

References

Sources of information used in the preparation of this leaflet:

British Society of Gastroenterologists (2015) Guidelines for colorectal cancer screening in moderate and high risk groups.
<https://www.bsg.org.uk/clinical/bsg-guidelines/endoscopy-guidelines.html>

National Digestive Diseases Information Clearing House (2010) What I need to know about colonic polyps.
http://www.digestive.niddk.nih.gov/ddiseases/pubs/colonpolyps_ez/index.htm

NHS Choices (2018)
<https://www.nhs.uk/conditions/bowel-polyps/>

Core Charity (2010) Polyps in the bowel
<http://corecharity.org.uk/wp-content/uploads/2016/06/CORE-PATIENT-INFORMATION-POLYPS-IN-THE-BOWEL.pdf>

Other sources of Information for Patients

www.patient.co.uk - website providing medical information and support

www.netdoctor.co.uk - as above

Bowel charities including Beating Bowel Cancer and Cancer Research UK

The Trust endeavours to ensure that the information given here is accurate and impartial.



If you require this information in another language, large print, audio (CD or tape) or braille please email the Patient Information team at patient.information@ulh.nhs.uk

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Colonic Polyps after Polypectomy

Please read this booklet as it contains important information and advice

Enquiries: (Monday to Friday 8.30am to 6.00pm)

Boston	01205 446559
Grantham	01476 464085
Lincoln	01522 573016
Louth	01507 631236

www.ulh.nhs.uk

Aim of the leaflet

The aim of this leaflet is to provide further information and advice about colonic polyps.

You will have been given this leaflet because you have had polyps removed from the colon (polypectomy).

After your procedure, if you have any concerns, you may contact the relevant endoscopy unit (telephone numbers can be found on the front cover of this booklet).

What can I expect after the polypectomy?

You may experience some cramp-like discomfort or tenderness and/or bloating in the abdomen (tummy) or slight spotting of blood on the toilet paper - this is normal.

After removal of polyps there is a risk of bleeding and/or a hole forming in the bowel wall while the area heals. The healing process can take up to 2 weeks. You do not need to alter your general activity during this time but it is important that you read the following information which explains what to look out for and what to do if you are worried.

If you experience any of the following symptoms you should contact the relevant endoscopy unit for advice within office hours. Outside office hours you may contact your local Out of Hours service or the NHS non-emergency telephone line 111 for advice and in the case of an emergency, dial 999 or attend your local Accident & Emergency (A & E) Department, **taking your coloured endoscopy report with you.**

NHS Friends and Family Test

We value your feedback and want to make our services as good as possible for you. That's why we'll be asking you the following simple question:

“How likely are you to recommend our services to friends and family if they needed similar care or treatment?”

This will be sent to you either by text or as an automated telephone survey within 48 hours of leaving our services which will ask you to rate your experience. We will use your feedback to assess the quality of our service so your response would be very much appreciated. However if you do not wish to take part you can simply reply STOP when you receive the message. Responses to the survey are FREE.

For more information on the Friends and Family Test, please visit www.nhs.uk/friendsandfamily, email patient.experience@ulh.nhs.uk or speak to a member of staff.

Will I need to have further checks?

There are national guidelines that recommend whether you will need to have further colonoscopies (surveillance) to check for more polyps. This depends on the size and number of polyps found in your bowel.

The endoscopist who did your procedure may have made a recommendation on the endoscopy report for surveillance colonoscopy but sometimes the lab report is needed before this can be planned.

If needed, surveillance colonoscopy will be arranged for one, three or five years after your polypectomy. Your name will be added to the waiting list and when the time comes you will be contacted to check on your general health and fitness and to book the procedure.

Contact details

If you have any questions about the information contained in this booklet please contact one of the endoscopy units on the numbers given on the front cover of this booklet, or contact your consultant's secretary.

- **If you pass fresh blood or clots from your back passage - more than about a cupful**
- **If you have severe pains in the abdomen that persist and do not improve**
- **If you have severe swelling of the abdomen**
- **If you feel generally unwell, with a fever or flu like symptoms**

If you need to attend hospital please inform the endoscopy unit where you had your procedure as soon as possible.

What is a polyp?

A polyp is an overgrowth of the cells that line the inside of the bowel wall. Some people develop a single polyp while others may have two or more. About one in four people over the age of fifty will develop at least one colonic polyp.

Why do polyps develop?

It is not really known why polyps develop. The lining of the bowel constantly renews itself - millions of tiny cells grow, serve their purpose and die as new cells replace them. Each cell contains genes that determine the behaviour and function of the cell. If a gene becomes faulty it can cause the cells to grow more quickly and bunch up on the side of the bowel wall forming a polyp.

You may have a greater chance of developing polyps if:

- You are 50 years of age or older
- You have had polyps before
- Someone in your family has had polyps or cancer of the large bowel
- You eat a lot of fatty foods
- You smoke
- You drink alcohol
- You don't take regular exercise
- You are overweight

What sorts of polyps are there?

There are two main types of polyps:

Hyperplastic polyps

These are very common and are usually small – less than half a centimetre in diameter. They are generally regarded as harmless and rarely develop into cancer.

Adenomas

These are also common. Most are less than one centimetre in diameter but may grow to be quite large (3 to 4cm). Most adenomas are benign (non-cancerous) but if left, about 1 in 10 will change and become malignant (cancerous). This process generally takes place over several years.

There are different types of adenomas. Some types are more prone to changing into cancer than others. Most bowel cancers develop from a polyp that has been present for 5 to 15 years.

Polyps may be raised on a stalk (pedunculated) or flat (sessile).

What are the symptoms of polyps?

Most people with polyps do not have any symptoms at all.

Sometimes polyps bleed but the blood may be hidden in the bowel motions and is not always seen. They may also produce excess mucus (slime) that may be seen on wiping or on the motions. If polyps are large they may cause diarrhoea or constipation. Very occasionally a polyp may grow so big it causes a partial or total blockage of the bowel and this may give rise to abdominal pains and/or bloating.

Now I have had polyps removed what happens next?

The polyps that have been removed from your bowel will be sent to the laboratory to be examined under a microscope. This will show the type of polyp and if any of the cells within it have started to change into cancer cells.

Most polyps are benign but very occasionally a polyp may contain cancer cells. The results from the laboratory will usually say if the polyp (and the cancer, if present) has been completely removed. If it is felt that all the polyp or cancer has been removed you may not need to have any further treatment.

Will I get an appointment to discuss my results?

The results from the lab are usually ready in around 2 to 4 weeks but sometimes take longer. Your hospital consultant will generally write to you and your GP with the results but may wish to discuss them with you in the clinic.