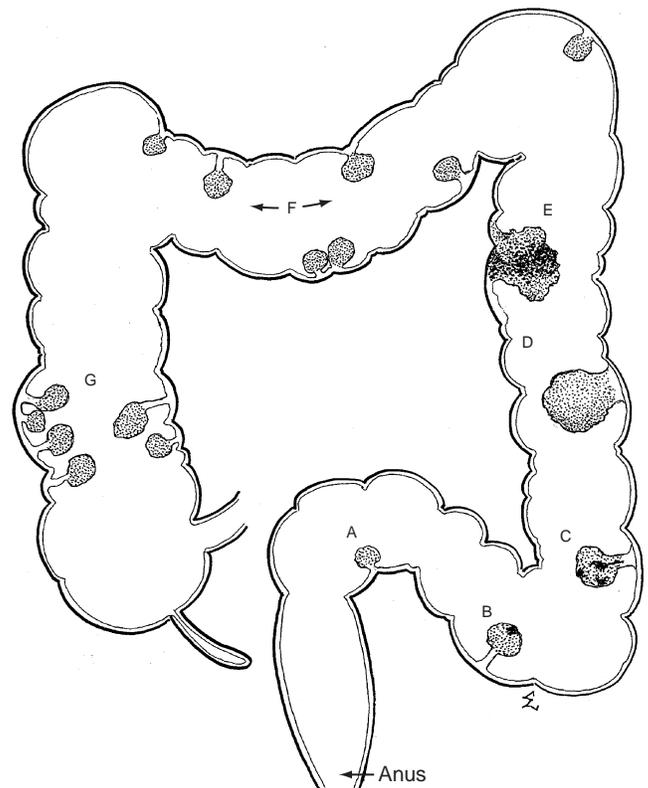


Figure 1.

○ TREATMENT

The usual options in the treatment of colon polyps depend on a number of factors. They include the following (Fig. 1):

- A single polyp can be removed entirely through the colonoscope, and when examined under the microscope it is shown to be entirely benign (A). In such circumstances, usually no further treatment is necessary at that time.
- An excised single polyp has cancer but only at its tip (B). In such circumstances and if the stalk of the polyp is entirely negative, than usually no further treatment is necessary at that time.
- The excised polyp is cancerous in several areas (C).
- The polyp cannot be removed as one piece through the colonoscope. Or, the biopsy results of one area

are benign, but the diagnosis of other areas of the polyp is not known (D).

- The polyp is cancerous and does not have a stalk (E).
In the above three situations (C, D, and E), the treatment is usually an operation.
- There are multiple polyps present. They may each be in a different location (F), or they may be grouped in the same area (G). In such instances, commonly some portion of the colon needs to be removed. How much is removed depends on a number of factors specific to a particular patient.

As you see, the possible treatments can range from observation only to resection of a portion or even most of the colon.

Any recommendations will be discussed with you in detail before anything is planned or done.