MEDICAL CONDITION

Bowel Polyps

Sussex Surgical Specialists

Bowel Polyps are formed by the abnormal overgrowth of the normal “epithelial” cells which line the large bowel. The overgrowth may be appear like a small pearly, raised area, a grape on a stalk attached to the normal bowel lining or look like an area of carpet pile spreading in a thin layer. All usually appear distinctly different up against the otherwise smooth, shiny looking normal bowel that surrounds them. Although polyps may give symptoms, most do not and are found incidentally. It is usually the potential risk that a polyp has developed or may develop into a bowel cancer that most concerns surgeons and patients. The larger a polyp becomes the greater the chance it has of harbouring a bowel cancer. A variety of types of bowel polyps exist. Their precise type may only be determined under the microscope for certain and it is for this reason that they are all best removed and examined closely. It is thought that colorectal cancers begin as benign polyps in the bowel that undergo malignant change with time and it is this fact that underpins the rationale for screening programmes for prevention and early detection of colorectal cancer.

Symptoms

Almost always none
Change in bowel habit- mucus may be passed with the stools
Rectal bleeding- often mixed into the stools
Abdominal pain-from bowel obstruction

Diagnosis

Usually at Flexible Sigmoidoscopy or Colonoscopy
On Barium enema or CT colography

Treatment

The mainstay of treatment for bowel polyps is with colonoscopy. Most polyps are small enough to be safely removed with a tiny grasping device which rips or burns them off (biopsy) or with a wire snare which cuts through the base of the polyp. The involved tissue is then removed through the anus. Endoscopic Mucosal Resection (EMR) and Trans-anal Endoscopic Microsurgery (TEM) are newer techniques that work in a similar way to biopsy or snare but offer the advantage that they can remove larger and more inaccessible polyps that would ordinarily require abdominal surgery. In the few cases where surgery is necessary, a laparoscopic approach is favoured.

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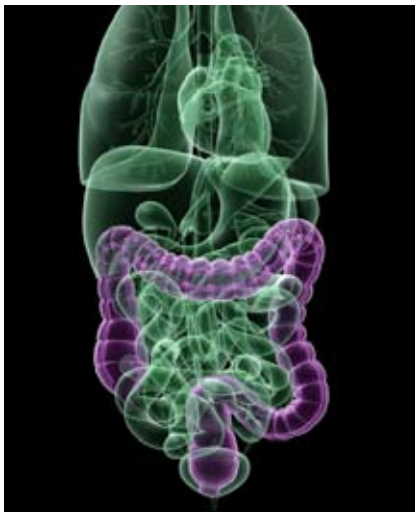
Follow up

According to the type, size and number of polyps removed surveillance of the bowel is recommended to detect any further polyps at an early stage when removal is straightforward. If a polyp is found to contain an area of cancer then according to its size, type and proximity to a rim of normal tissue taken during the procedure, definitive formal cancer surgery may be advised.

Follow-up and Prognosis

For patients with benign bowel polyps that can be removed completely the prognosis is excellent. In the UK surgeons generally follow the British Society of Gastroenterology Guidelines which set the screening interval for repeat endoscopy to ensure that any polyp re-growth or new polyps that form can be detected and removed by endoscopic means in the future. For patients with polyps that have not been removed completely re-growth is commonly seen, often within scar tissue. The ease of further excision is reduced as the number of failed attempts at complete removal rises. As one might imagine, timely and complete removal of a polyp often using TEM or EMR, albeit more complicated procedures, yields benefit for patients in the long term.

For those patients who have a bowel cancer diagnosed within a polyp prognosis depends upon whether or not the polypectomy has been determined adequate treatment by the surgeon. Where this is the case prognosis is excellent. Where further treatment has been deemed necessary (usually with surgery) the prognosis will depend on the final pathology report showing the depth of invasion of the tumour in the bowel wall and whether or not lymph nodes are involved by disease.



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